

**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] CISA and NCSC Joint Activity Alert – COVID-19 Exploited by Malicious Cyber Actors  
**Date:** Wednesday, April 8, 2020 11:29:40 AM

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Cybersecurity and Infrastructure Security Agency (CISA) regarding a joint activity alert on COVID-19 exploitations by malicious cyber actors, found [here](#).

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April 8 2020

# CISA Alert

CISA Logo



## **CISA and NCSC Joint Activity Alert - COVID-19 Exploited by Malicious Cyber Actors**

Partners,

As the nation and the world continues to fight against this newest coronavirus, COVID-19 — the Cybersecurity and Infrastructure Security Agency (CISA) continues to monitor how the crisis is affecting the American public on the cybersecurity and infrastructure security front.

Today, CISA and United Kingdom's National Cyber Security Centre issued an activity alert titled, *COVID-19 Exploited by Malicious Cyber Actors*. This joint alert seeks to address the growing use of COVID-19-related themes by malicious cyber actors and it can be found here: <https://www.us-cert.gov/ncas/alerts/aa20-099a>.

CISA and NCSC see the surge of reporting about malicious cyber activity using COVID-19 to prey on people's goodwill, curiosity and concern, and exploit organizations that establish remote work options. Specifically, this alert discusses the exploitation of virtual private networks, phishing email and text messages about COVID-19, and websites deceptively advertised as COVID 19 sites.

We are sharing this information to help you and your team effectively assess your cybersecurity posture and ensure appropriate mitigation is in place. The alert provides many resources to help detect and prevent COVID-19 malicious activity on your networks. Industry partners played a key role in helping CISA and NCSC teams determine which

IOCs to include in this alert and they continue to be integral to CISA's mission as the nation's risk advisor.

We encourage you to share this alert with anyone who might be able to use it. We will continue to keep you updated as more information becomes available.

For authoritative information and resources on COVID-19 -- including situation reports, guidance, and more, visit the CDC's website and [CISA.gov/coronavirus](https://cisa.gov/coronavirus).

Thank you,  
CISA

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April 8 2020

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] CISA releases Version 3.0 of the Essential Critical Infrastructure Worker Guidance  
**Date:** Friday, April 17, 2020 3:18:44 PM  
**Attachments:** [Version 3.0 - CISA Guidance on Essential Critical Infrastructure Workers.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Cybersecurity and Infrastructure Security Agency (CISA) regarding the release of Version 3.0 of the Essential Critical Infrastructure Worker Guidance, found [here](#).

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April 17, 2020

# CISA Advisory

## **CISA releases Version 3.0 of the Essential Critical Infrastructure Worker Guidance**

CISA Logo



The Cybersecurity and Infrastructure Security Agency (CISA) has released [Version 3.0 of the Essential Critical Infrastructure Workers list](#). Version 3.0 provides clarity around a range of positions needed to support the critical infrastructure functions laid out in the original guidance and Version 2.0. This iteration includes a reorganization of the section around Healthcare and Public Health and more detail to clarify essential workers; emphasis for Emergency Medical Services workers; and adds lawyers and legal aid workers. Also included is language focused on sustained access and freedom of movement; a reference to the CDC guidance on safety for critical infrastructure workers; and a statement saying sick employees should avoid the workplace and the workforce. In worker categories, all references to “employees” or “contractors” have been changed to “workers.” Other additions include a reference to the USCG Marine Safety Information Bulletin on essential maritime workers; clarified language including vehicle manufacture; and many other small changes to clarify language.

CISA issued initial guidance on Essential Critical Infrastructure Workers on March 19, which was developed to help state, local, tribal, and territorial authorities as they decide who to allow freedom of movement in areas that are under restrictions such as shelter-in-place or quarantine. That initial guidance was developed with input from our government and industry partners, on the assumption that we would need to update the guidance as we received additional feedback from stakeholders.

CISA moved quickly to incorporate feedback to update the list of Essential Critical Infrastructure Workers to expand and specify additional categories of essential workers who are key to maintaining a community’s safety, public health, and economy. These changes were included in Version 2.0 of this guidance, released March 28, generally represented minor clarifications or additions that did not shift the overall scoping of critical infrastructure activity as highlighted in the initial release. Specifically, clarity was provided

around a range of supporting and enabling activity for infrastructure resilience – the commodity, services, and logistical supply chains of other infrastructure functions. This included more direct call outs for essential sanitation and hygiene production and services, as well as manufacturing of critical products.

The Guide continues to be a resource for state and local decision makers and is in no way a binding document. Ultimately, all final decisions rest with state and local authorities, who must use their own judgment to balance public health and safety with the need to maintain critical infrastructure.

The degree to which state and local orders have leveraged our guidance when defining essential workers is encouraging. A common national picture will ultimately benefit us all. We hope this updated Guide helps as your communities grapple with the impacts of COVID-19. Please direct any questions to [CISA.CAT@cisa.dhs.gov](mailto:CISA.CAT@cisa.dhs.gov).

# # #

- [Version 3.0 - CISA Guidance on Essential Critical Infrastructure Workers.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Community-Based Testing Sites Transition  
**Date:** Friday, April 10, 2020 8:47:58 AM  
**Attachments:** [FEMA Advisory CBTS Transition 20200409.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding information on Community-Based Testing Sites.

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April 10, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic Community-Based Testing Sites Transition

The Department of Health and Human Services and the FEMA worked with state and local partners to establish Community-Based Testing Sites (CBTS) in CDC-prioritized locations across the country. The CBTS model was developed for states, local public health agencies, healthcare systems, and commercial partners as they work together to stop the spread of coronavirus (COVID-19) in their communities, focusing initially on healthcare facility workers and first responders.

The CBTS model has been a profound success, screening over 84,800 individuals; testing over 77,000 individuals; and having a COVID positive rate of approximately 20% - meaning that the CBTS are testing the right individuals at the right time. Since the onset, we have also led technological advances, such as the validation of nasal self-swabbing, which has minimized the need for trained health professionals and personal protective equipment.

As a result of these advances, many states have indicated that they want to fully transition the CBTS to state control, allowing more flexibility in testing and reporting. Many states have already begun transitioning these programs, and other states have implemented testing sites based on the CBTS model.

Therefore, the federal CBTS Task Force is working with states to clarify whether sites want to continue as they are now, or transition to full state control. Under state control, CBTS sites would still receive technical assistance from the federal government and be able to request supplies through the normal FEMA systems.

The CBTS Task Force will continue to work closely with the states and FEMA Regions to



ensure a successful transition and ensure that each state has the flexibility and autonomy to manage and operate testing sites within the needs of their specific community.

### **Transition Plan**

The federal government will continue supporting each site through the transition process to ensure that the states can fully manage and operate their CBTS program independently. This includes providing each site with enough supplies to continue to operate for 7-14 days after the agreed upon transition date.

Potential advantages of a fully state-managed site include:

- The opportunity for the states to better serve their own communities, while leveraging federal support to augment their state's success.
- The potential to expand patient throughput to >250 per day, use a credentialed provider of their choice, and route patient samples to a lab of their choice.
- The ability to use a locally run call center or the regular state notification processes for public health results.

### **Responsibilities**

The USPHS Commissioned Corps officers onsite (1-3 per location) will work with the site manager to plan for and complete the transition checklist and will verify that the site is ready for transition to the state. Once the sites are transitioned to the states, each state will be responsible for:

- Assuming responsibility for staffing their sites to ensure quality control, safety, biohazard waste management, and security;
- Assuming responsibility for the credentialed provider to order the labs;
- Procuring and managing their own cadre of supplies (e.g., personal protective equipment, test kits, etc.); requests for continued federal support should be made through the normal FEMA process;
- Contracting for lab testing; and
- Managing patient notification process for results, while maintaining patient privacy under the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#).

After transition, states can choose to source testing kits and supplies through their standard ordering process or to request assistance from FEMA using the standard Resource Request Process through the appropriate FEMA Region.

### **Eligibility for Reimbursement under FEMA's Public Assistance Program**

States may also seek reimbursement for eligible expenses associated with running their sites through FEMA's Public Assistance program. In general, activities local and state governments are conducting at CBTS are eligible for reimbursement under the Public Assistance program, subject to a cost share. Costs should be reasonable and necessary to address the public health needs of the event and all costs incurred should be documented.

More information on what COVID-19 activities are eligible for reimbursement under the Public Assistance Program can be found in the [COVID-19 Pandemic: Eligible Emergency Protective Measures fact sheet](#) and the [COVID-19 Pandemic: Emergency Medical Care fact sheet](#). Information on how to apply is available in the [COVID-19 Pandemic: Public Assistance Simplified Application fact sheet](#). More information on contracting and procurement can be found in the [Procurement Under Grants: Under Exigent or Emergency Circumstances fact sheet](#).

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## FEMA Mission

To help people before, during and after disasters.

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- [FEMA\\_Advisory\\_CBTS Transition\\_20200409.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster\\_Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Supply Chain Stabilization  
**Date:** Thursday, April 9, 2020 9:04:13 AM  
**Attachments:** [FEMA Adv SCTF Supply Chain Stabilization.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below, and attached, from our partners in the Federal Emergency Management Agency (FEMA) regarding efforts to stabilize the supply chain in response to COVID-19

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April 9, 2020

## FEMA Advisory

### Coronavirus (COVID-19) Pandemic Supply Chain Stabilization

The Supply Chain Task Force continues executing a strategy maximizing the availability of critical protective and lifesaving resources through FEMA for a whole-of-America response. Efforts to date have focused on reducing the medical supply chain capacity gap to both satisfy and relieve demand pressure on medical supply capacity. The task force is applying a four-prong approach of Preservation, Acceleration, Expansion and Allocation to rapidly increase supply today and expand domestic production of critical resources to increase supply long-term.

#### Stablization of Supply Chain



The **preservation** line of effort focuses on providing federal guidance to responders and the non-medical sector, such as public service (police, fire, EMT), energy distribution and the food industry on how to preserve supplies when possible, to reduce impact on the medical supply chain.

The **acceleration** line of effort provides direct results to help meet the demand for personal protective equipment PPE through the industry to allow responders to get supplies they need as fast as possible.

The **expansion** line of effort is charged with generating capacity with both traditional and non-traditional manufacturers, such as adding machinery or by re-tooling assembly lines to produce new products.

The **allocation** of supplies facilitates the distribution of critically needed PPE to "hot spots" for immediate resupply. States report on supplies and can request assistance when they experience a shortage.

The Supply Chain Task Force is working with the major commercial distributors to facilitate the rapid distribution of critical resources in short supply to locations where they are needed most. This partnership enables FEMA and its federal partners to take a whole-of-America approach to combatting COVID-19. The task force is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future. The distributors have agreed to focus portions of their distributions on these areas in order to alleviate the suffering of the American people.



A key example of this partnership in action is Project Airbridge. The airbridge was created to reduce the time it takes for U.S. medical supply distributors to receive PPE and other critical supplies into the country for their respective customers. FEMA covers the cost to fly supplies into the U.S. from overseas factories, reducing shipment time from weeks to days.

#### Air Bridge



Overseas flights arrive at operational hub airports for distribution to hotspots and nationwide locations through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations. Per agreements with distributors, 50 percent of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50 percent is fed into distributors' normal supply chain to their customers in other areas nationwide. HHS and FEMA determine hotspot areas based on CDC data.

Working together, we can efficiently distribute these vital resources to hospitals, nursing homes, long-term care facilities, pre-hospital medical services, state and local governments, and other facilities critical to caring for the American people during this pandemic.

###

- [FEMA\\_Adv\\_SCTF\\_Supply Chain Stabilization.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 11  
**Date:** Saturday, April 11, 2020 2:36:56 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200411\\_FINAL.pdf](#)  
[ESF15\\_COVID19\\_Messaging\\_20200411\\_FINAL.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 11, 2020

# FEMA Advisory

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

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 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.
  - 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.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 11  
**Date:** Sunday, April 12, 2020 12:49:17 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200412\\_FINAL.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 12, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points 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:

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- 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 Airbridge](#).
- 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.
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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 13  
**Date:** Monday, April 13, 2020 3:04:04 PM  
**Attachments:** [FEMA Advisory COVID19DailyBriefingPoints FINAL 20200413.pdf](#)  
[ESF15 DailyBriefingPoints 20200413 FINAL.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 13, 2020

# FEMA Advisory

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- 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 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.

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Also, follow Administrator Pete Gaynor on Twitter [@FEMA\\_Pete](#).

### **FEMA Mission**

To help people before, during and after disasters.

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- [FEMA\\_Advisory\\_COVID19DailyBriefingPoints\\_FINAL\\_20200413.pdf](#)
- [ESF15\\_DailyBriefingPoints\\_20200413\\_FINAL.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 14  
**Date:** Tuesday, April 14, 2020 4:25:25 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200414\\_FINAL.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY  
Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 14, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points and a Reference Document 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 Airbridge](#).
- HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - In total, combined with contracts with [General Motors](#) and [Philips](#) rated under the DPA issued last week, HHS has finalized contracts to supply 6,190 ventilators for the Strategic National Stockpile by May 8 and 29,510 by June 1.
  - The seven new ventilator contracts announced by HHS this month will provide a total of 137,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile

starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.

- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states and territories as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](https://www.grants.gov) by April 28.
- HHS and FEMA have expanded the items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access diagnostics supplies and reagents for COVID-19 testing free of charge.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs of the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.
  - The expanded list of diagnostic supplies will include supplies to support the three components needed for COVID-19 testing: sample kits, extraction kits and test kits.
- FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
  - State, local, tribal, and territorial governments with the legal responsibility for protecting life, public health and safety are eligible applicants under emergency and major disaster declarations for the COVID-19 pandemic.
  - Applicants may enter into formal agreements or contracts with private organizations, including private nonprofit organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the pandemic.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 15  
**Date:** Wednesday, April 15, 2020 3:19:38 PM  
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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 15, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points 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 [FEMA Project Airbridge](#).
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.
- The seven new ventilator contracts announced by HHS this month will supply 6,190 ventilators for the Strategic National Stockpile by May 8 and 29,510 by June 1.
- HHS and FEMA have expanded the items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access diagnostics supplies and reagents for COVID-19 testing free of charge.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs of the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.
  - The expanded list of diagnostic supplies will include supplies to support the three components needed for COVID-19 testing: sample kits, extraction kits and test kits.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 16  
**Date:** Thursday, April 16, 2020 1:46:54 PM  
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U.S. DEPARTMENT OF HOMELAND SECURITY  
Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

---

April 16, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points 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 Airbridge](#).

- \* Last night, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.

-- Specifically, the letter addresses preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.

--This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on

March 27, which requested key actions and outlined critical steps for the initial COVID-19 response.

\* The White House announced [a new collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance and the most relevant information on testing facilities in their communities

--Standard tags were created that can be [added to any website's code](#), making it easier to find COVID-19 prevention measures, disease spread statistics, quarantine rules and travel guidance, and testing information through online search engine results.

--All federal websites will incorporate these new Schema.org standard tags. The private sector, state and local governments, and the academic community are encouraged to do the same.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 17  
**Date:** Friday, April 17, 2020 3:37:34 PM  
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### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 17, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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.
- On April 16, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The guidelines were developed by top healthcare experts in government, including at the U.S. Department of Health and Human Services and the Center for Disease Control and Prevention.
- Core state preparedness responsibilities include testing & contact tracing, healthcare system capacity, and plans.
  - State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID-19 outbreaks, rural and suburban areas where outbreaks have not occurred or



have been mild).

- Where appropriate, governors can work on a regional basis to satisfy these criteria and to progress through the phases outlined.
- Governors will continue to manage the situation in each state and develop robust reopening plans, working in close coordination with medical experts and key industries.
  - Fully assessing and leveraging the state's entire testing capacity will be important, including roadmap to all locations and types of testing available in the states, and the capacity of state and local labs, hospitals and universities, and private labs.
  - A robust and strategic testing strategy should include a plan to immediately test individuals if there is an outbreak in a community with a focus on vulnerable populations.
- 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 Airbridge](#).

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 18  
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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 18, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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:

- On **April 16**, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The guidelines also outline state responsibilities to have in place before moving into a reopening plan: protecting workers in critical industry, particularly protecting the most vulnerable, those who live and work in senior care facilities, and having a plan for testing symptomatic individuals with a focus on vulnerable populations.
  - The federal government will continue to work with governors across the country to ensure that they have the equipment and the supplies and the testing resources to reopen safely and responsibly.
- As of **April 17**, FEMA, HHS, and the private sector combined have coordinated the

delivery of or are currently shipping: 55 million N95 respirators, 69 million surgical masks, 5.9 million face shields, 10.5 million surgical gowns, 523 million gloves, 10,998 ventilators and 8,450 federal medical station beds.

- 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 Airbridge](#).
- On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing all the medical equipment and supplies that have been distributed to each state from FEMA between the first of this month and April 14th through Project Airbridge and through the commercial supply network.
- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose. The option was developed through a partnership with United Health Group, Quantigen, the Gates Foundation and U.S. Cotton.

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**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 19  
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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

---

April 19, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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:

- On April 16, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The guidelines also outline state responsibilities to have in place before moving into a reopening plan: protecting workers in critical industry, particularly protecting the most vulnerable, those who live and work in senior care facilities, and having a plan for testing symptomatic individuals with a focus on vulnerable populations.
  - The federal government will continue to work with governors across the country to ensure that they have the equipment and the supplies and the testing resources to reopen safely and responsibly.
- As of April 18, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 55.8 million N95 respirators, 77.1 million surgical masks, 6.1 million face shields, 11.4 million surgical gowns, 564 million gloves, 10,998 ventilators and 8,450 federal medical station beds.

- 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 Airbridge](#).
- On April 17, Vice President Pence issued a letter to the nation's governors summarizing all the medical equipment and supplies that have been distributed to each state from FEMA between the first of this month and April 14th through Project Airbridge and through the commercial supply network.
- The U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program \(CFAP\)](#), an immediate relief program that provides \$19 billion in support to farmers and ranchers, maintains the integrity of our food supply chain and ensures access to food for those in need.
  - Direct support to farmers and ranchers provides \$16 billion based on actual losses for agricultural producers.
  - USDA will partner with regional and local distributors to purchase \$3 billion in fresh produce, dairy and meat products. The distributors and wholesalers will provide these items to food banks, community and faith-based organizations and other non-profits serving people in need.

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**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 20  
**Date:** Monday, April 20, 2020 4:52:40 PM  
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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 20, 2020

# FEMA Advisory

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  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- As of **April 19**, FEMA, HHS, and the private sector combined have coordinated the delivery of, or are currently shipping: 57.4 million N95 respirators, 77.9 million surgical masks, 6.2 million face shields, 11.9 million surgical gowns, 587 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
  - On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing all the medical equipment and supplies that have been distributed

to each state from FEMA from April 1st – 14th through Project Airbridge and the commercial supply network.

- The U.S. has now tested 4.18 million people, which is more total tests than the following nations combined: France, the United Kingdom, South Korea, Japan, Singapore, India, Austria, Australia, Sweden, and Canada.
  - As conveyed by Dr. Anthony Fauci and Admiral Brett Giroir, there is enough testing capacity for states to move into phase one of reopening when they choose to do so.
  - States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - President Trump and Vice President Pence are working closely with Governors to review what more they can do to develop locally tailored testing strategies.
- HHS and FEMA continue to provide federal support to state run testing.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
- FEMA and HHS have centralized best practices and lessons learned to help medical practitioners, emergency managers, and other stakeholders learn from each other's approaches.
  - The [FEMA Coronavirus Emergency Management Best Practices](#) page contains resources for all levels of government, private sector, academic institutions, professional associations, and other organizations responding to the pandemic.
  - HHS has a comprehensive [Novel Coronavirus Resources](#) page that highlights technical resources and information for the medical community and emergency responders.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 21  
**Date:** Tuesday, April 21, 2020 1:28:21 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200421\\_FINAL.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

---

April 21, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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:

- On **April 16**, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- As of **April 20**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 57.4 million N95 respirators, 85.3 million surgical masks, 6.4 million face shields, 12.3 million surgical gowns, 638 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
- On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing the medical equipment and supplies that have been distributed to each state from FEMA from April 1 – 14 through Project Airbridge and the commercial supply network.
- The U.S. has now processed 4.3 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
  - On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.

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**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 22  
**Date:** Wednesday, April 22, 2020 2:19:26 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200422\\_FINAL.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

---

April 22, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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:

- On **April 16**, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- As of **April 21**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 56.9 million N95 respirators, 82.5 million surgical masks, 5.9 million face shields, 12.3 million surgical gowns, 643 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
- The U.S. has now processed 4.4 million samples, which is more total tests than the

following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.

- States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
  - On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 21**, [New York Gov. Andrew Cuomo announced](#) that the state would no longer need the USNS Comfort because of declining cases in New York City.
    - The USNS Comfort arrived in Manhattan on March 30 and has treated 182 patients.
  - On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. This funding is part of the CARES Act.
    - The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 23  
**Date:** Thursday, April 23, 2020 2:13:19 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200423\\_FINAL.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

---

April 23, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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:

- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- In order to help Americans, return to work, the federal government will distribute cloth facial coverings for critical infrastructure workers who do not need medical-grade personal protective equipment (PPE) for their daily work.
  - The facial coverings will be delivered in a phased approach for infrastructure workers, first responders and food producers. Prioritization will also be to areas with the highest COVID-19 infection rates.
  - Distribution will be based on the Cybersecurity and Infrastructure Security Agency's analysis of priority infrastructure sectors and will include food production and distribution, energy, water and wastewater treatment, essential

transportation and logistics, first responders, communications, hazardous materials management, manufacturing of medical supplies, and sanitation and disinfection supplies.

- The first phase includes distribution of more than 19 million facial coverings.
- HHS anticipates production of 6.5 million facial coverings each week for the next month.
- As of **April 22**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 66.9 million N95 respirators, 96.9 million surgical masks, 6.6 million face shields, 13.8 million surgical gowns, 727 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
- The U.S. has now processed 4.69 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
  - On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic Whole-of-America Response - April 10  
**Date:** Friday, April 10, 2020 5:17:18 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200410\\_FINAL.pdf](#)  
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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

---

April 10, 2020

# FEMA Advisory

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

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.
- Beginning **April 10**, HHS and FEMA will work with states with federal Community-Based Testing Sites to clarify whether sites want to continue as they are now, or transition to full state control.
  - Under state control, CBTS sites would still receive technical assistance from the federal government and be able to request supplies through the normal FEMA systems.
  - Leadership at both HHS and FEMA will consider approving extension requests by states that need additional federal assistance to manage and operate sites. A formal notice to continue must be submitted to the CBTS Task Force Leader, by either the state's Governor or his or her representative, no later than April 9.
  - The federal government will continue supporting each site through the

- transition process to ensure that the states can fully manage and operate their CBTS program independently. This includes providing each site with enough supplies to continue to operate for 7-14 days after the agreed upon transition date.
- After transition, states can choose to source testing kits and supplies through their standard ordering process or to request assistance from FEMA using the standard Resource Request Process through the appropriate FEMA Region.
  - States may also seek reimbursement for eligible expenses associated with running their sites through FEMA's Public Assistance program. In general, activities local and state governments are conducting at CBTS are eligible for reimbursement under the Public Assistance program, subject to a cost share.
  - To date, Community Based Testing Sites have screened over 85,000 individuals.
- 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.
  - 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.
  - On **April 8**, HHS, through the Health Resources and Services Administration awarded more than \$1.3 billion to 1,387 health centers. These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
  - 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.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Addressing PPE Needs in Non-Healthcare Setting  
**Date:** Thursday, April 23, 2020 10:15:53 AM  
**Attachments:** [FEMA FactSheet COVID19 NonHealthPPENeed FINAL 20200422.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

Please see the announcement below, and attached, fact sheet from our partners in Federal Emergency Management Agency (FEMA) regarding Addressing PPE Needs in Non-Healthcare Setting.

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FEMA has published the attached Coronavirus (COVID-19) Pandemic: Addressing PPE Needs in Non-Healthcare Setting. This guidance summarizes how organizations should consider and manage their personal protective equipment (PPE) needs while ensuring the protection of workers during the coronavirus (COVID-19) pandemic response, including how to preserve limited supplies of PPE, how to consider need during periods of shortages, and how to acquire and request PPE (i.e., in the face of critical shortages and whereas normal supply chain allocation cannot meet operational requirements).

The attached fact sheet may also be found on the FEMA website [here](#).

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Applying the Defense Production Act  
**Date:** Tuesday, April 14, 2020 6:02:48 PM  
**Attachments:** [ESF15 FEMA FactSheet COVID19 UseofDPA FINAL 20200414.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below, and attached fact sheet, from our partners in the Federal Emergency Management Agency (FEMA) regarding the Defense Production Act.

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April 14, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic: Applying the Defense Production Act

The scarcity of medical resources in the fight against COVID-19 is a global issue. The United States is competing for the same resources as many other countries. To maximize the availability of critical protective and lifesaving resources to front line health care workers, FEMA and the Department of Health and Human Services (HHS) are [executing a four-pronged approach](#) to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term. The approach includes **Preservation, Acceleration, Expansion and Allocation**.

The Defense Production Act (DPA) provides authorities that are being applied to support *Acceleration* and *Expansion* efforts. Priority rated DPA orders do not create a situation of “outbidding;” rather, it puts the federal government requirement to the “front of the line” for fulfillment ahead of other orders.

As we process orders through the supply chain, we are maintaining close coordination with governors to identify potential bidding conflicts. We look to the Nation’s governors and tribal leaders to make us aware of specific information regarding apparent bidding conflict. If a bidding conflict does arise, we work closely with the state or tribe to resolve it in a way that best serves their needs.

For more information on how the Defense Production Act authorities are helping during the COVID-19 response, please review the attached fact sheet.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Purchase and Distribution of Food Eligible for Public Assistance  
**Date:** Tuesday, April 14, 2020 7:31:36 PM

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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding eligibility requirements for expenses incurred from the purchasing and distribution of food relating to COVID-19 response operations.

---

April 14, 2020

# FEMA Advisory

## **Coronavirus (COVID-19) Pandemic: Purchase and Distribution of Food Eligible for Public Assistance**

Due to the impact of the COVID-19 pandemic, it may be necessary as an emergency protective measure to provide food to meet the immediate needs of those who do not have access to food and to protect the public from the spread of the virus. On April 11, 2020, FEMA [issued a new policy](#) that addresses the purchase and distribution of food eligible for Public Assistance funding under emergency and major disaster declarations for the COVID-19 pandemic.

State, local, tribal, and territorial (SLTT) governments with the legal responsibility for protecting life, public health and safety are eligible applicants for assistance related to the purchase and distribution of food.

SLTT applicants may enter into formal agreements or contracts with private organizations, including private nonprofit organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the COVID-19 pandemic. In these cases, Public Assistance funding is provided to the legally responsible government entity, which would then reimburse the private organization for services under the agreement or contract.

All costs must be reasonable and are subject to standard Public Assistance program eligibility and other federal requirements, as well as the prevailing cost-share requirement for the respective COVID-19 emergency or major disaster declaration.

This form of assistance is time-limited with additional information outlined in the policy.

FEMA will engage with interagency partners, including the U.S. Department of

Agriculture, the U.S. Department of Health and Human Services, and U.S. Department of Housing and Urban Development, to ensure this assistance does not duplicate other available assistance.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Whole-of-America Response - April 25  
**Date:** Saturday, April 25, 2020 3:20:51 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200425\\_FINAL.pdf](#)  
[COVID-19\\_National\\_By\\_the\\_Numbers\\_FINAL\\_042520.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 25, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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:

- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Vice President Pence spoke with the Nation's governors on **April 24**, reinforcing the partnership between the federal and state governments and the continued progress to expand and implement testing to be able to reopen safely and responsibly under the phased approach.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources.
- During the **April 24** White House Press Briefing, Food and Drug Administration (FDA) Commissioner Dr. Stephen Hahn announced that the FDA had [approved the first COVID-19 home collection test kit](#).
  - The FDA continues to facilitate test development to ensure access to accurate diagnostics, working with over 350 test developers and authorizing 63 types of

tests to date.

- On **April 24**, President Trump signed the [Paycheck Protection Program and Health Care Enhancement Act](#) to replenish the Small Business Administration's small business loan program while also providing crucial support for America's frontline medical workers.
  - The act provides \$320 billion in additional funding for the Paycheck Protection Program, along with \$75 billion for hospitals and healthcare providers to fight coronavirus and \$25 billion for ongoing testing across the country.
  - The [Paycheck Protection Program](#) processed nearly \$350 billion in loans to 1.6 million small businesses from funding provided in the CARES Act. More than 4,900 lending institutions participated in making these SBA-backed loans.
- As of **April 24**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 70.5 million N95 respirators, 104.5 million surgical masks, 7 million face shields, 14.8 million surgical gowns, 779.1 million gloves, 10,563 ventilators and 8,450 federal medical station beds.
- The U.S. has now processed 5.1 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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## FEMA Mission

To help people before, during, and after disasters.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Whole-of-America Response - April 26  
**Date:** Sunday, April 26, 2020 1:18:35 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200426\\_FINAL.pdf](#)  
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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 26, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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.

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- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Vice President Pence spoke with the Nation's governors on **April 24**, reinforcing the partnership between the federal and state governments and the continued progress to expand and implement testing to be able to reopen safely and responsibly under the phased approach.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources.
- On **April 25**, FEMA announced that more than \$5.1 million dollars in crisis counseling service grants have been made available to five states.
  - The grants, made to Massachusetts, Michigan, New Jersey, New York and Washington, will support programs providing free, confidential counseling to assist individuals through community-based outreach and educational services.
  - Due to the COVID-19 nationwide emergency and the need to protect the safety and health of all Americans, the crisis counseling will be delivered by phone, internet and the media (including social media).

As of **April 25**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 70.7 million N95 respirators, 104.5 million surgical masks, 7 million face shields, 14.7 million surgical gowns, 793.8 million gloves, 10,603 ventilators and 8,450 federal medical station beds.

- The U.S. has now processed 5.1 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Whole-of-America Response - April 27  
**Date:** Monday, April 27, 2020 12:39:56 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200427\\_FINAL.pdf](#)  
[COVID-19 By the Numbers 042720.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 27, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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.

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- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Vice President Pence spoke with the Nation's governors on **April 24**, reinforcing the partnership between the federal and state governments and the continued progress to expand and implement testing to be able to reopen safely and responsibly under the phased approach.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources.
- On **April 26**, CDC and the Occupational Safety and Health Administration (OSHA) [released targeted guidance](#) to help meat and poultry processing facilities implement infection control practices to reduce the risk of transmission and illness from COVID-19 in these facilities.
  - Meat and poultry processing facilities present unique challenges for the prevention and control of COVID-19 transmission among workers.
  - Meat and poultry processing employers should implement a combination of engineering controls, cleaning and disinfection, social distancing, work practice controls, administrative controls, and use of personal protective



- equipment.
- Basic worker infection prevention information and training should be provided to all workers in a clear and accessible manner, including training on social distancing and ways to reduce the spread of infection. To ensure accessibility, multi-lingual materials should be considered and made available, as appropriate.
- FEMA, HHS and the Cybersecurity Infrastructure and Security Agency (CISA) along with other federal agencies are distributing cloth face coverings as part of a multi-prong approach to re-open American economic activity while continuing to limit spread of COVID-19.
  - As of **April 26**, 32.5 million cloth face coverings are being processed and distributed to state, local, tribal, private sector, and federal entities.
  - The facial coverings are being delivered in a phased approach for infrastructure workers, first responders and food producers who do not need medical-grade personal protective equipment (PPE) for their daily work. Distribution is based on CISA's analysis of priority infrastructure sectors.
  - The federal government will provide additional face coverings in production to states, territories and tribes for distribution, with priority to emergency services, food production and distribution, and other sectors that support community lifelines.
  - FEMA and HHS are also providing face coverings to federal departments and agencies with mission essential functions to promote health and safety in the workplace and in their execution of public-facing missions
- As of **April 26**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 74.7 million N95 respirators, 104.8 million surgical masks, 7.2 million face shields, 15 million surgical gowns, 798 million gloves, 10,603 ventilators and 8,450 federal medical station beds.
- The U.S. has now processed 5.2 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Whole-of-America Response - April 28  
**Date:** Tuesday, April 28, 2020 1:26:44 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200428\\_FINAL.pdf](#)  
[COVID-19 By the Numbers 04-28-20.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 28, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to the 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:

- On **April 27**, President Trump unveiled the [Opening Up America Again Testing Overview](#) and [Testing Blueprint](#) designed to facilitate state development and implementation of the robust testing plans and rapid response programs described in the President's [Guidelines for Opening Up America Again](#).
  - The President's Testing Blueprint sets forth the partnership between federal, state, local, and tribal governments, along with the private-sector and professional associations, all of which will play important roles in meeting the Nation's testing needs.
  - The federal government provides strategic guidance on the best use of available technologies, approves new tests to expand capacity, shares best practices with states, and more.
  - As different localities have different needs, states should each develop testing plans and rapid response programs that fit the needs of their communities.
- To support the Administration's [Testing Blueprint](#), FEMA, at the direction of the White House Coronavirus Task Force, is working to source and procure testing material – specifically, testing swabs and transport media.
  - The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their

individualized reopening and testing plans.

- Once sourced and procured, the intent is to have this material shipped directly to a single location within each state, territory or tribe for their ultimate distribution. Each state, territory and tribal will develop its own distribution strategy to align with its testing plan and unique needs.
- As of **April 27**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 76.5 million N95 respirators, 107.2 million surgical masks, 7.2 million face shields, 15.3 million surgical gowns, 811.9 million gloves, 10,603 ventilators and 8,450 federal medical station beds.
- As of **April 27**, CDC, state, and local public health labs and other laboratories have tested more than 5.4 million samples.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Whole-of-America Response - April 29  
**Date:** Wednesday, April 29, 2020 4:49:04 PM  
**Attachments:** [COVID-19 By the Numbers 042920.pdf](#)  
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Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 29, 2020

# FEMA Advisory

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  - The President's Testing Blueprint sets forth the partnership between federal, state, local, and tribal governments, along with the private-sector and professional associations, all of which will play important roles in meeting the Nation's testing needs.
- To support the Administration's [Testing Blueprint](#), FEMA, at the direction of the White House Coronavirus Task Force, is working to source and procure testing material – specifically, testing swabs and transport media.
  - The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their individualized reopening and testing plans.
  - Once sourced and procured, the intent is to have this material shipped directly to a single location within each state, territory or tribe for their ultimate distribution.



- Each state, territory and tribal will develop its own distribution strategy to align with its testing plan and unique needs.
- As of **April 27**, CDC, state, and local public health labs and other laboratories have tested more than 5.6 million samples.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
- On **April 28**, the FDA issued a new [video resource](#) explaining Emergency Use Authorizations (EUAs), one of several tools FDA uses to help make important medical products available quickly during public health emergencies like the COVID-19 pandemic.
  - EUAs provide more timely access to drugs, diagnostic tests and/or other critical medical products that can help diagnose, treat and/or prevent COVID-19.
  - To date, the FDA has issued 50 individual [emergency use authorizations](#) for test kit manufacturers and laboratories.
- As of **April 28**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 75 million N95 respirators, 107.7 million surgical masks, 7.2 million face shields, 15.3 million surgical gowns, 814.8 million gloves, 10,153 ventilators and 8,450 federal medical station beds.
- On **April 27**, the [Small Business Administration relaunched](#) the Paycheck Protection Program after [distributing \\$350 billion in loans to 1.6 million businesses](#) earlier this month. Including last week's funding bill, more than \$670 billion is available for the loan program in total.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Whole-of-America Response - April 30  
**Date:** Thursday, April 30, 2020 5:43:13 PM  
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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

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April 30, 2020

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  - The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their individualized reopening and testing plans.
  - Once sourced and procured, the intent is to have this material shipped directly to a single location within each state, territory or tribe for their ultimate distribution.

- Each state, territory and tribal will develop its own distribution strategy to align with its testing plan and unique needs.
- On **April 29**, the National Institutes of Health announced positive results of a [trial using Remdesivir](#), an investigational broad-spectrum antiviral treatment administered via daily infusions.
  - Hospitalized patients with advanced COVID-19 and lung involvement who received Remdesivir recovered, on average, faster than similar patients who received placebo.
  - The preliminary data analysis was from a randomized, controlled trial involving 1,063 patients.
- President Trump signed an [executive order to keep meat processing plants open](#) to ensure the continued supply of beef, pork, and poultry to the American people. The order uses the Defense Production Act to classify meat processing as critical infrastructure.
  - The Centers for Disease Control and Prevention and the Occupational Safety and Health Administration have put out guidance for plants to implement to help ensure employee safety.
- As of **April 29**, CDC, state, and local public health labs and other laboratories have tested more than 5.8 million samples.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - To date, the FDA has issued 50 individual [emergency use authorizations](#) for test kit manufacturers and laboratories.
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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Coronavirus (COVID-19) Pandemic: Whole-of-America Response - April 24  
**Date:** Friday, April 24, 2020 2:15:25 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200424\\_FINAL.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 24, 2020

# FEMA Advisory

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

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  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- On **April 22**, HHS launched [Telehealth.hhs.gov](#). The site is a central source of information on telehealth resources and tools for patients and providers.
  - In his blog post "[Health Providers: Join the Telehealth Revolution](#)," the Surgeon General of the United States, Vice Admiral Jerome M. Adams M.D., M.P.H., outlines the benefits of using telemedicine tools.
  - Working from the safety of home, these tools allow clinicians to perform virtual visits, refill and adjust essential medications, and modify treatments that



will preserve and improve conditions that if left untreated, put patients at risk.

- As of **April 23**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 66.9 million N95 respirators, 105 million surgical masks, 6.7 million face shields, 14.9 million surgical gowns, 747 million gloves, 10,563 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
- The U.S. has now processed 4.9 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.

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- [ESF15\\_DailyBriefingPoints\\_20200424 FINAL.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] DHS and USDA Move to Protect American Farmers and Ensure Continued Flow of America's Food Supply  
**Date:** Wednesday, April 15, 2020 3:51:29 PM

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Public Affairs

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**DHS and USDA Move to Protect American Farmers and Ensure Continued Flow of America's Food Supply**

*Department to Temporarily Amend Certain H-2A Requirements During COVID-19 National Emergency*

WASHINGTON— The Department of Homeland Security, with the support of the U.S. Department of Agriculture (USDA), has announced a temporary final rule to change certain H-2A requirements to help U.S. agricultural employers avoid disruptions in lawful agricultural-related employment, protect the nation's food supply chain, and lessen impacts from the coronavirus (COVID-19) public health emergency. These temporary flexibilities will not weaken or eliminate protections for U.S. workers.

Under this temporary final rule, an H-2A petitioner with a valid temporary labor certification who is concerned that workers will be unable to enter the country due to travel restrictions can start employing certain foreign workers who are currently in H-2A status in the United States immediately after United States Citizenship and Immigration Services (USCIS) receives the H-2A petition, but no earlier than the start date of employment listed on the petition. To take advantage of this time-limited change in regulatory requirements, the H-2A worker seeking to change employers must already be in the United States and in valid H-2A status.

Additionally, USCIS is temporarily amending its regulations to protect the country's food supply chain by allowing H-2A workers to stay beyond the three-year maximum allowable period of stay in the United States. These temporary changes will encourage and facilitate the continued lawful employment of foreign temporary and seasonal agricultural workers during the COVID-19 national emergency. Agricultural employers should utilize this streamlined process if they are concerned with their ability to bring in the temporary workers who were previously authorized to work for the employer in H-2A classification. At no point is it acceptable for employers to hire illegal aliens.

"This Administration has determined that continued agricultural employment, currently threatened by the COVID-19 pandemic, is vital to maintaining and securing the country's critical food supply chain. The temporary changes announced by USCIS provide the needed stability during this unprecedented crisis," said Acting Secretary of Homeland Security Chad F. Wolf.

"USDA welcomes these additional flexibilities provided by the Department of Homeland Security today," said Secretary of Agriculture Sonny Perdue. "Providing flexibility for H-2A employers to utilize H-2A workers that are currently in the United States is critically

important as we continue to see travel and border restrictions as a result of COVID-19. USDA continues to work with the Department of Homeland Security, the Department of Labor and the Department of State to minimize disruption and make sure farmers have access to these critical workers necessary to maintain the integrity in our food supply.”

The temporary final rule is effective immediately upon publication in the Federal Register. If the new petition is approved, the H-2A worker will be able to stay in the United States for a period of time not to exceed the validity period of the Temporary Labor Certification. DHS will issue a new temporary final rule in the Federal Register to amend the termination date of these new procedures in the event DHS determines that circumstances demonstrate a continued need for the temporary changes to the H-2A regulations.

The H-2A nonimmigrant classification applies to alien workers seeking to perform agricultural labor or services of a temporary or seasonal nature in the United States, usually lasting no longer than one year, for which able, willing, and qualified U.S. workers are not available.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Advisory: Coronavirus (COVID-19) Pandemic Whole-of-America Response  
**Date:** Monday, April 13, 2020 8:04:06 PM  
**Attachments:** [\[4\] FEMA Advisory COVID19 FactSheet IRR 20200413.pdf](#)  
[\[1\] FEMA Advisory COVID19 ProjectAirBridgeVideo 20200413.pdf](#)  
[\[2\] FEMA Advisory COVID19 FactSheet PPE Preservation Best Practices 20200413.pdf](#)  
[\[5\] FEMA COVID19 FactSheet IRR 20200413.pdf](#)  
[\[3\] FEMA COVID19 FactSheet Best PracticesPPEPreservation 20200413.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding information on Project Airbridge, PPE Preservation, and resource requests from the International Reagent Resource.

---

April 13, 2020

# FEMA Advisory

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

In support of the coronavirus (COVID-19) pandemic response, FEMA provides the following: FEMA Project Airbridge video Advisory; Personal Protective Equipment (PPE) Preservation Best Practices Advisory and Fact Sheet, and a Resource Requests from the International Reagent Resource (IRR) Advisory and Fact Sheet.

### FEMA Project Airbridge

To efficiently maintain the country's existing medical supply chain infrastructure, FEMA augments the existing supply chain through a variety of strategies, to include FEMA Project Airbridge.

FEMA created Project Airbridge to reduce the amount of time it takes for U.S. medical supply distributors to get commercially sourced and procured Personal Protective Equipment and other critical supplies into the country for their respective customers. FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.

FEMA provides distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future. As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. The HHS and FEMA determine hotspot areas based on CDC data.



A brief video on Project Airbridge is available on [FEMA's Media Gallery Website](#) and on all FEMA social media accounts.

Project Airbridge Advisory: Attachment [1]

## **Personal Protective Equipment Preservation Best Practices**

This Personal Protective Equipment Preservation Best Practices Fact Sheet (attached) summarizes best practices for national implementation to sustain personal protective equipment (PPE) while ensuring the protection of workers during the coronavirus (COVID-19) pandemic response.

The objective of the *COVID-19 National Strategy for Addressing PPE Shortage* is to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: **reduce**, **reuse**, and **repurpose**. Due to the COVID-19 pandemic response and associated PPE shortages, implementation of contingency and crisis capacity plans may be necessary to ensure continued availability of protective gear.

This fact sheet amplifies the Centers for Disease Control and Prevention (CDC) strategies on conventional, contingency and crisis capacity strategies for optimizing PPE. All U.S. healthcare facilities should begin using PPE contingency strategies now and may need to consider crisis capacity strategies if experiencing PPE shortages.

Preserving Personal Protective Equipment Best Practices Advisory: Attachment [2]

Preserving Personal Protective Equipment Best Practices Fact Sheet: Attachment [3]

## **Resource Requests from the International Reagent Resource**

The International Reagent Resource (IRR), established by the Centers for Disease Control and Prevention (CDC), acquires, authenticates, and produces reagents that scientists need to carry out basic research and develop improved diagnostic tests, vaccines, and detection methods.

The (IRR) Fact Sheet (attached) outlines a simplified process for states and territories to make resource requests from the IRR. Consolidating testing supplies under the IRR alleviates burden on public health labs, which increases efficiency and reduces need to work with separate, individual suppliers for swabs, reagents, and other diagnostic testing supplies.

International Reagent Resource Advisory: Attachment [4]

International Reagent Resource Fact Sheet: Attachment [5]

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- [\[4\] FEMA\\_Advisory\\_COVID19\\_FactSheet\\_IRR\\_20200413.pdf](#)
- [\[1\] FEMA\\_Advisory\\_COVID19\\_ProjectAirBridgeVideo\\_20200413.pdf](#)
- [\[2\] FEMA\\_Advisory\\_COVID19\\_FactSheet\\_PPE Preservation Best Practices\\_20200413.pdf](#)
- [\[5\] FEMA\\_COVID19\\_FactSheet\\_IRR\\_20200413.pdf](#)
- [\[3\] FEMA\\_COVID19\\_FactSheet\\_Best PracticesPPEPreservation\\_20200413.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Advisory: COVID-19 Best Practices  
**Date:** Sunday, April 19, 2020 4:11:34 PM

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Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 19, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic: Best Practices

FEMA and the U.S. Department of Health and Human Services (HHS) are collecting and sharing best practices and lessons learned from the whole-of-America response to the coronavirus (COVID-19) pandemic. The best practices are intended to help medical practitioners, emergency managers, and other critical stakeholders learn from each other's approaches and apply solutions to current response and recovery operations.

The [FEMA Coronavirus Emergency Management Best Practices](#) page provides a one-stop shop to explore best practices and lessons learned across all levels of government, private sector, academic institutions, professional associations, and other organizations. HHS has a comprehensive [Novel Coronavirus Resources](#) page that highlights technical resources and information for the medical community and emergency responders.

Best practices are organized around five themes:

- *Helping People*, which includes best practices on topics such as crisis counseling resources and anticipating and attending to civil rights;
- *Government Operations* best practices such as public information and continuity of operations considerations;
- *Private Sector and Infrastructure*, which includes best practices for commercial trucking and food stores;
- *Recovery Planning and Implementation*, to include the newly released FEMA Disaster Financial Management Guide and economic recovery considerations; and
- *Medical Supplies and Equipment*, including best practices for the preservation of personal protective equipment while ensuring workers are protected.

Please visit [www.coronavirus.gov](http://www.coronavirus.gov) for current health-related guidance and information on COVID-19.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Advisory: Disaster Financial Management Guide  
**Date:** Friday, April 17, 2020 8:06:47 AM  
**Attachments:** [COVID-19-and-Disaster-Financial-Management-Guide.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below, and attached fact sheet, from our partners in the Federal Emergency Management Agency (FEMA) regarding the release of a Disaster Financial Management Guide to assist communities in their COVID-19 response.

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April 17, 2020

# FEMA Advisory

## Disaster Financial Management Guide

On Thursday, April 16, FEMA released the “Disaster Financial Management Guide” to support jurisdictions in establishing and implementing sound disaster financial management practices, which are critical for successful response and recovery. The guide takes an all-hazards approach and addresses a broad range of issues and contains concepts, principles and resources applicable to the coronavirus (COVID-19) pandemic response environment.

The guide identifies the capabilities and activities necessary to prepare and successfully implement disaster financial management while maintaining fiscal responsibility throughout response and recovery operations. This includes considerations and practices necessary to track, calculate and justify the costs of an emergency; support local reimbursement reconciliation; avoid de-obligation of grant funding; and effectively fund and implement recovery projects and priorities. The principles, concepts and resources contained in the guide can support jurisdictions in identifying the resources needed to support their community, increase the efficiency of recovery efforts, and reduce the likelihood of audits and financial penalties for the jurisdiction.

To view the guide, please visit <https://www.fema.gov/plan>.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Coronavirus (COVID-19) Pandemic Update - April 9, 2020  
**Date:** Thursday, April 9, 2020 4:38:00 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200409\\_FINAL.pdf](#)  
[ESF15\\_COVID-19\\_Messaging\\_20200409\\_FINAL.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 9, 2020

# FEMA Advisory

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

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 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 Project Air Bridge expedites movement of critical supplies, in varying quantities, from the global market to medical distributors in various locations across the U.S.
  - As of April 8, 21 flights have landed, containing critical personal protective equipment (PPE): gloves, gowns, goggles, and masks.
  - Three flights are scheduled to arrive today, 1 in Chicago, 1 in New York City, and 1 in Dallas/Ft. Worth.
  - An additional 49 flights are scheduled over the next three weeks.
  - Overseas flights arrive at operational hub airports for distribution to hotspots and nationwide locations through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations.
  - FEMA is providing distributors with up-to-date information on the locations



- across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- Per agreements with distributors, 50 percent of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50 percent is fed into distributors' normal supply chain to their customers in other areas nationwide.
- HHS and FEMA determine hotspot areas based on CDC data.
- 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 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 your 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.
  - The federal government has 8,324 total ventilators available: 7,724 in the Strategic National Stockpile; 600 from the Department of Defense.
- On April 8, the Department of Health and Human Services announced the first contract for ventilator production rated under the Defense Production Act, to General Motors.
  - 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.
- On April 8, CDC issued additional guidance to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
  - The guidance covers essential health care workers who've been exposed to the coronavirus.
  - Essential workers can, under certain circumstances, go back to work, if they're asymptomatic and take the recommended actions of taking their temperature before they go to work, wearing a face mask at all times, and practicing social distancing when they're at work.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Coronavirus (COVID-19) Pandemic: Daily Briefing Points - April 1  
**Date:** Wednesday, April 1, 2020 8:27:20 PM  
**Attachments:** [FEMA COVID Advisory 4.1.20.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 1, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic: Daily Briefing Points

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to coronavirus (COVID-19) pandemic.

These briefing points include Topline Messages, as well as information associated with Medical Hotspots; FEMA and Department of Health and Human Services response; FEMA Disaster Response Capacity; Federal Funding of National Guard (Title 32); Community-Based Testing Sites; Strategic National Stockpile; FDA Ventilator Guidance, CDC Respirator Guidance; Defense Production Act; Guidance from Federal Agencies; CDC Public Guidance; Coping With Stress; Combating Disinformation and Rumors; and How To Help.

Topline messaging includes the following:

- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of America response to fight the COVID-19 pandemic and protect the public.
- The health and safety of the American people is our top priority.
- On March 31, the president extended the nation's Slow the Spread campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.

- The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
- For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA coordinated an air bridge for flights from Asia beginning Sunday, March 29 which delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - The second flight landed in Chicago on March 30; and, one landed in Miami last night and another in New York this morning. FEMA has scheduled additional flights and is adding more daily.
  - Each flight will contain critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
- Upon arrival, the PPE will be provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 10,469 total ventilators available, which includes 9,404 in the Strategic National Stockpile and 1,065 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- Over the next 24 hours, FEMA and HHS will deliver ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (300), Illinois (150), Connecticut (50) and Louisiana (150).
- Thirty states and 12 tribes have issued stay at home orders.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Coronavirus (COVID-19) Pandemic: Daily Briefing Points - April 2  
**Date:** Thursday, April 2, 2020 6:57:55 PM  
**Attachments:** [FEMA DailyBriefingPoints FINAL 20200402.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 2, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic: Daily Briefing Points

Attached you will find today's FEMA Daily Briefing Points for the whole-of-America response to coronavirus (COVID-19) pandemic. These briefing points include Topline Messages, as well as information associated with Medical Hotspots; FEMA and Department of Health and Human Services Response; FEMA Disaster Response Capacity; Federal Funding of National Guard (Title 32); Community-Based Testing Sites; Strategic National Stockpile; FDA Ventilator Guidance, CDC Respirator Guidance; Defense Production Act; Guidance from Federal Agencies; CDC Public Guidance; Coping With Stress; Combating Disinformation and Rumors; and How To Help.

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- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement



actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.

- For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA coordinated an air bridge for flights from Asia beginning Sunday, March 29 which delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - Additional flights have landed in Chicago on March 30 as well as in Miami on March 31, and Los Angeles on April 1. Additional flights landed in Chicago and Columbus, Ohio early this morning. FEMA has more flights scheduled and is adding more daily.
  - Each flight will contain critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Upon arrival, the PPE will be provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 9,961 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 907 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- In the past 48 hours, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (650), Illinois (150), Connecticut (50) and Louisiana (150).
- FEMA will notify direct housing occupants in the states of California, Florida, North Carolina and Texas that they would suspend rent payment requirements for the months of April, May and June as a result of the ongoing impacts of COVID-19.

- Thirty states and 12 tribes have issued stay at home orders.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Coronavirus (COVID-19) Pandemic: Daily Briefing Points - April 3  
**Date:** Friday, April 3, 2020 3:43:24 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200403\\_FINAL.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 3, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic: Daily Briefing Points

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to coronavirus (COVID-19) pandemic. These briefing points include Topline Messages, as well as information associated with Medical Hotspots; FEMA and Department of Health and Human Services Response; FEMA Disaster Response Capacity; Federal Funding of National Guard (Title 32); Community-Based Testing Sites; Strategic National Stockpile; FDA Ventilator Guidance, CDC Respirator Guidance; Defense Production Act; Guidance from Federal Agencies; CDC Public Guidance; Coping With Stress; Combating Disinformation and Rumors; and How To Help.

Topline messaging includes the following:

- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement

actions designed to slow and limit the spread of COVID-19, like staying home as much as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.

- For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.
- On April 3, the Small Business Administration Paycheck Protection Program will begin offering nearly \$350 billion in loans to small businesses.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first 8 weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA continues to coordinate an air bridge for flights from Asia. The first flight landed Sunday, March 29, and delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - Additional flights landed in Chicago on March 30, Miami on March 31, Los Angeles on April 1, and Chicago and Columbus, Ohio, on April 3. FEMA has more flights scheduled and is adding more daily.
  - Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Overseas flights are arriving at airports that are operational hubs. They are not indicators that the supplies will be distributed in those locations. All supplies are national supplies and will be distributed to hot spots and through the vendors regular supply chain to locations across the country.
  - Upon arrival, PPE is provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are

shipped to the states in the amount needed to manage the immediate crisis.

- At present, the federal government has 9,800 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 900 available from the Department of Defense.
- To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- Since March 31, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (650), Illinois (150), Connecticut (50) and Louisiana (150).
- FEMA will notify direct housing occupants in the states of California, Florida, North Carolina and Texas that they would suspend rent payment requirements for the months of April, May and June as a result of the ongoing impacts of COVID-19.
- Thirty-one states and 12 tribes have issued stay at home orders.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Coronavirus (COVID-19) Pandemic: Daily Briefing Points - April 4  
**Date:** Saturday, April 4, 2020 1:26:21 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200404\\_FINAL.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 4, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic: Daily Briefing Points

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to coronavirus (COVID-19) pandemic. These briefing points include Topline Messages, as well as information associated with FEMA and Department of Health and Human Services Response; FEMA Disaster Response Capacity; Federal Funding of National Guard (Title 32); Community-Based Testing Sites; Strategic National Stockpile; FDA Ventilator Guidance; CDC Respirator Guidance; Defense Production Act; Guidance from Federal Agencies; CDC Public Guidance; Coping With Stress; Combating Disinformation and Rumors; and How To Help.

Topline messaging includes the following:

- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as much as possible, canceling or postponing gatherings of more than



- 10 people, and taking additional steps to distance yourself from other people.
  - On April 3, CDC issued a recommendation to the public to use cloth face coverings in community settings to help prevent the spread of COVID-19 by people are infected and do not know it.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On April 3, the Small Business Administration Paycheck Protection Program began offering nearly \$350 billion in loans to small businesses.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first 8 weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA continues to coordinate an air bridge for flights from Asia. The first flight landed Sunday, March 29, and delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - Additional flights landed in Chicago on March 30, Miami on March 31, Los Angeles on April 1, and Chicago and Columbus, Ohio, on April 3. FEMA has more flights scheduled and is adding more daily.
  - Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA does not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Overseas flights are arriving at airports that are operational hubs. They are not indicators that the supplies will be distributed in those locations. All supplies are national supplies and will be distributed to hot spots and through the vendors regular supply chain to locations across the country.
  - Upon arrival, PPE is provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 9,800 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 900 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- As of April 3, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to California (170), Connecticut (50), Illinois (450), Louisiana (150), Maryland (120), Michigan (400), New Jersey (850), New York (4,400), Oregon (140) and Washington (500).
  - Additional allocations in process include a 250 bed Federal Medical Station, a Public Health strike team and 300 ventilators for Michigan; a 50 bed Federal

Medical Station for the Metro DC area; 200 ventilators for Louisiana; and 100 ventilators for Massachusetts.

- On April 3, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
  - The report provides CDC expert summaries and interpretations of important and timely surveillance data to track the COVID-19 pandemic in the United States.
  - COVIDView includes information related to COVID-19 outpatient visits, emergency department visits, and hospitalizations and deaths, as well as laboratory data.
  - The report will be updated every Friday.
- Forty states, four territories and 12 tribes have issued stay at home orders.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Coronavirus (COVID-19) Pandemic: Daily Briefing Points - April 5  
**Date:** Sunday, April 5, 2020 3:25:42 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200405\\_FINAL.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 5, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic: Daily Briefing Points

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to coronavirus (COVID-19) pandemic. These briefing points include Topline Messages, as well as information associated with FEMA and Department of Health and Human Services Response; FEMA Disaster Response Capacity; Federal Funding of National Guard (Title 32); Community-Based Testing Sites; Strategic National Stockpile; FDA Ventilator Guidance; CDC Respirator Guidance; Defense Production Act; Guidance from Federal Agencies; CDC Public Guidance; Coping With Stress; Combating Disinformation and Rumors; and How To Help.

Topline messaging includes the following:

- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - On April 3, CDC issued a recommendation to the public to use cloth face coverings in community settings to help prevent the spread of COVID-19 by people are infected and do not know it.

- For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- HHS will be providing state, territory and tribal Public Health departments with a one-time shipment of Abbott COVID-19 rapid tests.
  - Shipments are expected to arrive at the 70 identified locations by April.
  - The tests allow for immediate, on-site testing at the point-of-care.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA continues to coordinate an air bridge for flights from Asia. The first flight landed Sunday, March 29, and delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - Additional flights landed in Chicago on March 30, Miami on March 31, Los Angeles on April 1, and Chicago and Columbus, Ohio, on April 3. FEMA has more flights scheduled and is adding more daily.
  - Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA does not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Overseas flights are arriving at airports that are operational hubs. They are not indicators that the supplies will be distributed in those locations. All supplies are national supplies and will be distributed to hot spots and through the vendors regular supply chain to locations across the country.
  - Upon arrival, PPE is provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 9,800 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 900 available from the Department of Defense.
  - DOD will deliver 300 ventilators from its supply to New Jersey today, April 5.
- As of April 4, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Alaska (60), California (170), Connecticut (50), Florida (200), Georgia (150), Illinois (450), Louisiana (150), Maryland (120), Michigan (400), New Jersey (850), New York (4,400), Oregon (140) and Washington (500).
  - Additional allocations in process include a 250 bed Federal Medical Station, a Public Health strike team and an additional 300 ventilators for Michigan; a 50 bed Federal Medical Station for the Metro DC area; 30 ventilators for Guam; an additional 200 ventilators for Louisiana; an additional 200 ventilators to New Jersey; and 100 ventilators for Massachusetts.
- Forty states, four territories and 12 tribes have issued stay at home orders.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Coronavirus (COVID-19) Pandemic: Daily Briefing Points - April 6  
**Date:** Monday, April 6, 2020 4:42:02 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200406\\_FINAL.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 6, 2020

# FEMA Advisory

## Coronavirus (COVID-19) Pandemic: Daily Briefing Points

Attached you will find today's FEMA Daily Briefing Points for the Whole-of-America response to coronavirus (COVID-19) pandemic. These briefing points include Topline Messages, as well as information associated with FEMA and Department of Health and Human Services Response; FEMA Disaster Response Capacity; Federal Funding of National Guard (Title 32); Community-Based Testing Sites; Strategic National Stockpile; Hydroxychloroquine/Chloroquine; FDA Ventilator Guidance; CDC Respirator Guidance; Defense Production Act; Guidance from Federal Agencies; CDC Public Guidance; Coping With Stress; Combating Disinformation and Rumors; and How To Help.

### Topline

Topline messaging includes the following:

- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.



The latest updates and information on how to protect yourself and what to do if you think you are sick are available at [www.coronavirus.gov](http://www.coronavirus.gov).

- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S. through Project Air Bridge. FEMA is scheduling flights daily but does not have detailed visibility on the amount of PPE until the cargo is loaded.
  - Since March 29, flights have landed in New York, Chicago, Miami, Los Angeles, and Columbus, Ohio. On April 5, four additional flights landed in Chicago, Los Angeles, Columbus, Ohio and Louisville, Kentucky.
  - Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks.
  - Overseas flights are arriving at operational hub airports for distribution to hotspots and locations across the country through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations.
- To efficiently maintain the country's existing medical supply chain infrastructure, FEMA is supplementing – not supplanting – the supply chain through a variety of strategies, including Project Airbridge.
  - The air bridge was created to shorten the amount of time it takes for U.S. medical supply distributors to get personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers in other areas across the U.S.
- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots. These funds will be used to support areas hard-pressed by COVID-19 in their work to respond effectively to the worsening situation in their jurisdictions.
- The FDA issued an [Emergency Use Authorization of hydroxychloroquine sulfate](#) and an [Emergency Use Authorization of chloroquine phosphate](#) to treat certain patients hospitalized with COVID-19.
  - Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
  - The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to New York and Los Angeles County based on their requests.

- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 8,644 total ventilators available, which includes 8,044 in the Strategic National Stockpile and 600 available from the Department of Defense.
- As of April 4, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Alaska (60), California (170), Connecticut (50), Florida (200), Georgia (150), Illinois (600), Louisiana (350), Maryland (120), Massachusetts (100), Michigan (700), New Jersey (850), New York (4,400), and Washington (500).
  - 140 ventilators that had previously been delivered to Oregon were donated to New York by Gov. Kate Brown.
  - Additional allocations in process include a 250-bed Federal Medical Station and a Public Health strike team for Michigan; a 50-bed Federal Medical Station for the Metro D.C. area; 30 ventilators for Guam; and 300 additional ventilators to New Jersey.
- Forty states, four territories and 23 tribes have issued stay at home orders.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] FEMA Coronavirus (COVID-19) Pandemic Update - April 8, 2020  
**Date:** Wednesday, April 8, 2020 5:48:28 PM  
**Attachments:** [ESF15\\_DailyBriefingPoints\\_20200408\\_FINAL.pdf](#)  
[ESF15\\_Messaging\\_20200408\\_FINAL.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding an update on the Whole-of-America response to COVID-19.

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April 8, 2020

# FEMA Advisory

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

Attached you will find today's FEMA Daily Briefing Points and a Reference Document for Messaging and Resources Links for the Whole-of-America response to coronavirus (COVID-19) pandemic. The briefing points include Topline Messages, as well as information 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 Project Air Bridge expedites movement of critical supplies, in varying quantities, from the global market to medical distributors in various locations across the U.S.
  - The air bridge was created to reduce the time it takes for U.S. medical supply distributors to receive personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, reducing shipment time from weeks to days.
  - FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - **As of April 7**, 15 flights have landed, containing critical personal protective

- equipment (PPE): gloves, gowns, goggles, and masks.
  - Five flights are scheduled to arrive today, 4 in Chicago and 1 in New York.
  - An additional 52 flights are scheduled over the next three weeks.
  - Overseas flights arrive at operational hub airports for distribution to hotspots and nationwide locations through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - Per agreements with distributors, 50 percent of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50 percent is fed into distributors' normal supply chain to their customers in other areas nationwide.
  - HHS and FEMA determine hotspot areas based on CDC data.
- 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 federal ventilator resources to ensure the right amount of ventilators are shipped to the to the right states to manage the immediate crisis.
    - The federal government has 8,644 total ventilators available: 8,044 in the Strategic National Stockpile; 600 from the Department of Defense.
- Emergency managers and public health officials must continue to report on the following data to FEMA and HHS:
    - Total medical/ hospital beds;
    - Total acute care (ICU) beds;
    - Normal occupancy;
    - Predicted surge occupancy; and
    - Number of ventilators available in your state.
- This morning, the Department of Health and Human Services [announced the first contract for ventilator production rated under the Defense Production Act](#), to General Motors.
    - 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 2020, with a production schedule allowing for the delivery of 6,132 ventilators by June 1, 2020.
    - The rating of this contract under the DPA follows President Trump's direction to HHS Secretary Alex Azar to invoke the Defense Production Act with regard to GM's production of ventilators on March 27.
    - By rating contracts under the DPA, HHS is helping manufacturers like GM get the supplies they need to produce ventilators as quickly as possible, while also ensuring that these ventilators are routed through the Strategic National Stockpile to where they're needed most.

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## FEMA Mission

To help people before, during and after disasters.

# # #

- [ESF15\\_DailyBriefingPoints\\_20200408 FINAL.pdf](#)
- [ESF15\\_Messaging\\_20200408 FINAL.pdf](#)

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**From:** [Richard Cash](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Fw: End the Economy-Destroying Shutdown!  
**Date:** Friday, April 10, 2020 10:33:27 AM

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**From:** John Hazelwood [REDACTED]@oneclickpolitics.com>  
**Sent:** Thursday, April 9, 2020 2:41 PM  
**To:** Richard Cash  
**Subject:** End the Economy-Destroying Shutdown!

Re: End the Economy-Destroying Shutdown!

Dear Senator Cash,

President Trump has said many times that he wants to lift the unprecedented shutdown of our economy sometime soon. And, at a press briefing on April 6, he said, "There's tremendous light at the end of the tunnel."

I believe it is time to end the coronavirus shutdown in our state.

Please end the economy-destroying, coronavirus shutdown in our state, which was provoked by misleadingly high COVID-19 death toll predictions, by revoking or lifting any orders mandating the shutting down of businesses and churches, seizing private property, requiring people to stay in their home, and other forced compliance.

In short, please end the coronavirus shutdown in our state!

Sincerely,

John Hazelwood

[REDACTED]@aol.com

[REDACTED]

[REDACTED]

Greenville, SC 29611

Constituent

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] FW: National Governors Association's COVID-19 Daily Update - 4/1/2020  
**Date:** Wednesday, April 1, 2020 5:30:21 PM

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## COVID-19 Daily Update — Wednesday, April 1, 2020

Good afternoon Governors,

Thank you for participating in today's call and for your engagement on the most important issues impacting your states. We are going to continue our support in convening these discussions and bringing to focus your needs to our federal leaders. It has never been more important to have your bipartisan leadership as governors in responding to this crisis.

A full and up-to-date list of state actions is available on [NGA's coronavirus website](#). This email is meant to provide you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, we welcome any feedback you have on this email, or NGA activities.

### NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 8, at 1 p.m. EDT.**

### Today's Highlights

- A highlight of hospital funding in CARES Act is included below.
- The American Red Cross is still in urgent need of blood donations, as the health care system copes with COVID-19 and other medical needs.

## Hospital Funding in CARES Act

The CARES Act, included in a number of health care provisions that impact hospitals.

### Public Health and Social Services Emergency Fund

The law makes available \$100 billion to reimburse eligible health care providers for health care-related expenses or lost revenues not otherwise reimbursed that are directly attributable to COVID-19. Eligible providers are defined as public entities, Medicare- or Medicaid-enrolled suppliers and providers, and other for-profit and non-profit entities as specified by the Health and Human Services (HHS) Secretary.

- There is lack of clarity currently as to how and when this money will start reaching hospitals. There are no formulas, eligibility criteria or geographic distribution requirements that dictate how the money will be allocated.
- What many hospitals are doing is calculating the loss that they are experiencing because of declining elective surgeries or lower ER volume and tracking additional expenses from COVID-19 response and treatment. They should be ready with numbers, once a formula is developed.
- The American Hospital Association sent a letter to HHS, pointing out in previous similar situations, Medicare Administrative Contractors have been used to pay claims and distribute monies directly to providers for purposes other than Medicare payment.
- The Centers for Medicare and Medicaid Services will begin assisting some providers under the CARES Act, [with financial payments](#), of varying levels and for length of time, to doctors and hospitals, children's hospitals, and inpatient acute care hospitals.
- A list of key provisions in the CARES Act can be found [here](#).

## NGA Activities

### NGA Call with the U.S. Treasury

NGA and the National Association of State Budget Officers (NASBO) held a joint call with the U.S. Treasury yesterday to discuss specifics of the Coronavirus Relief Fund. This is a continuing dialogue with the Department of Treasury as they work to stand up the program, write the guidance and disburse the funds.

On Saturday, March 28, NGA [sent a letter](#) to the U.S. Treasury, which is implementing the \$150 billion Coronavirus Relief Fund that was included in the third supplemental, P.L. 119-136 (the CARES Act). The letter cites speed and flexibility as the keys to making this fund work for states and territories.

Timing of Guidance: Monday, April 13, after which the Treasury will designate a

point of contact for governors

Timing of Release of Funds: Friday, April 24

**Key Issue:** Despite the apparent understanding of the impacts to state revenue streams from COVID-19, consistent with what was shared with the National Conference of State Legislatures, the Department of Treasury is interpreting the statute to prohibit Coronavirus Relief Funds from covering lost revenue.

**Follow-up for governors:** The Department of Treasury asked NGA two specific questions:

1. How will governors work with smaller localities (population under 500,000) that are seeking funding?
2. To what state entity should direct funding be sent? In other words, what department should receive the Treasury funds?

A summary of the call from NASBO can be found [here](#).

#### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

**Business Community Challenges and Solutions:** The most recent SCAN call took place today, at 4 p.m. EDT. This call addressed strategies for governor's economic policy advisors and economic development organizations in addressing the challenges faced by the business communities in their states during the COVID-10 pandemic. State leaders shared their experiences on the following: accessing federal funding and identifying state funding for new loan programs and other purposes, prioritizing small businesses and impacted sectors, communicating with businesses and developing public-facing FAQs, and tackling comprehensive long-term planning. A recording of the call will be included in tomorrow's daily update.

To listen to previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
- [March 24 call on health care capacity](#)
- [March 25 call on testing](#)
- [March 31 call on unemployment insurance programs](#)

### **Actions Being Taken By Governors**

#### Major Disaster Declarations

At least 25 states, Guam, Puerto Rico and the District of Columbia have been approved for a Major Disaster Declaration: AL, CA, CO, CT, FL, GA, IA, IL, KS,

KY, LA, MA, MD, MI, MO, MT, NC, ND, NJ, NY, OH, OR, PA, RI, SC, TX and WA.

At least one state, Wisconsin, and one territory, the Commonwealth of the Northern Mariana Islands, have made requests for approval for a Major Disaster Declaration.

#### National Guard Activations By State/Territory

At least 44 states, Guam, Puerto Rico and the District of Columbia have activated the National Guard: AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV and WY.

#### Stay-at-Home Orders

At least 36 states, the District of Columbia and the Virgin Islands have implemented stay at home orders: AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MT, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, WI and WV.

#### 1135 Waivers

At least 40 states have been approved for a 1135 Waiver: AL, AZ, CA, CO, CT, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NY, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WV and WY.

### **Spotlight: Governor Cuomo Establishes a Central Coordinating Team**

Governor Cuomo [announced](#) the formation of the Central Coordinating Team (the Team), a hospital network tasked with facilitating a coordinated and strategic approach to implement the statewide public-private partnership announced by the Governor on March 30. Specifically, the Team will:

- Organize upstate and downstate staffing;
- Assist Elmhurst hospital and other stressed hospitals;
- Establish patient thresholds for hospitals;
- Organize patient transfers to other hospitals and the USNS Comfort;
- Coordinate State-City stockpiles and individual hospital stockpiles; and,
- Facilitate staffing recruitment.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- March 31 — The Bureau of Justice Assistance (BJA) within the Department of Justice (DOJ) [released](#) guidance on the fiscal year 2020 Coronavirus

Emergency Supplemental Funding (CESF) Program.

- March 31 — The Treasury Department and the Small Business Administration began [releasing](#) guidance for the "Paycheck Protection Program," established in the CARES Act (P.L. 116-136), which provides \$350 billion to help small businesses keep workers employed amid the COVID-19 pandemic and economic downturn. The initiative provides 100 percent federally guaranteed loans to small businesses through Dec. 31, 2020 for SBA 7(1) loans.

### **Nextdoor Partnership**

As you know, we are partnering with Nextdoor to ensure important resources are available at the neighborhood level. Neighbors use Nextdoor to exchange useful information, coordinate volunteer activity, and keep in touch with each other during the COVID-19 outbreak. The platform can also be used to share information about grocery store hours set aside for elderly and at-risk individuals, and basic necessities needed during periods of home isolation.

For more information and examples of using Nextdoor, please visit:

<https://www.nga.org/nextdoor/>.

If you would like to speak to someone at Nextdoor regarding how your state can use this tool for distributing information, please contact Dan Parham, head of public agency, at [dparham@nextdoor.com](mailto:dparham@nextdoor.com).

### **People Can Help By Giving Blood**

[Every two seconds, someone in the U.S. needs blood.](#) People who want to help fight coronavirus should consider supporting the medical system by giving blood.

If you are healthy, without any COVID-19 symptoms, and not at high risk for the disease, you can safely make a blood donation. Blood is urgently needed by the Red Cross nationwide.

Special precautions are being taken to keep blood donors safe. Even residents who are under lockdowns or stay-at-home orders may leave their homes in order to donate blood.

Red Cross President and CEO Gail McGovern would welcome an opportunity to speak with you directly on how you can help. Her cell is [REDACTED].



### Social Media

We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors messaging, which were viewed more than 300,000 times. In addition to this content, the NGA twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd



like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



[Coronavirus Webpage](#)

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This message was sent to [PJohnson@NGA.ORG](mailto:PJohnson@NGA.ORG) from [Communications@nga.org](mailto:Communications@nga.org)

Bill McBride  
National Governors Association  
444 N. Capitol Street NW, Suite 267  
Washington, DC 20001



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**From:** [Richard Cash](#)  
**To:** [McMaster, Henry](#)  
**Cc:** [Evette, Pamela](#)  
**Subject:** [External] Fwd:  
**Date:** Friday, April 3, 2020 8:12:06 AM  
**Attachments:** [COVID-19 and abortion clinics - letter from Sen. Cash.pdf](#)

---

Governor McMaster,

I have written a letter, the text of which is below. It is also attached as a pdf.

April 2, 2020

The Honorable Henry McMaster  
State House  
1100 Gervais Street  
Columbia, SC 29201

Dear Governor McMaster,

I have supported your actions, as have so many across the state, because of the enormous value we place on an individual human life. We are going to great lengths, as we should, to protect lives and yet the abortion clinics across South Carolina are busier than ever. Between March 16<sup>th</sup> and April 1<sup>st</sup>, 26 people have died from the Coronavirus; each and every person significant and loved by many. There is little doubt that at least 26 lives have been destroyed in abortion clinics during the first half of this week alone, and probably 150 abortions have occurred during the time period of March 16<sup>th</sup> to April 1<sup>st</sup>!

On March 17<sup>th</sup> you requested that, "South Carolina medical and surgical centers halt all elective and non-threatening surgical and medical procedures within 72 hours." On March 19<sup>th</sup> you stated that you expected "everyone to comply." The following day a spokesman followed up by saying that in the case of non-compliance, "he (the Governor) reserves the right to order that by executive order." Elective procedures are by definition a choice. As a matter of fact, killing a baby in the mother's womb is an elective procedure, a "choice", not a necessity, not an emergency. Abortion clinics are not complying with the request you made on March 17<sup>th</sup>; rather they are using up PPE and exposing staff and patients to unnecessary risks by continuing to perform abortions.

When people did not comply with your requests to not congregate on the beach, law enforcement were given discretion to disperse groups of more than three. When people did not comply with requests to not congregate on our waterways, the order came to close public ramps and piers. In addition, the recent order to close many non-essential businesses further highlights the fact that abortion clinics are doing business as usual, and I can assure you, many pro-life people have taken notice and wonder why.

Other states have ordered abortion clinics to close, and Texas' order was just upheld by the Fifth Circuit Court of Appeals. **If there does not already exist within the executive orders given to date the ability for DHEC to close abortion clinics, then I respectfully ask that an order be made ASAP that would accomplish that task.**

I, and many others, stand ready to support you in such an action. Great good will be achieved despite the terrible circumstances that we are currently experiencing. Of course, there will be some backlash, but the dissidents who will complain about the abortion clinics being ordered to close probably do not support you anyway, whereas the people who will applaud such an order will give thanks to God and remember your bold leadership in days to come.

There is no time to lose. I cannot imagine any scenario whereby we can go through the month of April, with the likelihood of further restrictions on mobility and business, without this becoming a bigger and more important concern to pro-life people with every passing day. I have said very little publicly to this point because I support your leadership and understand that you face many daily pressures and decisions. However, pro-life leaders like myself cannot remain quiet much longer; it is simply too important. Indeed, we have a rare opportunity to help people connect the dots; to understand that the value of a human life in the womb is equal to the value we place on ourselves and our neighbors as we go to extraordinary lengths to protect everyone from the Coronavirus.

**Now is the time for South Carolina to act to close abortion clinics during this pandemic so that fewer people will be exposed to the virus, more resources could be made available to health care workers, and lives will be saved.** I have spoken at length with all the people copied on this letter and we are more than willing to assist you in any way possible with this matter. I have also sent a copy of the letter to Lt. Gov. Pamela Evette since I am familiar with her pro-life beliefs. I would be happy to speak with you at your convenience and can be reached directly at 864-505-2130.

Kind regards,

Richard J. Cash

cc: Dr. Matthew Clark, President, Personhood South Carolina  
Mr. John McCravy, House District 13, House Family Caucus leader  
Mr. Joshua Putnam, President, Palmetto Family Council  
Mrs. Kelly Rowe, The SC Governor's Mansion Foundation  
Mrs. Lisa Van Riper, President, SC Citizens for Life

**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] HHS Letter to Hospital Administrators  
**Date:** Friday, April 10, 2020 8:05:47 PM  
**Attachments:** [HHS Ltr to Hospital Admins FAQs.pdf](#)

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Intergovernmental Affairs

Please see the advisory below from our partners in the Federal Emergency Management Agency (FEMA) regarding the attached letter and FAQs sent by Health and Human Services (HHS) Secretary Azar to hospital administrators.

---

April 10, 2020

# FEMA Advisory

## **Coronavirus (COVID-19) Pandemic: HHS Letter to Hospital Administrators**

To follow-up on his letter from March 29, 2020, Secretary Azar just sent the attached letter and Frequently Asked Questions (FAQ) to hospital administrators across the country. Today's letter underscores the importance of data-sharing and highlights that hospitals are key partners with the Federal Government as we work to ensure that the Whole of America response to COVID-19. The data requested included daily reports on testing, capacity, supplies, utilization, and patient flows to facilitate the ongoing public health response.

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.

The FAQ attachment to the letter details the 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. 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. These FAQs will be updated if additional data delivery methods become available.

It remains critical that all requested information listed in the FAQ is provided daily to the federal government to facilitate planning, monitoring, and resource allocation in response to COVID-19.

### **Contact**

If you have any questions, please email your question to U.S. Department of Health and Human Services at [Protect-ServiceDesk@hhs.gov](mailto:Protect-ServiceDesk@hhs.gov).

# # #

- [HHS Ltr to Hospital Admins & FAQs.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19  
**Date:** Thursday, April 9, 2020 11:12:44 AM  
**Attachments:** [CDC CISA Flyer Essential Critical Workers Dos and Donts COVID19.pdf](#)  
[CDC CISA Interim Guidance Critical Workers Safety Practices COVID19.pdf](#)

---

U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the update below from our partners in the Cybersecurity and Infrastructure Security Agency (CISA) regarding the continued health, safety, and protection of Essential Critical Infrastructure Workers who may have been exposed to COVID-19.

---

April 9, 2020

# CISA Update

CISA Logo



## **Interim Guidance for Critical Infrastructure Workers Who May Have Had Exposure to COVID-19**

Partners,

Please find below an important update from the Centers for Disease Control and Prevention (CDC) and the Cybersecurity and Infrastructure Security Agency (CISA) regarding the continued health, safety, and protection of Essential Critical Infrastructure Workers who may have been exposed to COVID-19. These two important informational products include *Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19* and a quick reference of the Do's and Don'ts for employers and employees related to COVID-19 exposures.

While the [Interim Guidance](#) specifically calls attention to critical infrastructure workers serving in the specific capacities and functions, as below, the guidance can apply to all critical infrastructure workers with the exception of Healthcare Providers who are covered under [separate guidance](#).

- Federal, state, & local law enforcement
- 911 call center employees
- Fusion Center employees
- Hazardous material responders from the government and the private sector



- Janitorial staff and other custodial staff
- Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

Employers should implement the recommendations in the [Interim Guidance](#) for Businesses and Employers, to Plan and Respond to Coronavirus Disease 2019, to help prevent and slow the spread of COVID-19 in the workplace.

Please continue to monitor the CDC website for the most current medical [guidance](#).

# # #

- [CDC\\_CISA\\_Flyer\\_Essential\\_Critical\\_Workers\\_Dos\\_and\\_Donts\\_COVID19.pdf](#)
- [CDC\\_CISA\\_Interim\\_Guidance\\_Critical\\_Workers\\_Safety\\_Practices\\_COVID19.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Joint FEMA-CBP Statement on Export of Critical PPE  
**Date:** Wednesday, April 8, 2020 3:28:21 PM  
**Attachments:** [FEMA Advisory FEMA-CBP ExportCriticalPPE FINAL 20200408.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Intergovernmental Affairs

Please see the statement below from our partners in the Federal Emergency Management Agency (FEMA) and U.S. Customs and Border Protection (CBP) regarding a statement on the export of critical Personal Protective Equipment (PPE).

---

April 8, 2020

# COVID-19 Update

## **Joint FEMA-CBP Statement on Export of Critical PPE**

On Friday, April 3, President Trump issued “Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use” directing the Department of Homeland Security (DHS), through the Federal Emergency Management Agency (FEMA), in consultation with the U.S. Department of Health and Human Services (HHS), to use the Defense Production Act to keep scarce medical resources within the United States for domestic use. Personal Protective Equipment (PPE) subject to this policy includes: N95 respirators, and a variety of other filtering respirators; air-purifying respirators; surgical masks; and, surgical gloves.

FEMA and U.S. Customs and Border Protection (CBP) are working together to prevent domestic brokers, distributors, and other intermediaries from diverting these critical medical resources overseas. To accomplish this, CBP will detain shipments of the PPE specified in the President’s Memorandum while FEMA determines whether to return the PPE for use within the United States; to purchase the PPE on behalf of the United States; or, allow it to be exported.

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To help people before, during and after disasters.

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- [FEMA\\_Advisory\\_FEMA-CBP\\_ExportCriticalPPE\\_FINAL\\_20200408.pdf](#)

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/3/2020  
**Date:** Friday, April 3, 2020 5:05:14 PM

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## COVID-19 Daily Update — Friday, April 3, 2020

Good afternoon Governors,

Please find a full and up-to-date list of state actions on [NGA's coronavirus website](#). This email is meant to provide you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, we welcome any feedback you have on this email, or NGA activities and are grateful for your continued leadership.

### Resources for States

#### NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 8, at 1 p.m. EDT.**

#### Today's Highlights

- NGA and several state and local associations sent a [letter](#) to DHS/FEMA requesting a delay on new preparedness grant requirements for a year.
- NGA produced a [memo](#) summarizing the flexibilities surrounding unemployment compensation for individuals impacted by COVID-19 outlined in the CARES Act.
- NGA produced a [memo](#) that summarizes COVID-19 response strategies for older adults and the disabled.

- Colorado Governor Jared Polis stood up an Innovation Response Team to assist with the Colorado's COVID-19 Response. Details and a [presentation](#) are included below.
- The American Red Cross is still in urgent need of blood donations, as the health care system copes with COVID-19 and other medical needs.

## Coronavirus Webpage

### NGA Activities

#### NGA Coalition Letter

NGA and several state and local associations sent a [letter](#) to DHS/FEMA requesting a delay on new preparedness grant requirements for a year.

#### NGA Memo on Unemployment Insurance During COVID-19

Businesses across the country have had to close in response to the spread of COVID-19. Unemployment assistance has typically been available only to “traditionally employed” workers, and for state-determined timeframes with stipulations requiring that they actively look for work. Given the circumstances surrounding the COVID-19 pandemic, the U.S. Department of Labor (DOL), the White House and states are working together to provide flexibility and additional support to workers of all backgrounds who have become unemployed as a result of COVID-19. NGA has produced a [memo](#) to summarize the flexibilities surrounding unemployment compensation for individuals impacted by COVID-19 outlined in the CARES Act.

This [memo](#) describes:

- What current unemployment assistance flexibilities exist under the CARES Act;
- What states are doing to increase UI staffing and system capacity;
- What governors are doing to further improve access to UI; and
- What governors can do to communicate UI challenges and opportunities to the public, to help reduce public uncertainty that further overwhelms the UI system.

#### NGA Memo on COVID-19 Response for Older Adults and the Disabled

As governors consider ways to mitigate the spread of COVID-19 and protect vulnerable communities, targeted approaches that protect older adults and the disabled residing in facilities or in their homes are needed. This [memo](#) summarizes COVID-19 response strategies for older adults and the disabled, related state examples and links to additional resources, including relevant federal guidance.

### NGA Letter to the President

Yesterday, NGA Chair and Maryland Governor Larry Hogan and Vice Chair and New York Governor Andrew Cuomo sent [a letter](#) to the president requesting FEMA waive cost-share requirements for states related to COVID-19 response efforts.

### NGA Resource for Governors on the Federal Education Relief Fund

The CARES Act provides more than \$30 billion to states to address K-12 and higher education needs during the COVID-19 crisis. From these funds, governors will directly receive \$3 billion in flexible funding as part of a Governors' Emergency Education Relief Fund. Governors may distribute to education areas of need at their discretion – in the early childhood, K-12 and higher education sectors.

Yesterday, NGA released a [one-page resource](#) on the Governors' Emergency Education Relief Fund. The document will be updated once additional guidance is released by the federal government.

### NGA Resources for States Webpage

During the worldwide coronavirus pandemic and public health crisis, many local, state and federal offices are working to fill supply gaps in health care resources, personal protective equipment, and other needs. Manufacturers across the United States are racing to fill those gaps and, in some cases, are re-engineering their processes to make items in short supply.

NGA and the nation's governors are working together to provide [an online hub](#) for businesses and other organizations with supplies or services to connect with state officials regarding critical needs.

### NGA Legal Counsel Call on Liability Protections/Immunities

The next legal counsel call will take place Tuesday, April 7, at 3 p.m. EDT. This call will review federal and state liability frameworks and highlight how states are leveraging existing statutes and executive action in this area to reinforce COVID-19 response efforts. Please note a resource memorandum on this issue will be forthcoming.

### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Understanding the Impact of Social Distancing on COVID-19: With many governors adopting social distancing measures and the White House extending its [social distancing guidance](#) through April 30, the SCAN call on Tuesday, April 7, at 4 p.m. EDT will feature a discussion on understanding the impact of social distancing on slowing the spread of COVID-19. This includes understanding key public health data that can inform what actions states should take and for how long, lessons learned from state responses to outbreaks in the United States, and how



governors can use the time that social distancing measures are in place to build the testing, surveillance and public health infrastructure needed to consider relaxing these restrictions in the future. (Dial-in: [REDACTED]; Meeting ID: [REDACTED])

Supply Chain Challenges and the Defense Production Act: The SCAN call on Wednesday, April 8, at 4 p.m. EDT will focus on the medical equipment supply chain and opportunities under the Defense Production Act, as states continue to face challenges in procuring personal protective equipment, ventilators and other critical medical equipment. States will have an opportunity to express their challenges as well as provide best practices. (Dial-in: [REDACTED]; Meeting ID: [REDACTED])

To listen to previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
- [March 24 call on health care capacity](#)
- [March 25 call on testing](#)
- [March 31 call on unemployment insurance programs](#)
- [April 1 call on business community challenges and solutions](#)

## **Actions Being Taken By Governors**

### Major Disaster Declarations

At least 30 states, Guam, Puerto Rico, the Commonwealth of Northern Mariana Islands, the Virgin Islands and the District of Columbia have been approved for a Major Disaster Declaration: AL, CA, CO, CT, FL, GA, HI, IA, IL, KS, KY, LA, MA, MD, MI, MO, MT, NC, ND, NJ, NY, OH, OR, PA, RI, SC, TN, TX, VA and WA.

At least four states have requested approval for a Major Disaster Declaration: NM, NV, OK and WI.

### National Guard Activations By State/Territory

At least 47 states, Guam, Puerto Rico and the District of Columbia have activated the National Guard: AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV and WY.

### Stay-at-Home Orders

At least 39 states, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, WI and WV.

### 1135 Waivers

At least 45 states have been approved for a 1135 Waiver: AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WV and WY.

### **Spotlight: Colorado COVID-19 Innovation Response Team (IRT)**

Keeping with Colorado's COVID response philosophy, focused on protecting public health, sustaining social resilience, and minimizing economic disruption, Colorado Governor Jared Polis stood up an Innovation Response Team. This team brings together cross agency government expertise and private-sector leaders to address some of the biggest problems associated with this response.

The team sits within Colorado's Emergency Operations Center and is staffed by state employees and private sector experts. The team has focused its work on big problems that no one else is solving adequately. So far they are working on issues including mass testing, telemedicine, constrained critical supply, and home services. Please see this [presentation](#) for additional details. NGA will be hosting a call for your staff on this initiative next week.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 2 — President Trump issued a [presidential memorandum](#) related to the Defense Production Act (DPA). This memorandum — Order Under the Defense Production Act Regarding the Purchase of Ventilators — directs the Secretary of Health and Human Services, in consultation with the Department of Homeland Security, to use all authorities under the DPA to increase the supply of ventilators from six companies.
- April 2 — President Trump issued a fourth [memorandum](#) providing federal support for governors' use of the National Guard to respond to COVID-19 for Georgia, Hawaii, Indiana, Missouri, New Hampshire, New Mexico, Ohio, Rhode Island, Tennessee, Texas and the territory of the U.S. Virgin Islands.

### **Select Resources**

Supply Chain and Health System Readiness

- [CMS COVID-19 Long-Term Care Facility Guidance](#)

### **Nextdoor Partnership**

As you know, we are partnering with Nextdoor to ensure important resources are available at the neighborhood level. Neighbors use Nextdoor to exchange useful information, coordinate volunteer activity, and keep in touch with each other during the COVID-19 outbreak. The platform can also be used to share information about grocery store hours set aside for elderly and at-risk individuals, and basic necessities needed during periods of home isolation.

For more information and examples of using Nextdoor, please visit:  
<https://www.nga.org/nextdoor/>.

If you would like to speak to someone at Nextdoor regarding how your state can use this tool for distributing information, please contact Dan Parham, head of public agency, at [dparham@nextdoor.com](mailto:dparham@nextdoor.com).

### **People Can Help By Giving Blood**

[Did you know blood and platelets cannot be manufactured? They can only come from voluntary donors.](#) People who want to help fight coronavirus should consider supporting the medical system by giving blood.

If you are healthy, without any COVID-19 symptoms, and not at high risk for the disease, you can safely make a blood donation. Blood is urgently needed by the Red Cross nationwide.

Special precautions are being taken to keep blood donors safe. Even residents who are under lockdowns or stay-at-home orders may leave their homes in order to donate blood.

Red Cross President and CEO Gail McGovern would welcome an opportunity to speak with you directly on how you can help. Her cell is [REDACTED].

### Social Media

We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and

Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



[Coronavirus Webpage](#)

[Update Email Address](#)

This message was sent to [pjohnson@nga.org](mailto:pjohnson@nga.org) from [Communications@nga.org](mailto:Communications@nga.org)

Office of Communications  
National Governors Association  
444 N. Capitol Street NW, Suite 267  
Washington, DC 20001



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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/6/2020  
**Date:** Monday, April 6, 2020 4:49:25 PM

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## COVID-19 Daily Update — Monday, April 6, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, we welcome any feedback you have on this email, or NGA activities. We are grateful for your continued leadership.

### Resources for States

#### NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 8, at 1 p.m. EDT.**

#### Today's Highlights

- The COVID Help Network has 200 million masks available for purchase. More information is included below.
- Delta Cargo is offering worldwide charter solutions to help states meet their shipping needs. More information is included below.
- NGA sent a letter to the U.S. Department of Education to outline governors' priorities for the Education Stabilization Fund in the CARES Act.
- NGA will hold a legal counsel call tomorrow at 3 p.m. EDT on liability



protections and immunities.

- NGA will hold a State Coronavirus Action Network (SCAN) call tomorrow at 4 p.m. EDT on the impact of social distancing. Dial-in information is below.
- Thanks to your outreach, [the American Red Cross has been able to meet immediate patient needs](#), but the need for blood donations is still high: "There is no known end date in this fight against coronavirus and the Red Cross needs the help of blood and platelet donors and blood drive hosts to maintain a sufficient blood supply for weeks to come. In times of crisis, the Red Cross is fortunate to witness the best of humanity as people roll up a sleeve to help those in need."

## Coronavirus Webpage

### NGA Activities

#### [NGA Resources for States Webpage](#)

During the worldwide coronavirus pandemic and public health crisis, many local, state and federal offices are working to fill supply gaps in health care resources, personal protective equipment, and other needs. Manufacturers across the United States are racing to fill those gaps and, in some cases, are re-engineering their processes to make items in short supply.

NGA and the nation's governors are working together to provide [an online hub](#) for businesses and other organizations with supplies or services to connect with state officials regarding critical needs.

The COVID Help Network, a resource listed on our [Coronavirus Resources webpage](#), has 200 million masks available for purchase. If you are interested in purchasing masks, please contact Mark Kassen, Founder of COVID Help Network, at [mark@lmmv.com](mailto:mark@lmmv.com).

One resource on our webpage I would like to highlight is Delta Cargo. Delta Cargo is offering worldwide charter solutions to meet states shipping needs and is committed to supporting global supply chains to ship essential goods to businesses and communities. Please find a Delta Cargo Charter Program FAQ [here](#) and a Network and Fleet Guide [here](#). For information on schedules and pricing, please contact [DeltaCargoCharters@delta.com](mailto:DeltaCargoCharters@delta.com).

Another resource I would like to highlight is [Helping Hands](#). Helping Hands connects senior citizens, the immunocompromised, and people with pre-existing medical conditions with healthy volunteers to help deliver groceries, medicine, and other necessary supplies to empower everyone to stay healthy.

## NGA Letter to U.S. Department of Education Regarding Education Stabilization Fund

NGA sent a [letter](#) to the U.S. Department of Education to outline governors' priorities for the Education Stabilization Fund in the CARES Act. Governors called on the Department to distribute funds to governors and states immediately, while also ensuring these funds are flexible for governors to swiftly respond to the education needs created by the COVID-19 crisis.

## NGA Coalition Letter

NGA and several state and local associations sent a [letter](#) to Department of Homeland Security's Federal Emergency Management Agency requesting a one-year delay on new preparedness grant requirements.

## NGA Memo on COVID-19 Response for Older Adults and the Disabled

As governors consider ways to mitigate the spread of COVID-19 and protect vulnerable communities, targeted approaches that protect older adults and the disabled residing in facilities or in their homes are needed. This [memo](#) summarizes COVID-19 response strategies for older adults and the disabled, related state examples and links to additional resources, including relevant federal guidance.

## NGA Legal Counsel Call on Liability Protections/Immunities

The next legal counsel call will take place tomorrow, Tuesday, April 7, at 3 p.m. EDT. This call will review federal and state liability frameworks and highlight how states are leveraging existing statutes and executive action in this area to reinforce COVID-19 response efforts. Please note that a resource memorandum on this issue will be forthcoming.

## State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Understanding the Impact of Social Distancing on COVID-19: With many governors adopting social distancing measures and the White House extending its [social distancing guidance](#) through April 30, the SCAN call tomorrow, Tuesday, April 7, at 4 p.m. EDT will feature a discussion on understanding the impact of social distancing on slowing the spread of COVID-19. This includes understanding key public health data that can inform what actions states should take and for how long, lessons learned from state responses to outbreaks in the United States, and how governors can use the time that social distancing measures are in place to build the testing, surveillance and public health infrastructure needed to consider relaxing these restrictions in the future. (Dial-in: [REDACTED]; Meeting ID: [REDACTED])

Supply Chain Challenges and the Defense Production Act: This SCAN call will be delayed to a later date. More information will be shared later this week.

To listen to previous SCAN calls, click the links below:

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## **Actions Being Taken By Governors**

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### National Guard Activations By State/Territory

At least 47 states, Guam, Puerto Rico, the U.S. Virgin Islands and the District of Columbia have activated the National Guard: AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV and WY.

### Stay-at-Home Orders

At least 41 states, Puerto Rico, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, WI and WV.

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## **Spotlight: Governors Share Resources with Fellow States**

Recognizing that states like New York are experiencing immediate supply shortages as a result of COVID-19, California Governor Gavin Newsom [announced](#) that California would help meet this moment by loaning 500 state-owned ventilators to the Strategic National Stockpile inventory. Oregon Governor Kate Brown

[announced](#) that the state is sending 140 ventilators to New York to help the current surge in cases, while Washington Governor Jay Inslee [announced](#) that they are sending 400 ventilators back to the Strategic National Stockpile so they can be reallocated to other states.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 6 — The Department of Health and Human Services (HHS) [announced](#) that the Centers for Disease Control and Prevention (CDC) will provide \$186,000,000 in funding for additional resources to state and local jurisdictions in response to COVID-19. This funding will supplement an existing cooperative agreement to a number of states and local jurisdictions identified as having the highest number of reported COVID-19 cases (“hot zones”) and jurisdictions with accelerating or rapidly accelerating COVID-19 cases. This award will support a range of activities such as lab equipment, supplies, staffing, shipping, infection control, surge staffing, monitoring of individuals, and data management. To view the list of CDC funding actions to jurisdictions, click [here](#).
- April 5 — The U.S. Department of Labor [released](#) guidance to implement the new Pandemic Unemployment Assistance Program (PUA) included in the CARES Act. PUA provides benefits (100 percent federally funded) to individuals not eligible for regular unemployment compensation or extended benefits under state or federal law, including those who have exhausted all rights to such benefits. Covered individuals under PUA also include dislocated self-employed individuals, part-time "gig workers," and individuals lacking sufficient work history.
- April 4 — The U.S. Department of Labor [released](#) guidance to implement the new Federal Pandemic Unemployment Compensation program (FPUC) included in the CARES Act. This program will provide a \$600 weekly supplement (100 percent federally funded) to individuals qualifying for regular unemployment insurance and individuals qualifying for assistance under new programs created by the CARES Act. Additional guidance is forthcoming from the U.S. Department of Labor on additional new unemployment insurance programs in the CARES Act.

### **Select Resources**

#### **Planning and Preparedness**

- [CDC Prepare to Care for COVID-19: Get Your Practice Ready](#)
- [CDC FAQ on COVID-19 and Funerals](#)

#### **Special Considerations for Vulnerable Populations**

- [CDC Resources for Correctional and Detention Facilities](#)
- [CDC Tips for Talking with Children about COVID-19](#)

#### Human Services

- [ACF Grant Flexibilities in Conducting Human Service Activities Related to or Affected by COVID-19](#)
- [ACF OCC Flexibility in Spending CCDF Funds in Response to Federal or State Declared Emergency Situations](#)
- [Summary of ACF Programs in CARES Act](#)

#### **People Can Help By Giving Blood**

[Each year, an estimated 6.8 million people in the U.S. donate blood.](#) People who want to help fight coronavirus should consider supporting the medical system by giving blood.

If you are healthy, without any COVID-19 symptoms, and not at high risk for the disease, you can safely make a blood donation. Blood is urgently needed by the Red Cross nationwide.

Special precautions are being taken to keep blood donors safe. Even residents who are under lockdowns or stay-at-home orders may leave their homes in order to donate blood.

Red Cross President and CEO Gail McGovern would welcome an opportunity to speak with you directly on how you can help. Her cell is [REDACTED].



### Social Media

We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

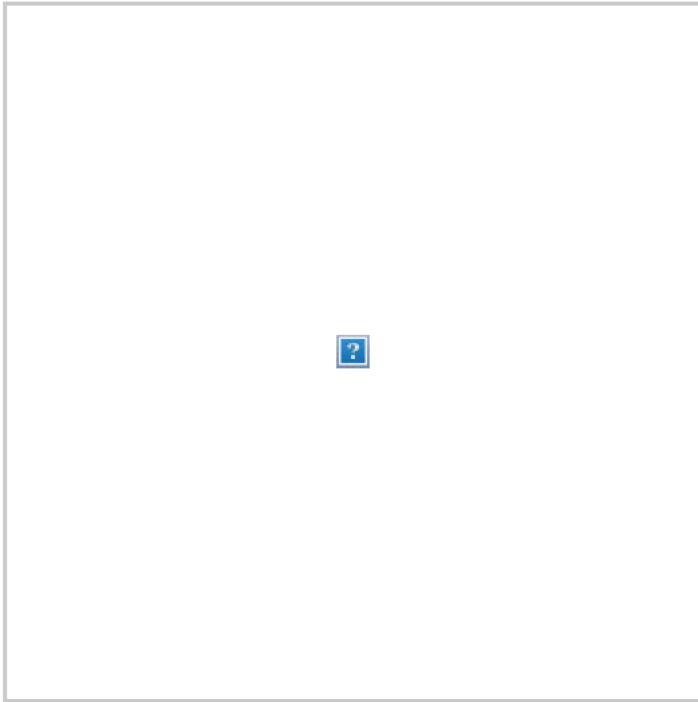
As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel](#)



[Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



Coronavirus Webpage

[Update Email Address](#)

This message was sent to [pjohnson@nga.org](mailto:pjohnson@nga.org) from [Communications@nga.org](mailto:Communications@nga.org)

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/8/2020  
**Date:** Wednesday, April 8, 2020 5:03:25 PM

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## COVID-19 Daily Update — Wednesday, April 8, 2020

Good afternoon Governors,

Thank you for participating in today's call and for your engagement on the most important issues impacting your states. We are going to continue our support in convening these discussions and bringing your needs to the focus of our federal officials. It has never been more important to have your bipartisan leadership than it is now.

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, we welcome any feedback you have on this email.

### Resources for States

#### Today's Highlights

- The NGA Executive Committee spoke with Treasury Secretary Steven Mnuchin this morning about the timeline for and uses of the Coronavirus Relief Fund as part of the CARES Act (P.L. 116-127).
- There are ongoing negotiations on Capitol Hill regarding a fourth supplemental.
- NGA will hold a State Coronavirus Action Network (SCAN) call tomorrow,

Thursday, April 9, at 4:30 p.m. EDT to provide a briefing on Colorado's COVID-19 Innovation Response Team. Dial-in information is below.

- Thanks to your outreach, [the American Red Cross has been able to meet immediate patient needs](#), but the need for blood donations is still high: "There is no known end date in this fight against coronavirus and the Red Cross needs the help of blood and platelet donors and blood drive hosts to maintain a sufficient blood supply for weeks to come. In times of crisis, the Red Cross is fortunate to witness the best of humanity as people roll up a sleeve to help those in need."

### NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 15, at 1 p.m. EDT**. Information will be shared with your schedulers shortly.

### NGA Executive Committee Call with Secretary Mnuchin

The NGA Executive Committee spoke with Treasury Secretary Steven Mnuchin this morning about the timeline for and uses of the Coronavirus Relief Fund as part of the CARES Act (P.L. 116-127). The U.S. Treasury is firm on interpreting the statute to not allow for lost revenue. Governors expressed concern and asked that the Treasury commit to supporting direct aid to states in the future that will allow for backfilling lost revenue. Secondly, governors asked for maximum flexibility on what constitutes an expense — for instance, can the coronavirus relief funds be used to pay a state match for a federal program? Will the Treasury allow flexibility for recipients of the funds such as small businesses and programs to help vulnerable populations?

There will be further dialogue with governors staff and the U.S. Treasury on its draft guidance to ensure NGA's comments are addressed.

### Capitol Hill Action

Last night, the Administration sent up a supplemental spending request for \$250 billion for the Paycheck Protection Program. The hope was to move this increase by unanimous consent through the House and Senate. There is now discussion for an additional \$300 billion as follows: \$100 billion for hospitals, an increase in SNAP benefits and \$150 billion for state and local governments, **to include revenue loss**. Conversations are ongoing and governors should weigh in with their congressional delegations on their priorities for this interim measure.

There is also ongoing work with governors staff and NGA to build a letter to Congress for the fourth emergency supplemental.

Coronavirus Webpage

## NGA Activities

### [NGA Resources for States Webpage](#)

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

### [NGA Memo on Social Distancing](#)

Governors play a key role in promoting individual behavior change that can slow the spread of COVID-19. Early, comprehensive and sustained action to enact social distancing is critical now to reduce the spread of the disease below levels that will overwhelm the health system. However, as social distancing measures work to reduce rates of viral transmission and cases begin to decrease, states will need to have the appropriate public health infrastructure to identify and meaningfully isolate infected individuals. That capacity will be critical to shift from broad population-based social distancing policies to more targeted interventions. This [memo](#) highlights strategies for governors implementing, enforcing or considering plans to phase out or reinstate social distancing measures.

### [NGA Memo on Expanding Testing Capacity](#)

Governors have individually and collectively signaled the need for substantial increase in COVID-19 diagnostic testing capacity. Although current testing capacity is severely limited, rapid scaling of diagnostic testing is essential to both reducing the spread of COVID-19 and informing clinical care, and to moving to a surveillance system that can allow gradual relaxation of statewide social distancing restrictions. This [memo](#) provides considerations for governors on expanding testing capacity through further engagement of the federal government or, in the absence of a central federal role, leveraging multi-state purchasing power to speed production and allocation of testing without inter-state competition.

### [Cybersecurity Webinar](#)

The COVID-19 challenge has highlighted the importance of securing state and private sector IT infrastructure during this time – not only does the transition to remote work create additional cyber risk, but the COVID-19 crisis creates an opportunity for bad actors to release ransomware or engage in nefarious cyber activity while attention is focused on public health response efforts. The NGA Resource Center for State Cybersecurity will be arranging a webinar on best practices in conjunction with the [National Association of State Chief Information Officers](#) in the coming weeks. We will update you when a date for the webinar is selected.

### [NGA Legal Counsel Call on Liability Protections/Immunities](#)

The most recent legal counsel call took place yesterday at 3 p.m. EDT. This call reviewed federal and state liability frameworks and highlighted how states are

leveraging existing statutes and executive action in this area to reinforce COVID-19 response efforts.

### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Understanding the Impact of Social Distancing on COVID-19: The most recent SCAN call took place yesterday at 4 p.m. EDT and featured a discussion on understanding the impact of social distancing on slowing the spread of COVID-19. This includes understanding key public health data that can inform what actions states should take and for how long, lessons learned from state responses to outbreaks in the United States, and how governors can use the time while social distancing measures are in place to build the testing, surveillance and public health infrastructure needed to consider relaxing these restrictions in the future. A recording of the call can be found [here](#).

Innovation in Crisis Management: Colorado Governor Jared Polis stood up an Innovation Response Team in keeping with Colorado's COVID response philosophy focused on protecting public health, sustaining social resilience, and minimizing economic disruption. This team brings together cross agency government expertise and private-sector leaders to address some of the biggest problems associated with this response. The SCAN call tomorrow, Thursday, April 9 at 4:30 p.m. EDT will provide a briefing on this innovative approach. Please see this [presentation](#) for additional details. (Dial-in: [REDACTED]; Meeting ID: [REDACTED]; Password: [REDACTED])

Supply Chain and Procurement Issues: This SCAN call is rescheduled for Monday, April 13 at 4 p.m. EDT. Dial-in information is forthcoming.

To listen to previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
- [March 24 call on health care capacity](#)
- [March 25 call on testing](#)
- [March 31 call on unemployment insurance programs](#)
- [April 1 call on business community challenges and solutions](#)

## **Actions Being Taken By Governors**

### Major Disaster Declarations

At least 46 states, Guam, Puerto Rico, the Commonwealth of Northern Mariana Islands, the U.S. Virgin Islands and the District of Columbia have been approved for a Major Disaster Declaration: AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA,



IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI and WV.

Alaska, Idaho and Vermont have requested approval for a Major Disaster Declaration.

#### National Guard Activations By State/Territory

At least 48 states, Guam, Puerto Rico, the U.S. Virgin Islands and the District of Columbia have activated the National Guard: AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV and WY.

#### Stay-at-Home Orders

At least 43 states, Puerto Rico, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV and WY.

#### 1135 Waivers

At least 47 states have been approved for a 1135 Waiver: AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WV and WY.

### **Spotlight: Governor Baker's COVID-19 Community Tracing Collaborative**

Last week, Massachusetts Governor Charlie Baker [announced](#) an initiative that will focus on tracing the contacts of confirmed positive COVID-19 patients and supporting individuals in quarantine, and builds on the efforts already underway from a command center to leverage public health college students to augment the contact tracing being done by local boards of health. This initiative is a collaboration between the Administration and Partners in Health, a development and relief charity nonprofit in Boston. The initiative will deploy close to 1,000 contact tracers, guided by experts at Partners in Health and will be assisted by a host of state and private entities, such as the Commonwealth Health Insurance Connector Authority, the Massachusetts Department of Health, Accenture and Salesforce – all with the aim of increasing testing, containing the spread, and providing support to those affected by this public health emergency.

“Enhanced contact tracing capability is another powerful tool for public health officials and health care providers in the battle against COVID-19,” [said](#) Gov. Baker. “Massachusetts is the only state in the nation implementing this type of programming, and this collaborative tracing initiative will break new ground as we work together to slow the spread of COVID-19.”

### **Innovative Activity: Minnesota Dashboard**

On April 3, Minnesota Governor Tim Walz [unveiled](#) a new dashboard that transparently tracks the latest data across a number of indicators, such as the availability of ventilators, ICU beds, personal protective equipment, testing capacity, child care capacity, economic security (through the number of unemployment claims), and social distancing success (as indicated by data from the Minnesota Department of Transportation). The dashboard can be found [here](#).

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 8 — The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), awarded more than \$1.3 billion to 1,387 health centers as a response to the Coronavirus Disease 2019 (COVID-19) pandemic. Health centers may use the awards to help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- April 7 — CMS [released](#) guidance on the Medicaid FMAP increase included in the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127), which provides a temporary 6.2 percentage point increase to states' and territories' Federal Medical Assistance Percentage (FMAP). To qualify for the temporary FMAP increase, states must, through the end of the month when the public health emergency ends: 1) maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020; 2) not charge premiums that exceed those that were in place as of Jan. 1, 2020; 3) cover, without impositions of any cost sharing, testing, services and treatments— including vaccines, specialized equipment, and therapies—related to COVID-19; and 4) not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state.
- April 7 — The Trump administration is planning to allocate \$30 billion to health care providers from a new relief fund within days. Reports indicate that the lion's share of the initial \$30 billion will go to hospitals, since they have more Medicare volume. During yesterday's press briefing, Centers and Medicare & Medicaid Services Administrator Seema Verma acknowledged that this process may overlook other providers, but said it was necessary to get funding out as quickly as possible.
- April 7 — Office of Management Budget Acting Director Russell T. Vought [sent](#) a letter requesting to amend the CARES Act to increase the amounts

authorized for commitments for PPE by \$251 billion, to a total authorized level of \$600 billion, as well as an additional appropriations of an additional \$261.3 billion for the Small Business Administration (SBA) for the costs of this authorized level of loan guarantees. SBA has recorded more than 220,000 loans totaling approximately \$66 billion, and given the level of demand for the program, it is believed the funds appropriated for this program will soon be exhausted.

- April 7 — The president [issued](#) his fifth Presidential Memorandum providing federal support for governors' use of the National Guard under Title 32 to respond to COVID-19 for Arizona, Colorado, Kentucky, Mississippi, Montana, Nevada, North Carolina, Oregon, Pennsylvania, South Carolina, Virginia, Wisconsin and West Virginia. This brings the total number to 37 approved states and territories. However, the memo modifies all previous approvals to extend the duration of the 100 percent cost share for 31 days or fewer (previously 30 days).

### **People Can Help By Giving Blood**

People who want to support the medical system can do so by giving blood. If you are healthy, without any COVID-19 symptoms, and not at high risk for the disease, you can safely donate blood.

[Donated blood is essential for cancer treatments, childbirth complications and other crucial surgeries.](#) Blood is urgently needed by the Red Cross nationwide.

Special precautions are being taken to keep blood donors safe. Even residents who are under lockdowns or stay-at-home orders may leave their homes in order to donate blood.

Red Cross President and CEO Gail McGovern would welcome an opportunity to speak with you directly on how you can help. Her cell is [REDACTED] 0.



### Social Media

We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors' own messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck

at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



[Coronavirus Webpage](#)

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/10/2020  
**Date:** Friday, April 10, 2020 4:44:37 PM

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## COVID-19 Daily Update — Friday, April 10, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

### Resources for States

#### Today's Highlights

- Today, the U.S. Department of Health and Human Services (HHS) released information on the immediate infusion of \$30 billion to health care providers from the \$100 billion in the CARES Act. More information is below.
- NGA will hold a State Coronavirus Action Network (SCAN) call Monday, April 13, at 4 p.m. EDT. The call will focus on supply chain and procurement challenges for states in the near-, mid- and long-term. Dial-in information is below.
- Thanks to your outreach, [the American Red Cross has been able to meet immediate patient demand](#), but the need for blood donations is still high.



## NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 15, at 1 p.m. EDT**. Information will be shared with your schedulers shortly.

## Federal Reserve Announced New Stimulus, \$500 Billion Loans to States and Localities

Yesterday, the Federal Reserve [announced](#) a series of actions to provide as much as \$2.3 trillion in additional aid during the coronavirus pandemic, including starting programs to help small and mid-sized businesses as well as state and local governments. In addition to the Main Street Lending Facility, which will deliver funding to companies much bigger than those currently eligible for help, the Federal Reserve is creating a [Municipal Liquidity Facility](#) with up to \$500 billion in loans to help state and local governments manage cash flow issues caused by the pandemic.

Through the Municipal Liquidity Facility, the Federal Reserve will begin to buy short-term debt from states, counties with at least 2 million people, and cities with a population of 1 million and above. Additionally, the Treasury will provide \$35 billion in credit protection to the Federal Reserve for this lending facility, using funds appropriated by the CARES Act ([P.L. 116-136](#)).

[Coronavirus Webpage](#)

## Eggsential Workers

## NGA Activities

### [NGA Resources for States Webpage](#)

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

One important resource on our webpage is [COVID Vendor Check](#). Procurated, a supplier ratings and review platform built for the public sector, has launched a free tool called COVID Vendor Check to help governments, educational institutions and nonprofits research suppliers selling coronavirus-related goods and services. States can report privately and securely on their supplier experiences to help other states make well-informed purchasing decisions.

### [Weekly Call on Unemployment](#)

Over the last three weeks, more than 16 million Americans have filed for unemployment benefits as states have taken steps to slow the spread of COVID-19. As unemployment claims surge and overwhelm state claims systems, state

unemployment agencies have come under heavy criticism on capacity issues, website crashes, and long call wait times. On Thursday, April 16, NGA will hold the first of a weekly call series focused on unemployment. This first call will focus on communicating with the public about unemployment to provide clarity, reassurance, and guidance to those facing financial insecurity as a result of this crisis. This [memo](#) contains more information on resources and state efforts to address the unemployment crisis. (Dial-In: [REDACTED], Meeting ID: [REDACTED])

#### NGA Legal Counsel Call on Travelers' Quarantines

The next legal counsel call on Tuesday, April 14, at 3 p.m. EDT will discuss travelers' quarantines. This call will review the current landscape of state traveler quarantines and provide an overview of potential issues to consider when taking this action. NGA will provide a resource memorandum on this topic shortly. (Dial-In: [REDACTED], Meeting ID: [REDACTED])

#### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

**Innovation in Crisis Management:** Colorado Governor Jared Polis stood up an Innovation Response Team in keeping with Colorado's focus on protecting public health, sustaining social resilience, and minimizing economic disruption. This team brings together cross agency government expertise and private-sector leaders to address some of the biggest problems associated with the pandemic response. The SCAN call yesterday at 4:30 p.m. EDT provided a briefing on this innovative approach. Please see this [presentation](#) for additional details. A link to the recording of the call can be found [here](#).

**Briefing on National and State Projections for COVID-19:** The University of Washington's Institute for Health Metrics and Evaluation (IHME) provided an overview of its recently updated national and state-by-state mortality and health resource projections for COVID-19, and answered questions from state officials on the SCAN call today at 2 p.m. EDT. A link to a recording of the call will be shared in Monday's daily update.

**Supply Chain and Procurement Issues:** The SCAN call on Monday, April 13, at 4 p.m. EDT will highlight strategies to facilitate state procurement of personal protective equipment, ventilators and other critical medical equipment and supplies for COVID-19 response. Facing continued challenges, states are increasingly looking to mutual aid and group purchasing approaches to improve coordination and direct resources where they are needed most. Speakers on the call will address these approaches, as well as the potential role of the Defense Production Act in addressing procurement challenges over the longer term. (Dial-in: [REDACTED] 9 or [REDACTED], Meeting ID: [REDACTED])

**Cybersecurity Concerns for COVID-19:** As the public health emergency expands, organizations are forced to adapt to rapidly evolving security risks, including

transitioning large numbers of employees to remote work and defending against increased cyber risk posed by threat actors seeking to exploit the current crisis. The National Governors Association would like to remind governors and their staff of the importance of securing their IT infrastructure during this time. This call on Thursday, April 16, at 4 p.m. EDT will feature a discussion on the current threat landscape and other cybersecurity concerns for COVID-19. We'll be joined by NASCIO to discuss their guidance for state chief information officers, Proofpoint to brief on the threat landscape from the private sector perspective, and the Cybercrime Support Network to discuss services for cybercrime victims and fraudulent scams/lures for COVID-19. (Join Zoom Meeting [here](#), Dial-In: [REDACTED], Meeting ID: [REDACTED], Password: [REDACTED])

To listen to previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
- [March 24 call on health care capacity](#)
- [March 25 call on testing](#)
- [March 31 call on unemployment insurance programs](#)
- [April 1 call on business community challenges and solutions](#)
- [April 7 call on understanding the impact of social distancing on COVID-19](#)

## **Actions Being Taken By Governors**

### [State Action Tracking Chart](#)

#### [Stay-at-Home Orders](#)

At least 43 states, Puerto Rico, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV and WY.

#### [Statewide/Territory-Wide Mask Policy](#)

At least 43 states, the Commonwealth of Northern Mariana Islands, U.S. Virgin Islands and the District of Columbia have recommended a statewide or territory-wide mask policy: AK, AL, AR, AZ, CA, CO, CT, DE, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NM, NV, NY, OH, OR, PA, RI, SC, SD, TX, UT, VT, VA, WA, WI, WV and WY.

New Hampshire has recommended a state-wide mask policy when patrons are entering a healthcare facility.

New Jersey, Guam and Puerto Rico have implemented a mandatory state-wide or territory-wide mask policy for essential business and government agency employees and patrons while on premises.

## Ventilator Sharing

At least four states have shared ventilators with other states: AR, CA, OR and WA.

## **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 10 — The U.S. Department of Health and Human Services (HHS) [released](#) information on the immediate infusion of \$30 billion payments to health care providers from the \$100 billion in the CARES Act. The release includes information on who is eligible, how payments are being distributed and what providers need to do. This release provides limited information on the additional \$70 billion. A state-by-state breakdown can be found [here](#).
- April 10 — The Federal Communications Commission [announced](#) its Wireline Competition Bureau will begin accepting applications for \$200 million in funding through the COVID-19 Telehealth Program beginning on Monday, April 13, 2020 at 12 p.m. EDT. These funds, appropriated by the CARES Act ([P.L. 116-136](#)), will help health care providers purchase the connectivity and devices they need to care for patients remotely in response to COVID-19. Applications can be filed through a dedicated application portal, which will go live on Monday at [www.fcc.gov/covid19telehealth](http://www.fcc.gov/covid19telehealth).
- April 9 — The U.S. Department of Education [announced](#) that \$6 billion will be distributed immediately to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak. The funding is available through the Higher Education Emergency Relief Fund authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act provides nearly \$14 billion to support postsecondary education students and institutions. Colleges and universities are required to utilize the \$6.28 billion made available today to provide cash grants to students for expenses related to disruptions to their educations due to the COVID-19 outbreak, including things like course materials and technology as well as food, housing, health care, and child care.
- April 9 — The Government Finance Officers Association [issued](#) important considerations for state and local governments to maintain their debt management programs and disclosure responsibilities during the COVID-19 pandemic.
- April 9 — For the first time, CMS has [approved](#) a COVID-related Children's Health Insurance Program (CHIP) Disaster Amendment that brings relief for CHIP-covered children living in Maine. CMS also approved COVID-related Medicaid Disaster Amendments that bring relief to North Dakota, Rhode Island and Wyoming and authorized amendments to ensure emergency flexibilities in programs that care for the elderly and people with disabilities,



including most recently in Delaware, Hawaii, Mississippi, New York and North Dakota. These approved flexibilities support President Trump's commitment to a COVID-19 response that is locally executed, state managed, and federally supported. To date, CMS has approved 49 emergency waivers, 26 state amendments, seven COVID-19 related Medicaid Disaster Amendments and the first CHIP COVID-related Disaster Amendment. States are using a [toolkit](#) CMS developed to expedite the application and approval of Medicaid state waivers and State Plan Amendments.

- April 9 — The Senate adjourned with no new deal to deliver coronavirus aid as Democrats and Republicans rejected each other's bids for new spending. Senate Majority Leader Mitch McConnell tried to approve \$250 billion in new money for small businesses, and Maryland Senator Chris Van Hollen presented Democrats' own plan to spend an additional \$250 billion on hospitals and local governments coupled with small business aid. Each senator tried to pass his measure by unanimous consent, but was blocked by the other.

### **People Can Help By Giving Blood**

Type O negative red cells can be given to patients of all blood types. Because only 7 percent of people in the United States are type O negative, it's always in great demand and often in short supply. People who want to support the medical system can do so by giving blood.

If you are healthy, without any COVID-19 symptoms, and not at high risk for the disease, you can safely donate blood. Blood is urgently needed by the Red Cross nationwide.

Special precautions are being taken to keep blood donors safe. Even residents who are under lockdowns or stay-at-home orders may leave their homes in order to donate blood.

Red Cross President and CEO Gail McGovern would welcome an opportunity to speak with you directly on how you can help. Her cell is [REDACTED].





### Social Media

We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors' own messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

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As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



Coronavirus Webpage

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/14/2020  
**Date:** Tuesday, April 14, 2020 4:36:16 PM

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## COVID-19 Daily Update — Tuesday, April 14, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

### Resources for States

#### Today's Highlights

- NGA's first weekly call on unemployment insurance will be held this Thursday, April 16, at 2 p.m. EDT. Dial-in information is below.
- Recognizing the difficulty of striking a balance between protecting the public's health and revitalizing economies, governors on the East (CT, DE, MA, NJ, NY, PA and RI) and West (CA, OR and WA) coasts have formed regional partnerships to develop unified and integrated frameworks to gradually lift the states' stay at home orders while minimizing the risk of increased spread of the virus. More information is below.
- Yesterday, the U.S. Department of the Treasury released additional guidance for the "Paycheck Protection Program," established in the CARES Act (P.L. 116-136), which provides \$349 billion to help small businesses keep workers employed amid the COVID-19 pandemic and economic downturn. The

initiative provides 100 percent federally guaranteed loans to small businesses through Dec. 21, 2020 for SBA 7(a) loans.

### NGA Governors-Only Call

The next NGA governors-only call will be held **tomorrow, Wednesday, April 15, at 1 p.m. EDT**. A registration link has been shared with your schedulers.

### Coronavirus Webpage

#### NGA Activities

##### Governor Actions to Address Medical Equipment Shortages

Absent the federal government playing a stronger, more coordinated role, governors are leading efforts to address the urgent need for personal protective equipment, ventilators and related supplies. Yesterday, NGA released a [memo](#) highlighting actions governors have, or may consider, taking as well as related federal and private sector efforts.

##### NGA Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

One important resource on our webpage is [COVID Vendor Check](#). Procurated, a supplier ratings and review platform built for the public sector, has launched a free tool called COVID Vendor Check to help governments, educational institutions and nonprofits research suppliers selling coronavirus-related goods and services. States can report privately and securely on their supplier experiences to help other states make well-informed purchasing decisions.

##### NGA Legal Counsel Call on Travelers' Quarantines

The next legal counsel call today at 3 p.m. EDT discussed travelers' quarantines. This call reviewed the current landscape of state traveler quarantines and provided an overview of potential issues to consider when taking this action. A resource memorandum on this topic can be found [here](#).

##### Weekly Call on Unemployment

Over the last three weeks, more than 16 million Americans have filed for unemployment benefits as states have taken steps to slow the spread of COVID-19. As unemployment claims surge and overwhelm state claims systems, state

unemployment agencies have come under heavy criticism on capacity issues, website crashes, and long call wait times. On Thursday, April 16, at 2 p.m. EDT, NGA will hold the first of a weekly call series focused on unemployment. This first call will focus on communicating with the public about unemployment to provide clarity, reassurance and guidance to those facing financial insecurity as a result of this crisis. This [memo](#) contains more information on resources and state efforts to address the unemployment crisis. (Dial-In: [REDACTED], Meeting ID: [REDACTED])

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NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Cybersecurity Concerns for COVID-19: As the public health emergency expands, organizations are forced to adapt to rapidly evolving security risks, including transitioning employees to remote work and defending against cyber actors looking to exploit the current crisis. NGA will host a call on Thursday, April 16, at 4 p.m. EDT to discuss the current threat landscape and other cybersecurity concerns related to COVID-19. We'll be joined by the National Association of State Chief Information Officers to discuss their [guidance](#), Proofpoint to brief on the threat landscape from the private sector perspective, and the Cybercrime Support Network to discuss services for cybercrime victims and fraudulent scams/lures for COVID-19. (Join Zoom Meeting [here](#), Dial-In: [REDACTED], Meeting ID: [REDACTED], Password: [REDACTED])

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- [April 7 call on understanding the impact of social distancing on COVID-19](#)
- [April 9 call on innovation in crisis management](#)
- [April 10 call on national and state projections for COVID-19](#)
- [April 13 call on supply chain and procurement issues](#) (Access Password: [REDACTED])

#### **Actions Being Taken By Governors**

[State Action Tracking Chart](#)

[Stay-at-Home Orders](#)

At least 42 states, Puerto Rico, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI and WV.

#### Statewide/Territory-Wide Mask Policy

At least 43 states, the Commonwealth of Northern Mariana Islands, U.S. Virgin Islands and the District of Columbia have recommended a statewide or territory-wide mask policy: AK, AL, AR, AZ, CA, CO, CT, DE, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NM, NV, OH, OR, PA, RI, SC, SD, TX, UT, VT, VA, WA, WI, WV and WY.

New Hampshire has recommended a state-wide mask policy when patrons are entering a healthcare facility.

New Jersey and New York have implemented a mandatory state-wide mask policy.

Guam and Puerto Rico have implemented a mandatory state-wide or territory-wide mask policy for essential business and government agency employees and patrons while on premises.

#### Ventilator Sharing

At least four states have shared ventilators with other states: AR, CA, OR and WA.

### **Spotlight: Regional Partnerships to Reopen Resilient Economies**

Recognizing the difficulty of striking a balance between protecting the public's health and revitalizing economies, governors on the East (CT, DE, MA, NJ, NY, PA and RI) and West (CA, OR and WA) coasts have formed regional partnerships to develop unified and integrated frameworks to gradually lift the states' stay at home orders while minimizing the risk of increased spread of the virus.

Efforts in the Northeast region will build on ongoing regional partnerships to accomplish the goal of easing social isolation without triggering renewed spread - including testing, contact tracing, treatment and social distancing - and will rely on the best available scientific, statistical, social and economic information to manage and evaluate those tools. As Massachusetts Governor Charlie Baker stated, "The Baker-Polito Administration looks forward to participating in discussions with neighboring states and experts regarding the ongoing response to the COVID-19 pandemic."

In a joint statement by the Western governors, the collective outlined their vision by stating, "we are announcing that California, Oregon and Washington have agreed to work together on a shared approach for reopening our economies – one that identifies clear indicators for communities to restart public life and business. Health outcomes and science – not politics – will guide these decisions." Of note, the governors have committed to coordinate and identify meaningful metrics to guide their decision-making on a pathway to recovery.



## Federation of American Scientists 'Ask a Scientist' Tool

The Federation of American Scientists, in partnership with the NYUGovLab, has developed a [website](#) that automatically populates answers to common coronavirus-related questions, and if there isn't an answer to the question, prompts an option to email a list of more than 600 scientists affiliated with the National Science Policy Network who will provide evidence-based answers.

New Jersey and Alabama have both integrated this tool into their websites (<https://covid19.nj.gov/> and <https://covid19.alabama.gov/>), but other states may link to the main FAS site ([covid19.fas.org](https://covid19.fas.org)) from their own website as well. Additionally, FAS and NYUGovLab can also help seamlessly incorporate the site onto an existing one if that is of interest.

If you have further questions or would like more information, please contact Dr. Ali Nouri, [anouri@fas.org](mailto:anouri@fas.org).

## Recent Steps Taken by the Federal Government and Congress

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 14 — The Administration for Children and Families [released](#) state-level information to help emergency and essential workers and their families find child care in each state. The table provides website links to the available information about each state's Coronavirus Disease 2019 (COVID-19) child care response, including links and phone numbers to help individuals locate child care in each state. Additionally, the table includes a link to the state's child care resource and referral (CCR&R) agency.
- April 14 — The Administration for Children and Families [announced](#) the release of the \$3.5 billion to the Child Care and Development Block Grant. This funding will support states, territories, and tribes to provide assistance to child care providers in order to financially support them during the public health crisis. This additional funding can also help support healthcare workers, first responders, and other essential workers playing critical roles during this crisis. Funds will be released to state, territory, and tribal Child Care and Development Fund programs. You can find an allocation by state, tribe, and territory [here](#). Additional information about the Child Care and Development Block Grant specific to this public health crisis can be found on the Office of Child Care [website](#).
- April 14 — The U.S. Department of Education released the application and guidance for uses of funds for the \$3 billion Governor's Emergency Education Relief Fund, created by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The application for funds is

streamlined and the Department has worked to ensure that the application may be completed quickly, submitted via email and immediately approved to allow for the swift disbursement of funds directly to governors. Resources for governors: [Letter to Governors from Secretary DeVos](#); [Notice of Funds with Guidance](#); [Final State Allocations for Governor's Emergency Education Relief Fund](#); and [Governor's Emergency Education Relief Fund Certification & Agreement \(Application\)](#).

- April 13 — The U.S. Department of Commerce and the Census Bureau [announced](#) additional adjustments to 2020 census operations in response to the COVID-19 pandemic. With field offices set to resume data collection beginning June 1, the Census Bureau is seeking statutory relief from Congress of 120 additional calendar days to deliver final apportionment counts.
- April 13 — The U.S. Department of the Treasury [released](#) additional guidance for the "[Paycheck Protection Program](#)," established in the CARES Act ([P.L. 116-136](#)), which provides \$349 billion to help small businesses keep workers employed amid the COVID-19 pandemic and economic downturn. The initiative provides 100 percent federally guaranteed loans to small businesses through Dec. 21, 2020 for SBA 7(a) loans.
- April 13 — The Federal Motor Carrier Safety Administration (FMCSA) [announced](#) it has compiled a list of responses to frequently asked questions regarding actions State Driver Licensing Agencies or commercial driver's license holders may take during the public health emergency related to COVID-19 that are permissible under the Federal Motor Carrier Safety Regulations.
- April 13 — The U.S. Department of Agriculture (USDA) [unveiled](#) the COVID-19 Federal Rural Resource Guide, an online directory of federal programs that can be used by rural communities, organizations and individuals impacted by the COVID-19 pandemic. For more information on actions the USDA has taken to assist rural communities address issues related to the pandemic, please click [here](#).
- April 13 — The president [issued](#) a sixth Presidential Memorandum providing federal support for governors' use of the National Guard under Title 32 to respond to COVID-19 for Iowa, Kansas, Maine, Nebraska, Oklahoma and Vermont. This brings the total to 40 states and three territories.

### Social Media

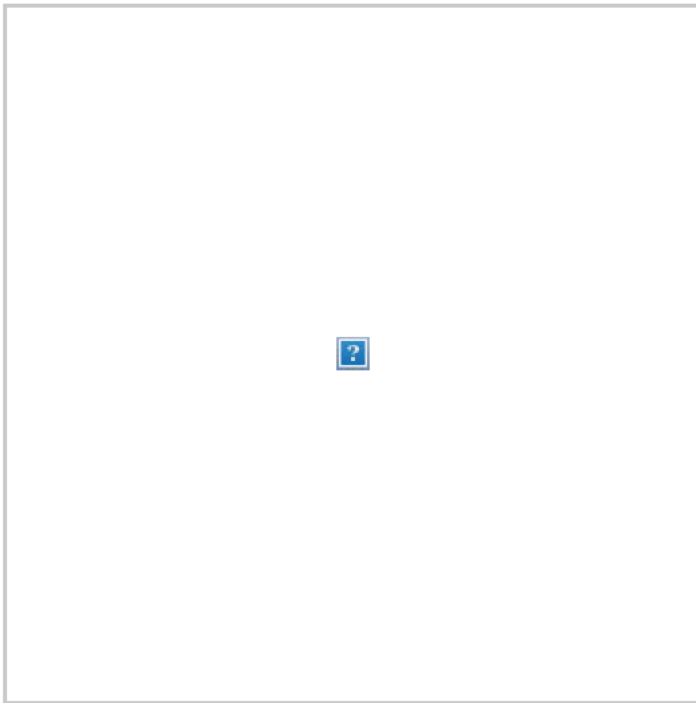
We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors' own messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



[Coronavirus Webpage](#)

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/15/2020  
**Date:** Wednesday, April 15, 2020 4:53:59 PM

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## COVID-19 Daily Update — Wednesday, April 15, 2020

Good afternoon Governors,

Thank you for participating in today's call and for your engagement on the most important issues impacting your states. We are going to continue our support in convening these discussions and bringing your needs to the focus of our federal officials. It has never been more important to have your bipartisan leadership than it is now.

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

### Resources for States

#### Today's Highlights

- NGA's first weekly call on unemployment insurance will be held tomorrow, Thursday, April 16, at 2 p.m. EDT. Dial-in information is below.
- The next SCAN call will be held tomorrow, Thursday, April 16, at 4 p.m. EDT to discuss the current threat landscape and other cybersecurity concerns related to COVID-19. Dial-in information is below.

- The Environmental Protection Agency (EPA) [announced](#) that it is temporarily allowing registrants to notify the EPA of formulation and manufacturing facility changes for the production of disinfectant products and immediately release the product for sale without waiting for EPA approval.

## NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 22, at 1 p.m. EDT**. A registration link will be shared with your schedulers shortly.

## Coronavirus Webpage

### NGA Activities

#### NGA Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

One important resource on our webpage is [COVID Vendor Check](#). Procurated, a supplier ratings and review platform built for the public sector, has launched a free tool called COVID Vendor Check to help governments, educational institutions and nonprofits research suppliers selling coronavirus-related goods and services. States can report privately and securely on their supplier experiences to help other states make well-informed purchasing decisions.

#### NGA Legal Counsel Call on Travelers' Quarantines

The legal counsel call yesterday at 3 p.m. EDT discussed travelers' quarantines. This call reviewed the current landscape of state traveler quarantines and provided an overview of potential issues to consider when taking this action. A resource memorandum on this topic can be found [here](#).

#### Weekly Call on Unemployment

Over the last three weeks, more than 16 million Americans have filed for unemployment benefits as states have taken steps to slow the spread of COVID-19. As unemployment claims surge and overwhelm state claims systems, state unemployment agencies have come under heavy criticism on capacity issues, website crashes, and long call wait times. Tomorrow, Thursday, April 16, at 2 p.m. EDT, NGA will hold the first of a weekly call series focused on unemployment. This first call will focus on communicating with the public about unemployment to provide clarity, reassurance and guidance to those facing financial insecurity as a result of this crisis. This [memo](#) contains more information on resources and state



efforts to address the unemployment crisis. (Dial-In: [REDACTED], Meeting ID: [REDACTED])

### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Cybersecurity Concerns for COVID-19: As the public health emergency expands, organizations are forced to adapt to rapidly evolving security risks, including transitioning employees to remote work and defending against cyber actors looking to exploit the current crisis. NGA will host a call tomorrow, Thursday, April 16, at 4 p.m. EDT to discuss the current threat landscape and other cybersecurity concerns related to COVID-19. We'll be joined by the National Association of State Chief Information Officers to discuss their [guidance](#), Proofpoint to brief on the threat landscape from the private sector perspective, and the Cybercrime Support Network to discuss services for cybercrime victims and fraudulent scams/lures for COVID-19. (Join Zoom Meeting [here](#), Dial-In: [REDACTED], Meeting ID: [REDACTED], Password: [REDACTED])

To listen to previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
- [March 24 call on health care capacity](#)
- [March 25 call on testing](#)
- [March 31 call on unemployment insurance programs](#)
- [April 1 call on business community challenges and solutions](#)
- [April 7 call on understanding the impact of social distancing on COVID-19](#)
- [April 9 call on innovation in crisis management](#)
- [April 10 call on national and state projections for COVID-19](#)
- [April 13 call on supply chain and procurement issues](#) (Access Password: [REDACTED])

## **Actions Being Taken By Governors**

### [State Action Tracking Chart](#)

### Stay-at-Home Orders

At least 42 states, Puerto Rico, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI and WV.

### Statewide/Territory-Wide Mask Policy

At least 43 states, the Commonwealth of Northern Mariana Islands, U.S. Virgin Islands and the District of Columbia have recommended a statewide or territory-wide mask policy: AK, AL, AR, AZ, CA, CO, CT, DE, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NM, NV, OH, OR, PA, RI, SC, SD, TX, UT, VT, VA, WA, WI, WV and WY.

New Hampshire has recommended a state-wide mask policy when patrons are entering a healthcare facility.

New Jersey and New York have implemented a mandatory state-wide mask policy.

Guam and Puerto Rico have implemented a mandatory state-wide or territory-wide mask policy for essential business and government agency employees and patrons while on premises.

#### Ventilator Sharing

At least four states have shared ventilators with other states: AR, CA, OR and WA.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 14 — The Environmental Protection Agency (EPA) [announced](#) that it is temporarily allowing registrants to notify the EPA of formulation and manufacturing facility changes for the production of disinfectant products and immediately release the product for sale without waiting for EPA approval. The action builds on EPA's temporary amendment to Pesticide Registration (PR) Notice 98-10 [announced](#) on March 31, 2020. Among other changes, this week's temporary amendment to PR Notice 98-10 streamlines the process for adding additional registered sources of active ingredients to a formulation and setting up an approved pesticide manufacturing establishment.
- April 14 — The Environmental Protection Agency [announced](#) it will retain, without changes, the National Ambient Air Quality Standards (NAAQS) for particulate matter.
- April 13 — The U.S. Department of Commerce and the Census Bureau [announced](#) additional adjustments to 2020 census operations in response to the COVID-19 pandemic. With field offices set to resume data collection beginning June 1, the Census Bureau is seeking statutory relief from Congress of 120 additional calendar days to deliver final apportionment counts.
- April 13 — The Federal Emergency Management Agency (FEMA) and the Department of Homeland Security (DHS) [announced](#) the Notice of Funding Opportunity (NOFO) and final allocations for the \$100 million in supplemental funding for the Emergency Management Performance Grant Program (EMPG) under the Coronavirus Aid, Relief, and Economic Security

(CARES) Act. FEMA notes that these funds will be awarded to support “planning and operational readiness for COVID-19 preparedness and response, as well as the development of tools and strategies for prevention, preparedness and response and ensuring ongoing communication and coordination among federal, state, local and territorial partners throughout the response.”

- April 12 — The Federal Emergency Management Agency (FEMA) [issued](#) guidance on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus. The policy applies to all emergency and major disaster declarations related to COVID-19 and eligible public assistance applicants and adheres to existing cost-share requirements.

### Social Media

We are using NGA’s social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors’ own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA’s Twitter posts were viewed more than 1 million times, including 97 videos of governors’ own messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors’ tweets, with more than 1,000 retweets in March.

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Respectfully,

Bill



## Coronavirus Webpage

### [Update Email Address](#)

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Washington, DC 20001



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**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/16/2020  
**Date:** Thursday, April 16, 2020 4:44:57 PM

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## COVID-19 Daily Update — Thursday, April 16, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

### Resources for States

#### Today's Highlights

- As governors lead efforts to address the critical shortage of personal protective equipment, they are increasingly leveraging the 3-D printing community as a rapid, local response. A link to an NGA memo on this topic and more information is below.
- NGA's first weekly unemployment call took place today. More information about this new series of conference calls is below.
- Today, midwestern governors from IL, IN, KY, MI, MN, OH and WI announced their plans to take a fact based data driven approach to re-open their economies.
- A letter from Rhode Island Congressman Jim Langevin, California Congresswoman Karen Bass, Nebraska Congressman Don Bacon, Michigan Congresswoman Brenda Lawrence and Michigan Congressman Paul Mitchell

to governors highlights the specific concerns that foster youth are facing due to COVID-19. A link to the letter is included below.

- The Department of Homeland Security and the U.S. Department of Agriculture announced a temporary final rule to change certain H-2A visa requirements to help U.S. agricultural employers avoid disruptions in lawful, agricultural-related employment. More information on yesterday's announcement is below.

### NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 22, at 1 p.m. EDT**. A registration link will be shared with your schedulers.

### Coronavirus Webpage

### NGA Activities

#### Considerations for Governors on 3D Printing PPE

As governors lead efforts to address the critical shortage of personal protective equipment, they are increasingly leveraging the additive manufacturing ("3D printing") community as a rapid, local response. A new NGA [memo](#) on possible options for governors to collaborate with local 3-D printers, as well as several legal and technical issues for governors' consideration is now available.

#### NGA's Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

One important resource on our webpage is [Project N95](#). Project N95 is a non-profit rapid-response team that is connecting PPE suppliers to those who are distributing PPE to frontline workers. They have 60+ volunteers with healthcare, government and technology industry experience supporting the effort, and have collected requests for over 200 million pieces of PPE nationally and a list of vetted suppliers. They can share with state leaders: state-specific real-time demand (which hospitals/clinics/first responders/govt entities are requesting PPE in your state and what they are requesting), and a list of vetted PPE suppliers who can fulfill these requests.

ProjectN95 is also looking for government partners who are able to aggregate funding into single purchase orders of more than 100k units and serve as a shipping destination and/or distribute PPE within their borders. If state leaders want this data



for their state, contact ProjectN95 by emailing [noemie@projectn95.org](mailto:noemie@projectn95.org). If states are in need of medical equipment, fill out the medical request form at [www.projectn95.org](http://www.projectn95.org).

### New Weekly Call on Unemployment

Over the last four weeks, more than 22 million Americans have filed for unemployment benefits as states have taken steps to slow the spread of COVID-19. As unemployment claims surge and overwhelm state claims systems, state unemployment agencies have come under heavy criticism on capacity issues, website crashes and long call wait times. Today at 2 p.m. EDT, NGA held the first of a weekly call series focused on unemployment. This first call focused on communicating with the public about unemployment to provide clarity, reassurance and guidance to those facing financial insecurity as a result of this crisis. This [memo](#) contains more information on resources and state efforts to address the unemployment crisis. A link to the recording of the call will be included in tomorrow's daily update.

### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Cybersecurity Concerns for COVID-19: As the public health emergency expands, organizations are forced to adapt to rapidly evolving security risks, including transitioning employees to remote work and defending against cyber actors looking to exploit the current crisis. NGA hosted a call today at 4 p.m. EDT to discuss the current threat landscape and other cybersecurity concerns related to COVID-19. We were joined by the National Association of State Chief Information Officers to discuss their [guidance](#), Proofpoint to brief on the threat landscape from the private sector perspective, and the Cybercrime Support Network to discuss services for cybercrime victims and fraudulent scams/lures for COVID-19. A link to the recording of the call will be included in tomorrow's daily update.

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- [April 13 call on supply chain and procurement issues](#) (Access Password: [REDACTED])

## **Actions Being Taken By Governors**

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New Hampshire has recommended a state-wide mask policy when patrons are entering a healthcare facility.

New Jersey, New York and Puerto Rico have implemented a mandatory state-wide/territory-wide mask policy.

At least four states, Guam and the District of Columbia have implemented a mandatory state-wide or territory-wide mask policy for essential business and government agency employees and patrons while on premises: CT, MD, PA and RI.

#### Ventilator Sharing

At least five states have shared ventilators with other states: AR, CA, NY, OR and WA.

## **Spotlight: Task Forces and Regional Partnerships to Reopen Resilient Economies**

As governors consider next steps for relaxing community-wide social distancing measures, a number of governors have announced plans, creation of task forces, and criteria that would need to be in place in order to begin reopening the economy. Many of these plans set up collaborative processes state leaders, hospital systems, small business associations, and the citizens affected. For example:

- Colorado Governor Jared Polis announced that he will be using key indicators, across three stages (urgent, stabilization and recovery) to inform ongoing monitoring and potential modifications of social distancing measures, like reinstating stay-at-home orders at the community level, regionally or statewide.

Alabama Governor Kay Ivey's Administration announced plans, through the creation of a task force, on ways to reopening by navigating issues like how to best ease restrictions on restaurants and store capacity guidelines, and how to incorporate social distancing need with increased commerce.

- North Carolina Governor Roy Cooper outlined areas in which the state would need to make progress in order to reopen, such as through increased testing, scaling up contact tracing efforts, and identification of the viruses trends on specific populations and regions of the state.
- California Governor Gavin Newsom provided six indicators that will guide his state's thinking on modifying stay-at-home orders, such as increased testing and contract tracing, prevent infection in people who are at risk, the development of therapeutics, and the ability for businesses and schools to support social distancing.
- Additionally, numerous governors have also announced regional and multi-state pacts to coordinate efforts on reopening in a mindful and collaborative way. On the east coast, NY, MA, NJ, CT, PA, DE and RI have teamed up, and in the west CA, OR and WA. Today, midwestern governors from IL, IN, KY, MI, MN, OH and WI announced their plans to take a fact based data driven approach to re-open their economies.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

April 15 — The Department of Homeland Security and the U.S. Department of Agriculture [announced](#) a temporary final rule to change certain H-2A visa requirements to help U.S. agricultural employers avoid disruptions in lawful agricultural-related employment. The temporary final rule covers employers who have filed for an H2-A labor certification, but are concerned that workers will be unable to enter the country due to travel restrictions. In this case, an employer may hire other foreign workers in the U.S. who are current H-2A visa holders, as soon as the United States Citizenship and Immigration Services (USCIS) receives the employer's H-2A petition, but not before the start date of employment listed on the petition. Additionally, USCIS is temporarily amending its regulations to protect the country's food supply chain by allowing H-2A workers to stay beyond the current three-year maximum allowable period of stay in the United States.

### **Congressmembers Letter on Foster Youth**

I would like to highlight a [letter](#) from Rhode Island Congressman Jim Langevin, California Congresswoman Karen Bass, Nebraska Congressman Don Bacon, Michigan Congresswoman Brenda Lawrence and Michigan Congressman Paul Mitchell to governors, urging consideration of one of our most vulnerable populations – foster youth. The letter highlights the specific concerns that foster

youth are facing due to COVID-19 and request that governors use any opportunity to leverage funds in the supplemental bills and flexibilities provided to a number of programs to support foster youth.

### Social Media

We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors' own messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

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As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



Coronavirus Webpage

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/17/2020  
**Date:** Friday, April 17, 2020 5:10:13 PM

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## COVID-19 Daily Update — Friday, April 17, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

### Resources for States

#### Today's Highlights

- NGA has a [new resource](#) for governors that includes updated strategies governors may consider as they work to increase capacity for effective testing.
- Ford has retooled a Michigan facility to manufacture face shields and is now offering them in larger quantities for sale directly to states for \$4 per unit, which includes shipping. More information is below.
- Google is making a multi-million dollar advertising grant available through its Ad Grants Crisis Relief program to help direct residents to authoritative local information regarding COVID-19. More information is below.



## NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 22, at 1 p.m. EDT**. A registration link will be shared with your schedulers.

Coronavirus Webpage



## NGA Activities

### New NGA Resource on COVID-19 Testing

Widespread availability of effective diagnostic and surveillance testing will be the cornerstone of plans for gradual relaxation of social distancing requirements. However, testing capacity remains insufficient to meet these demands. NGA has a [new resource](#) with updated strategies for governors to consider as they work to increase capacity for effective testing.

### NGA Resource for CARES Act Emergency Education Fund

Earlier this week, the U.S. Department of Education announced the process for governors to claim \$3 billion in funds provided for emergency education relief in

the CARES Act. An NGA [resource](#) released today will help governors navigate federal processes, establish a governance structure for the emergency funds, and craft funding priorities to disburse funds swiftly to communities, schools and higher education institutions that are disproportionately impacted by COVID-19.

#### Considerations for Governors on 3D Printing PPE

As governors lead efforts to address the critical shortage of personal protective equipment, they are increasingly leveraging the additive manufacturing ("3D printing") community as a rapid, local response. A new NGA [memo](#) on possible options for governors to collaborate with local 3D printers, as well as several legal and technical issues for governors' consideration, is now available.

#### NGA's Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

[Ford](#) has retooled a Michigan facility to manufacture face shields. In addition to donating these face shields across the country to hospitals, Ford has begun ramping up production to offer them in larger quantities for sale directly to states for \$4 per unit, which includes shipping. Ford can begin fulfilling orders the week of April 27. For more information, please contact Angela Ayers at [aayers4@ford.com](mailto:aayers4@ford.com) or 248-208-5646.

One important resource on our webpage is [Project N95](#). Project N95 is a nonprofit, rapid-response team that is connecting PPE suppliers to those who are distributing PPE to frontline workers. They have more than 60 volunteers with healthcare, government and technology industry experience supporting the effort, and have collected requests for more than 200 million pieces of PPE nationally, along with a list of vetted suppliers. They can provide state-specific real-time demand with state leaders (such as which hospitals, clinics, first responders and government entities are requesting PPE in your state and what they are requesting), and a list of vetted PPE suppliers who can fulfill these requests.

Project N95 is also looking for government partners who are able to aggregate funding into single purchase orders of more than 100,000 units and serve as a shipping destination and/or distribute PPE within their borders. If state leaders want this data for their state, contact Project N95 by emailing [noemie@projectn95.org](mailto:noemie@projectn95.org). If states are in need of medical equipment, fill out the medical request form at [www.projectn95.org](http://www.projectn95.org).

#### New Weekly Call on Unemployment

Over the last four weeks, more than 22 million Americans have filed for unemployment benefits as states have taken steps to slow the spread of COVID-19. As unemployment claims surge and overwhelm state claims systems, state unemployment agencies have come under heavy criticism on capacity issues, website crashes and long call wait times. Yesterday at 2 p.m. EDT, NGA held the first of a weekly call series focused on unemployment. The first call addressed

communicating with the public about unemployment to provide clarity, reassurance and guidance to those facing financial insecurity as a result of this crisis. This [memo](#) contains more information on resources and state efforts to address the unemployment crisis. You can find a link to a recording of the call [here](#) and a link to the presentation [here](#).

#### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Disaster Recovery and Reimbursement: As states begin to pivot from response to recovery operations, coordination across the state, federal and local government enterprise will be essential to restoring the health, social and economic fabric of communities. NGA will host a call on Tuesday, April 21 at 4 p.m. EDT to discuss recovery coordinating structures, roles and responsibilities across sectors, and disaster cost recovery processes in the wake of COVID-19. The call will feature former FEMA Administrator Brock Long as well David Maxwell of IEM. (Join Zoom Meeting [here](#); Dial-In: [REDACTED], Meeting ID: [REDACTED], Password: [REDACTED])

To access previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
- [March 24 call on health care capacity](#)
- [March 25 call on testing](#)
- [March 31 call on unemployment insurance programs](#)
- [April 1 call on business community challenges and solutions](#)
- [April 7 call on understanding the impact of social distancing on COVID-19](#)
- [April 9 call on innovation in crisis management](#)
- [April 10 call on national and state projections for COVID-19](#)
- [April 13 call on supply chain and procurement issues](#) (Access Password: [REDACTED])
- [April 16 call on cybersecurity concerns for COVID-19](#)

#### **Actions Being Taken By Governors**

##### [State Action Tracking Chart](#)

##### [Stay-at-Home Orders](#)

At least 42 states, Puerto Rico, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI and WV.

### Statewide/Territory-Wide Mask Policy

At least 40 states, the Commonwealth of Northern Mariana Islands and the U.S. Virgin Islands have recommended a statewide or territory-wide mask policy: AK, AL, AR, AZ, CA, CO, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NM, NV, OH, OR, SC, SD, TX, UT, VT, VA, WA, WI, WV and WY.

New Hampshire has recommended a state-wide mask policy when patrons are entering a healthcare facility.

New Jersey, New York and Puerto Rico have implemented a mandatory state-wide/territory-wide mask policy.

At least four states, Guam and the District of Columbia have implemented a mandatory state-wide or territory-wide mask policy for essential business and government agency employees and patrons while on premises: CT, MD, PA and RI.

### Ventilator Sharing

At least five states have shared ventilators with other states: AR, CA, NY, OR and WA.

### **Spotlight: Governor Mills Takes Steps to Protect Tenants in Maine**

Yesterday, Maine Governor Janet Mills [signed](#) an executive order that will prevent the immediate eviction of tenants other than those who engage in dangerous or unlawful conduct for the duration of the state of emergency. The governor also strengthened the penalties for landlords who try to evict tenants by unlawful means and she extended the timeframe for the eviction process in the event that the courts reopen before the governor's state of emergency is terminated. The governor, in partnership with MaineHousing, also [announced](#) a new rental assistance relief program for Maine residents who cannot pay their rent due to COVID-19.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 16 — The president [announced](#) the [Guidelines for Opening Up America Again](#). The guidelines outline a phased return to reopening and includes specific steps for state, local and tribal officials to follow in tailoring their response. The criteria include showing a downward trajectory of COVID-like symptoms reported over 14 days in a given state or region, as well as a decline in documented cases or positive tests during the same 14-day window. A slide deck on the guidelines can be found [here](#).
- April 16 — The Small Business Administration [announced](#) that it had

exhausted all funding for the [Paycheck Protection Program](#) (PPP) and the [Economic Injury Disaster Loan](#) (EIDL)-COVID-19 related assistance program.

- April 13 — The U.S. Department of Health and Human Services' Office of Child Support Enforcement (OCSE) [issued](#) further guidance on stimulus payments to eligible individuals, which was authorized in the CARES Act ([P.L. 116-136](#)). [According to the U.S. Department of the Treasury](#), the economic impact payments can be offset through the Treasury Offset Program (TOP) only to collect delinquent child support obligations that have been referred by the state to TOP. Additionally, there is nothing in the CARES Act that preempts state garnishment laws. Once a payment goes into a taxpayer's account, it is subject to a state's normal rules and processes for garnishment.

### **Congressmembers Letter on Foster Youth**

I would like to highlight a [letter](#) from Rhode Island Congressman Jim Langevin, California Congresswoman Karen Bass, Nebraska Congressman Don Bacon, Michigan Congresswoman Brenda Lawrence and Michigan Congressman Paul Mitchell to governors, urging consideration of one of our most vulnerable populations – foster youth. The letter highlights the specific issues that foster youth are facing due to COVID-19 and requests that governors use any opportunity to leverage funds in the supplemental bills and flexibilities provided to a number of programs to support foster youth.

### **Google Advertising Grant**

As a reminder, Google is making a multi-million dollar advertising grant available through their Ad Grants Crisis Relief program to state health agencies to help direct residents to authoritative local information regarding COVID-19. Your agency or a volunteer Google account manager can set up and manage the ads for you.

Google recently expanded eligible uses for these ads (beyond health) to include topics such as unemployment and small business resources and support, housing issues including rent relief and mortgage subsidies, and community support and other issues such as domestic violence resources, food access, elder care, and disability support. States that have not claimed their ad grants from Google can do so by emailing [adgrantscrisisreliefus@google.com](mailto:adgrantscrisisreliefus@google.com).

### **Social Media**

We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In



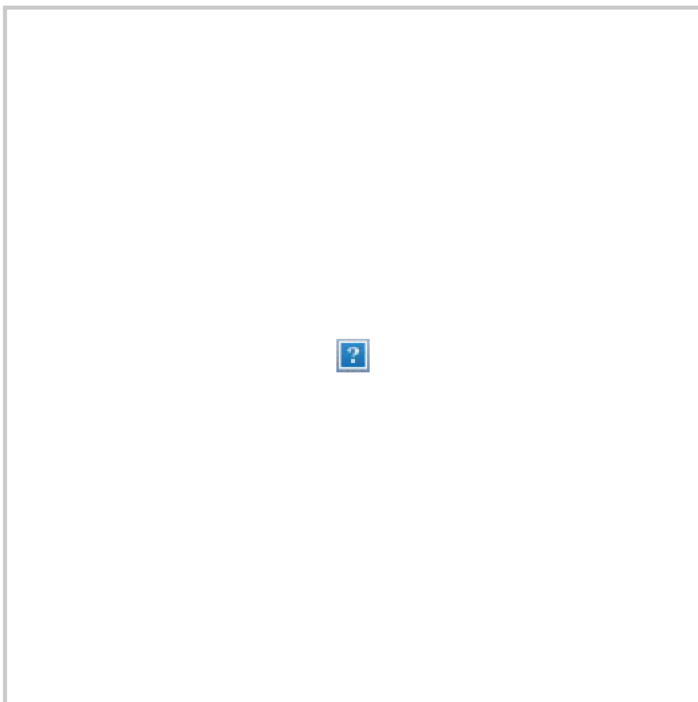
March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors' own messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



[Coronavirus Webpage](#)

[Update Email Address](#)

This message was sent to [pjohnson@nga.org](mailto:pjohnson@nga.org) from [Communications@nga.org](mailto:Communications@nga.org)



Office of Communications  
National Governors Association  
444 N. Capitol Street NW, Suite 267  
Washington, DC 20001

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/20/2020  
**Date:** Monday, April 20, 2020 4:48:47 PM

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## COVID-19 Daily Update — Monday, April 20, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

### Resources for States

#### Today's Highlights

- On Friday, NGA Chair and Maryland Governor Larry Hogan and NGA Vice Chair and New York Governor Andrew Cuomo issued a statement thanking the president for committing to working with governors and reiterating the request for \$500 billion to address COVID-19 related revenue shortfalls. A link to the statement is below.
- NGA will hold its next legal counsel call tomorrow, Tuesday, April 21, at 3 p.m. EDT on commandeering, inventorying and anti-price gouging in response to COVID-19. Dial-in information is below.
- NGA will hold its next SCAN call tomorrow, Tuesday, April 21, at 4 p.m. EDT to discuss recovery coordinating structures, roles and responsibilities across sectors, and disaster cost recovery processes in the wake of COVID-19. Dial-in information is below.

- Yesterday, the Centers for Medicaid and Medicare Services (CMS) [announced](#) new regulatory requirements that nursing homes must inform residents, their families and representatives of COVID-19 cases in their facilities. More information is below.

### **Congressional Talks Ongoing Regarding Paycheck Protection Program, Hospitals and Testing**

Talks on the refilling the Paycheck Protection Program (PPP), which helps small businesses retain employees, are ongoing on Capitol Hill. These discussions do not include state aid, but NGA is working with Congress to secure state stabilization funding in future legislation. The package will include more federal funding for the Paycheck Protection Program, hospitals and testing with a total for all nearing \$500 billion. More details and dollar amounts will be shared once legislative text is available and final. The Senate is in a pro-forma session tomorrow so if a deal is reached it could clear quickly. The House could convene as soon as Wednesday to consider the measure.

### **NGA Governors-Only Call**

The next NGA governors-only call will be held **Wednesday, April 22, at 1 p.m. EDT**. A registration link will be shared with your schedulers.

Coronavirus Webpage

### **NGA Activities**

#### Governors Renew Bipartisan Request for Fiscal Relief for States

On Friday, NGA Chair and Maryland Governor Larry Hogan and NGA Vice Chair and New York Governor Andrew Cuomo [issued](#) a statement thanking the president for committing to work with governors and reiterating the request for \$500 billion to address revenue shortfalls stemming from COVID-19. Both governors note "Now is not the time for partisanship. President Trump's leadership is needed to break the logjam in the Senate and get this done for the American people."

#### NGA Resource on COVID-19 Testing

Widespread availability of effective diagnostic and surveillance testing will be the cornerstone of plans for gradual relaxation of social distancing requirements. However, testing capacity remains insufficient to meet these demands. NGA has a [new resource](#) with updated strategies for governors to consider as they work to increase capacity for effective testing.

### NGA Resource for CARES Act Emergency Education Fund

Earlier this week, the U.S. Department of Education announced the process for governors to claim \$3 billion in funds provided for emergency education relief in the CARES Act. An NGA [resource](#) released today will help governors navigate federal processes, establish a governance structure for the emergency funds, and craft funding priorities to disburse funds swiftly to communities, schools and higher education institutions that are disproportionately impacted by COVID-19.

### NGA's Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

### Legal Counsel Call on Commandeering, Inventorying and Anti-Price Gouging

NGA's legal counsel call tomorrow, Tuesday, April 21, at 3 p.m. EDT will discuss state actions around commandeering, inventorying and anti-price gouging in response to COVID-19. This call will review state efforts and discuss potential issues for consideration. NGA will provide two resource memoranda on these issues shortly. (Dial-In: [REDACTED] 9, Meeting ID: [REDACTED])

### New Weekly Call on Unemployment

NGA will hold the second in a weekly series focused on unemployment Thursday, April 23, at 2 p.m. EDT. More information will be included in tomorrow's daily update.

To access previous weekly unemployment calls, click the links below:

- April 16 [call](#), [presentation](#) and [memo](#)

### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

**Disaster Recovery and Reimbursement:** As states begin to pivot from response to recovery operations, coordination across the state, federal and local government enterprise will be essential to restoring the health, social and economic fabric of communities. NGA will host a call tomorrow, Tuesday, April 21, at 4 p.m. EDT to discuss recovery coordinating structures, roles and responsibilities across sectors, and disaster cost recovery processes in the wake of COVID-19. The call will feature former FEMA Administrator Brock Long as well David Maxwell of IEM. (Join Zoom Meeting [here](#); Dial-In: [REDACTED], Meeting ID: [REDACTED], Password: [REDACTED])

**Roadmap to Recovery: A Public Health Guide for States:** NGA will host a SCAN

Call on Thursday, April 23, at 4:30 p.m. EDT to highlight strategies for building the necessary public health framework (including testing, surveillance, contact tracing and public health workforce) to consider relaxing social distancing measures and gradually reopen state economies. We will be joined by Dr. Tom Frieden, president and CEO of Vital Strategies Resolve to Save Lives and former director of the Center for Disease Control and Prevention. Dr. Frieden will address building the public health framework needed to prepare for the next phase of recovery. NGA, in partnership with Association of State and Territorial Health Officials, is also developing a guide for governors on strategies regarding expanding public health capacity and plan for next steps in COVID-19 response and recovery. We will provide an overview of this resource and a forum for state-to-state discussion. (Join Zoom Meeting [here](#), Dial-In: [REDACTED], Meeting ID: [REDACTED] 7)

To access previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
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- [April 13 call on supply chain and procurement issues](#) (Access Password: [REDACTED])
- [April 16 call on cybersecurity concerns for COVID-19](#)

## **Actions Being Taken By Governors**

### [State Action Tracking Chart](#)

### [Stay-at-Home Orders](#)

At least 42 states, Puerto Rico, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI and WV.

### [Statewide/Territory-Wide Mask Policy](#)

At least 39 states, the Commonwealth of Northern Mariana Islands and the U.S. Virgin Islands have recommended a statewide or territory-wide mask policy: AK, AL, AR, AZ, CA, CO, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, ND, NE, NM, NV, OH, OR, SC, SD, TX, UT, VT, VA, WA, WI, WV and WY.

At least eight states, Guam, Puerto Rico and the District of Columbia have implemented a mandatory statewide or territory-wide mask policy in certain circumstances: CT, MD, NC, NH, NJ, NY, PA and RI.

#### Ventilator Sharing

At least five states have shared ventilators with other states: AR, CA, NY, OR and WA.

#### School Closures

All 55 states and territories have implemented statewide or territory-wide school closures.

#### Closure of Non-Essential Business Spaces

At least 38 states, Guam, Puerto Rico, the U.S. Virgin Islands and the District of Columbia have implemented statewide or territory-wide closures of non-essential business spaces: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, KY, MA, MD, MI, MN, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, PA, RI, TN, TX, VT, VA, WA, WI and WV.

At least nine states and the Commonwealth of the Northern Mariana Islands have required some closures of non-essential business spaces: AR, IA, LA, ME, ND, NE, OR, SC and WY.

Missouri, South Dakota and Utah have issued guidance on closures of non-essential business spaces.

### **Spotlight: Arkansas' Economic Recovery Task Force**

Arkansas Governor Asa Hutchinson [signed](#) Executive Order 20-20, standing up the Governor's Economic Recovery Task Force to develop a strategy for economic recovery in the wake of COVID-19. The Task Force will study recovery needs and provide the governor with recommendations to facilitate easing COVID-19 mitigation measures. The Task Force, which will meet this week, is comprised of 27 public and private sector leaders and chaired by business leader and philanthropist, Steuart L. Walton. Governor Hutchinson announced his intention to ease restrictions in Arkansas beginning on May 4.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 19 — The Centers for Medicare & Medicaid Services (CMS) [announced](#) new regulatory requirements that nursing homes must inform residents, their families and representatives of any COVID-19 cases in their facilities. In addition, CMS will now require nursing homes to report cases of



COVID-19 directly to the Centers for Disease Control and Prevention (CDC). CDC will provide a reporting tool to nursing homes that will support federal efforts to collect data nationwide. CMS plans to make the data publicly available.

- April 19 — The Centers for Medicare & Medicaid Services (CMS) [issued](#) new recommendations specifically targeted to communities that are in Phase 1 of the Guidelines for President Trump’s Opening Up America Again with low incidence or relatively low and stable incidence of COVID-19 cases. The recommendations update earlier guidance provided by CMS on limiting nonessential surgeries and medical procedures. The new CMS guidelines recommend a gradual transition and encourage health care providers to coordinate with local and state public health officials, and to review the availability of personal protective equipment (PPE) and other supplies, workforce availability, facility readiness and testing capacity when making the decision to re-start or increase in-person care.
- April 17 — The Cybersecurity and Infrastructure Security Agency (CISA) [released](#) version 3.0 of the Essential Critical Infrastructure Workers guidance to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19. The advisory list identifies workers who conduct a range of operations and services that are typically essential to continued critical infrastructure viability, including staffing operations centers, maintaining and repairing critical infrastructure, operating call centers, working construction, and performing operational functions, among others. It also includes workers who support crucial supply chains and enable functions for critical infrastructure. The industries they support represent, but are not limited to, medical and healthcare, telecommunications, information technology systems, defense, food and agriculture, transportation and logistics, energy, water and wastewater, law enforcement, and public works.

### **Google Advertising Grant**

As a reminder, Google is making a multi-million dollar advertising grant available through their Ad Grants Crisis Relief program to state health agencies to help direct residents to authoritative local information regarding COVID-19. Your agency or a volunteer Google account manager can set up and manage the ads for you.

Google recently expanded eligible uses for these ads (beyond health) to include topics such as unemployment and small business resources and support, housing issues including rent relief and mortgage subsidies, and community support and other issues such as domestic violence resources, food access, elder care and disability support. States that have not claimed their ad grants from Google can do so by emailing [adgrantscrisisreliefus@google.com](mailto:adgrantscrisisreliefus@google.com).

## Social Media

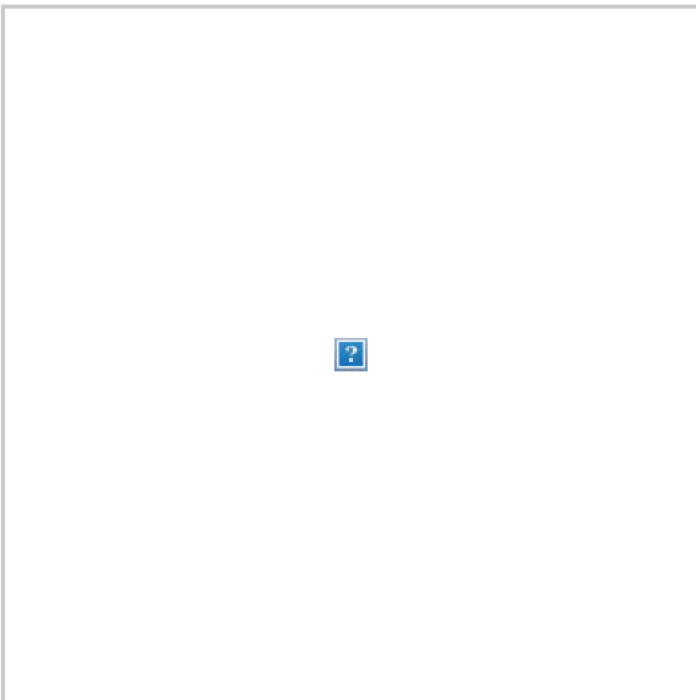
We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors' own messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



Coronavirus Webpage

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/21/2020  
**Date:** Tuesday, April 21, 2020 8:02:40 PM

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## COVID-19 Daily Update — Tuesday, April 21, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

### Resources for States

#### Today's Highlights

- The next NGA governors-only call will be held tomorrow, Wednesday, April 22, at 1 p.m. EDT.
- In response to your requests, NGA and the Association for State and Territorial Health Officials (ASTHO) are releasing a new resource today: *A Roadmap to Recovery: A Public Health Guide for Governors*. More information is below along with a link to the report.
- NGA Chair and Maryland Governor Larry Hogan and NGA Vice Chair and New York Governor Andrew Cuomo today called for robust support for state governments in a future federal stimulus package. More information is below.
- Today, NGA and organizations representing state and local governments, including the League of Cities, National Association of Counties and US Conference of Mayors, called on Congress to “immediately provide robust,

flexible relief” to state, territorial and local governments as part an interim relief package for the COVID-19 pandemic. More information is below.

### **Deal on Paycheck Protection Program Extension Reached**

Today, a bipartisan agreement was reached to add more than \$320 billion for the exhausted Paycheck Protection Program with set-asides of \$60 billion for businesses without access to large financial institutions. Additionally, the bill includes \$10 billion for the Small Business Administration to extend the Economic Injury Disaster Loan (EIDL) program. Both of these programs were called out as priorities in today’s NGA letter to Congress.

The bill also provides \$75 billion in [funding for hospitals and healthcare providers](#) and \$25 billion for [testing](#). The Senate passed the bill this afternoon and the House is expected to take it up later this week.

## Coronavirus Webpage

### **NGA Activities**

#### Roadmap to Recovery: A Public Health Guide for Governors

In response to your requests, today NGA and the Association for State and Territorial Health Officials (ASTHO) are releasing a new resource – [A Roadmap to Recovery: A Public Health Guide for Governors](#). Following the release of [guidance](#) from the White House Coronavirus Taskforce, this roadmap synthesizes and expands upon federal and other expert recommendations on how governors may protect the public’s health while building a plan for reopening businesses and society as a step to longer term economic recovery. The roadmap outlines 10 steps and related operational considerations for governors.

#### NGA Letter to Congressional Leaders Requesting Robust Federal Support

Today, NGA Chair and Maryland Governor Larry Hogan and NGA Vice Chair and New York Governor Andrew Cuomo [called](#) on Congress for robust support from the federal government regarding responding to the coronavirus pandemic and fostering the economic recovery that is ahead. State and local relief was not included in the Paycheck Protection Program extension. NGA submitted its request for the next supplemental spending bill to Congressional leadership this afternoon. The letter addressed state stabilization, Federal Medical Assistance Percentages, personal protective equipment and testing, unemployment insurance, social services, education for students and workforce, small businesses, cost share, National Guard, and infrastructure.

#### State and Local Government Associations Urge ‘Robust, Flexible’ Federal Relief

### During Pandemic

Today, the seven leading organizations representing state and local governments [called](#) on Congress to “immediately provide robust, flexible relief” as part an interim relief package for the COVID-19 pandemic.

The National Governors Association, Council of State Governments, National Conference of State Legislatures, National Association of Counties, National League of Cities, U.S. Conference of Mayors and the International City/County Management Association reaffirmed their unity and their partnership with the federal government to protect households and residents from the ill effects of the pandemic.

### NGA Resource on Cost-Sharing for FEMA Assistance Grants

Based on questions asked during last week’s governors’ call, the NGA Center pulled together a [memo](#) to clarify state strategies for fulfilling the 25 percent non-federal match required by the FEMA Public Assistance program. This document provides an overview of the current cost-share landscape, as well as details around waivers and administrative cost support, and historical examples.

### NGA Resource on Operational Coordination

Given the large number of state, federal, local, nonprofit and private organizations assisting in COVID-19 response and recovery, governors play an important role in ensuring that these partners work together to define strategies and achieve goals. NGA has a new [resource](#) detailing frameworks for coordination, interagency planning, information sharing and resource management to ensure enterprise-wide unity of effort and mission success.

### NGA's Resources for States Webpage

NGA and the nation’s governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

One important resource I would like to highlight is VentMI. [Make Medical](#), LLC, has developed a solution, [VentMI](#): Ventilate Multiple Individuals, to help provide mechanical ventilation to two or more patients from a single ventilator. Interested states should reach out for further information, demos, or to speak directly to the doctors who developed the technology. For more information, you can email [Contact@makemedical.net](mailto:Contact@makemedical.net) or call 248-956-0377.

### Legal Counsel Call on Commandeering, Inventorying and Anti-Price Gouging

NGA's legal counsel call today at 3 p.m. EDT discussed state actions around commandeering, inventorying and anti-price gouging in response to COVID-19. The call reviewed state efforts and included a discussion of potential issues for consideration.

### New Weekly Call on Unemployment



With more than 22 million initial unemployment claims filed in the past month, states are working to rapidly expand capacity and capabilities to meet the unprecedented demand for unemployment assistance. Among the most challenging aspects of administering the supplemental provisions under the CARES Act has been the establishment of a system for processing claims for Pandemic Unemployment Assistance (PUA). PUA provides unemployment assistance to individuals who are deemed ineligible for regular unemployment insurance (UI), including self-employed, on-demand or “gig” workers. The weekly call on unemployment will be held Friday, April 24, at 2 p.m. EDT and will discuss how to set up PUA administrative systems and expand processing capacity through technology and staffing solutions, including presentations from two states who have successfully started PUA systems. (Join Zoom Meeting [here](#); Dial-In: [REDACTED], Meeting ID: [REDACTED])

To access previous weekly unemployment calls, click the links below:

- April 16 [call](#), [presentation](#) and [memo](#)

#### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Disaster Recovery and Reimbursement: As states begin to pivot from response to recovery operations, coordination across the state, federal and local government enterprise will be essential to restoring the health, social and economic fabric of communities. NGA hosted a call today at 4 p.m. EDT to discuss recovery coordinating structures, roles and responsibilities across sectors, and disaster cost recovery processes in the wake of COVID-19. The call featured former FEMA Administrator Brock Long as well David Maxwell of IEM. A link to a recording of the call will be included in tomorrow's daily update.

Roadmap to Recovery: A Public Health Guide for States: NGA will host a SCAN Call on Thursday, April 23, at 4:30 p.m. EDT to highlight strategies for building the necessary public health framework (including testing, surveillance, contact tracing and public health workforce) to consider relaxing social distancing measures and gradually reopen state economies. We will be joined by Dr. Tom Frieden, president and CEO of Vital Strategies Resolve to Save Lives and former director of the Center for Disease Control and Prevention. Dr. Frieden will address building the public health framework needed to prepare for the next phase of recovery. We will provide an overview of the Roadmap to Recovery resource and a forum for state-to-state discussion. (Join Zoom Meeting [here](#), Dial-In: [REDACTED], Meeting ID: [REDACTED])

To access previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
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- [April 10 call on national and state projections for COVID-19](#)
- [April 13 call on supply chain and procurement issues](#) (Access Password: [REDACTED])
- [April 16 call on cybersecurity concerns for COVID-19](#)

## **Actions Being Taken By Governors**

### [State Action Tracking Chart](#)

#### Reopening Plans and Task Forces

At least 17 states have created reopening plans and task forces: AL, AR, CA, CO, CT, FL, HI, LA, MS, OR, RI, SC, TN, TX, UT, VT and WI.

#### Statewide/Territory-Wide Mask Policy

At least 39 states, the Commonwealth of Northern Mariana Islands and the U.S. Virgin Islands have recommended a statewide or territory-wide mask policy: AK, AL, AR, AZ, CA, CO, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, ND, NE, NM, NV, OH, OR, SC, SD, TX, UT, VT, VA, WA, WI, WV and WY.

At least eight states, Guam, Puerto Rico and the District of Columbia have implemented a mandatory statewide or territory-wide mask policy in certain circumstances: CT, MD, NC, NH, NJ, NY, PA and RI.

#### Ventilator Sharing

At least five states have shared ventilators with other states: AR, CA, NY, OR and WA.

#### Closure of Non-Essential Business Spaces

At least 38 states, Guam, Puerto Rico, the U.S. Virgin Islands and the District of Columbia have implemented statewide or territory-wide closures of non-essential business spaces: AK, AL, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, KY, MA, MD, MI, MN, MS, MT, NC, NH, NJ, NM, NV, NY, OH, OK, PA, RI, TN, TX, VT, VA, WA, WI and WV.

At least nine states and the Commonwealth of the Northern Mariana Islands have required some closures of non-essential business spaces: AR, IA, LA, ME, ND, NE, OR, SC and WY.

Missouri, South Dakota and Utah have issued guidance on closures of non-essential business spaces.

### **Spotlight: New Jersey Partnering with Airlines to Offer Free Flights to Health Care Volunteers**

New Jersey Governor Phil Murphy [announced](#) a new partnership with United Airlines and Delta Airlines to offer free roundtrip flights to health care workers traveling to New Jersey to support the state's response to COVID-19. Volunteers, who must be vetted, are invited to contact the [New Jersey Department of Health](#) to arrange a flight.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 21 — The Department of Health and Human Services (HHS) [announced](#) \$955 million in grants from the Administration for Community Living to support older adults and people with disabilities through home-delivered meals, home and community-based services, respite care, and more. The majority of these funds (\$905 million) are being [awarded](#) to states, territories and tribes for subsequent allocation to local service providers.
- April 20 — President Trump [issued](#) a seventh Memorandum authorizing Title 32 orders for three additional states - Alaska, Alabama and Delaware. This brings the total 43 states and three territories approved as of April 20.
- April 20 — 175 House members [sent](#) a letter to the White House requesting the elimination of the Federal Emergency Management Agency (FEMA) non-federal cost share required under the COVID-19 emergency and major disaster declarations. The current formula requires states to pay 25 percent of public and individual assistance costs while the federal government is responsible for 75 percent of the costs.
- April 19 — Louisiana Senator Bill Cassidy and New Jersey Senator Bob Menendez [announced](#) the bipartisan senate bill State Municipal Assistance for Recovery and Transition (SMART) Fund. A summary of the legislation can be found [here](#).
- April 17 — The U.S. Department of Agriculture recently [announced](#) the creation of the Coronavirus Food Assistance Program (CFAP), which will disperse \$19.5 billion in aid provided by the CARES Act to farmers, ranchers and other sectors of the agriculture industry. The program will offer direct support to farmers and ranchers via \$16 billion in direct support based on actual losses for agricultural producers where prices and market supply chains have been impacted and will assist producers with additional adjustment and marketing costs resulting from lost demand and short-term oversupply for the 2020 marketing year caused by COVID-19. USDA will

also partner with regional and local food distributors to purchase \$3 billion in fresh produce, dairy and meat. Those distributors and wholesalers will then provide a pre-approved box of fresh produce, dairy and meat products to food banks, community and faith based organizations and other nonprofits serving Americans in need.

### **Social Media**

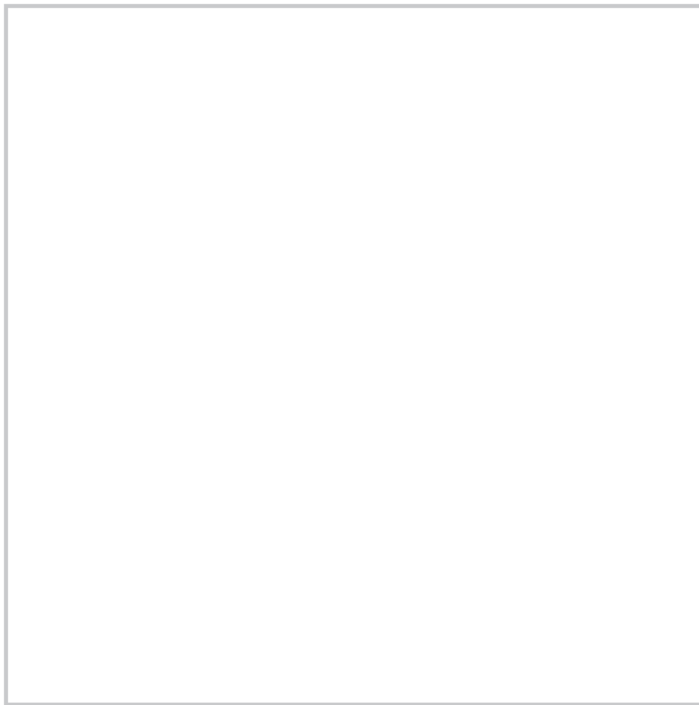
We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors' own messaging, which were viewed more than 300,000 times. In addition to this content, the NGA Twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill

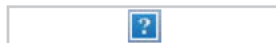


Coronavirus Webpage

[Update Email Address](#)

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Office of Communications  
National Governors Association  
444 N. Capitol Street NW, Suite 267  
Washington, DC 20001



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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/23/2020  
**Date:** Thursday, April 23, 2020 5:16:22 PM

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## COVID-19 Daily Update – Thursday, April 23, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

Resources for States

### Today's Highlights

- *A Roadmap to Recovery: A Public Health Guide for Governors* is now live on NGA's website [here](#).
- NGA's Resources for States webpage is updated regularly. You can find the full list of resources [here](#).
- This week's call on unemployment will be tomorrow, Friday, April 24, at 2 p.m. EDT and will discuss how to set up Pandemic Unemployment Assistance administrative systems and expand processing capacity through technology and staffing solutions. It will include presentations from two states that have successfully started



PUA systems. Dial-in information is below.

- Yesterday, the U.S. Department of Treasury [released](#) guidance for state, local and tribal governments regarding the Coronavirus Relief Fund. More information is below.
- The U.S. Department of Health and Human Services (HHS) [announced](#) that \$100 billion is being distributed to health care providers, including hospitals battling this disease.

### **House Expected to Pass the Paycheck Protection Program Extension**

A bipartisan agreement was reached earlier this week to add \$320 billion for the exhausted Paycheck Protection Program with set-asides of \$60 billion for businesses without access to large financial institutions. Additionally, the bill includes \$10 billion for the Small Business Administration to extend the Economic Injury Disaster Loan (EIDL) program. The bill also provides \$75 billion in funding for hospitals and healthcare providers and \$25 billion for testing. The Senate passed the bill on Tuesday, April 21, and the House is expected to pass the bill tonight. The legislation will then go to the White House for the president's signature.

### **NGA Governors-Only Call**

- The next NGA governors-only call will be held **Wednesday, April 29, at 1 p.m. EDT.**

[Coronavirus Webpage](#)

### **NGA Activities**

#### [NGA Survey on Utilization of Federal COVID-19 Dollars](#)

This morning, your chiefs were sent a survey NGA is conducting to learn about strategies states and territories are undertaking regarding the utilization of COVID-19 Federal Relief Funds. The responses from this survey will remain strictly confidential and will only be used to learn state's and territories best practices on this subject. We greatly appreciate your participation.

#### [Roadmap to Recovery: A Public Health Guide for Governors](#)

In response to your requests, NGA and the Association for State and Territorial Health Officials (ASTHO) released a new resource – [\*A Roadmap to Recovery: A Public Health Guide for Governors\*](#). Following the release of [guidance](#) from the White House Coronavirus Taskforce, this roadmap synthesizes and expands upon federal and other expert recommendations on how governors may protect public health while building a plan for reopening businesses and society as a step to longer term economic recovery. The roadmap outlines 10 steps and related operational considerations for governors.

#### NGA's Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

#### Legal Counsel Call on Commandeering, Inventorying and Anti-Price Gouging

NGA's legal counsel call earlier this week discussed state actions around commandeering, inventorying and anti-price gouging in response to COVID-19. The call reviewed state efforts and included a discussion of issues for consideration. You can find links to the memos discussed on the call below:

- [Price Gouging and Procurement Processes Following Emergency Declarations](#)
- [Overview of State Actions to Commandeer and Inventory Private Property](#)

#### New Weekly Call on Unemployment

With more than 26 million initial unemployment claims filed in the past month, states are working to rapidly expand capacity and capabilities to meet the unprecedented demand for unemployment assistance. Among the most challenging aspects of administering the supplemental provisions under the CARES Act has been the establishment of a system for processing claims for Pandemic Unemployment Assistance (PUA). This week's call on unemployment will be tomorrow, Friday, April 24, at 2 p.m. EDT and will discuss how to set up PUA administrative systems and expand processing capacity through technology and staffing solutions. It will include presentations from two states that have successfully started PUA systems. (Join Zoom Meeting [here](#); Dial-In: [REDACTED], Meeting ID: [REDACTED])

To access previous weekly unemployment calls, click the links below:

- April 16 [call](#), [presentation](#) and [memo](#)

## State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Roadmap to Recovery: A Public Health Guide for Governors: NGA hosted a SCAN Call today at 4:30 p.m. EDT to highlight strategies for building the necessary public health framework (including testing, surveillance, contact tracing and public health workforce) to consider relaxing social distancing measures and gradually reopen state economies. We were joined by Dr. Tom Frieden, president and CEO of Vital Strategies Resolve to Save Lives and former director of the Center for Disease Control and Prevention. Dr. Frieden addressed building the public health framework needed to prepare for the next phase of recovery. We provided an overview of the Roadmap to Recovery resource and a forum for state-to-state discussion. A link to a recording of the call will be provided in tomorrow's update.

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- [April 16 call on cybersecurity concerns for COVID-19](#)
- [April 21 call on disaster recovery and reimbursement](#) (Access Password: [REDACTED])

## Actions Being Taken By Governors

[State Action Tracking Chart](#)

[Reopening Plans and Task Forces](#)

At least 36 states have created reopening plans or task forces: AL, AR, CA, CO, CT, DE, FL, HI, IL, IN, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND,

NH, NJ, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, WA and WI.

#### Statewide/Territory-Wide Mask Policy

At least 38 states, the Commonwealth of Northern Mariana Islands and the U.S. Virgin Islands have recommended a statewide or territory-wide mask policy: AK, AL, AR, AZ, CA, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, ND, NE, NM, NV, OH, OK, OR, SC, SD, TX, UT, VA, WA, WI, WV and WY.

At least 11 states, Guam, Puerto Rico and the District of Columbia have implemented a mandatory statewide or territory-wide mask policy in certain circumstances: CO, CT, HI, MD, NC, NH, NJ, NY, PA, RI and VT.

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Missouri, South Dakota and Utah have issued guidance on closures of non-essential business spaces.

### **Spotlight: Widespread Testing in Minnesota**

Minnesota Governor Tim Walz [announced](#) a new strategy for rapid, widespread testing of up to 20,000 people a day through a partnership between the Minnesota Department of Health, Mayo Clinic, and University of Minnesota. The testing strategy will focus on all symptomatic people, isolate confirmed cases and expand contact tracing tools.

By increasing its contact tracing efforts, the state will be better positioned to identify and respond to emerging “hotspots” of infection. This will include intensive testing of: vulnerable populations, including Minnesotans living in congregate settings and those experiencing homelessness; staff that serve vulnerable populations and health care workers; communities of color and American Indian populations; and workforce for critical infrastructure.

## Recent Steps Taken by the Federal Government and Congress

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 22 — The U.S. Department of Treasury [released](#) guidance for state, local and tribal governments regarding the Coronavirus Relief Fund. The guidance indicates that funds may only be used to cover costs that are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the state or government; and were incurred between March 1 and Dec. 30, 2020.
- April 22 — The U.S. Department of Health and Human Services (HHS) [announced](#) that \$100 billion is being distributed to health care providers, including hospitals battling this disease. \$50 billion of the Provider Relief Fund is allocated for general distribution to Medicare facilities and providers impacted by COVID-19, based on eligible providers' 2018 net patient revenue. More targeted allocations include \$10 billion for hospitals in areas that have been particularly impacted by the COVID-19 outbreak, \$10 billion for rural health clinics and hospitals, and \$400 million for Indian Health Service facilities.

## Apple Call for State Officials

Apple is hosting a call tomorrow, Friday, April 24 at 4 p.m. EDT/1 p.m. PDT for any state official who is interested in their work on (1) contact tracing, (2) Apple Maps mobility trends and (3) COVID-19 website/app to give residents state specific information on available resources.

Join or start [from Webex](#) or by phone [REDACTED], pin: [REDACTED]. For more information contact: Fred Zeytoonjian, [fzeytoonjian@apple.com](mailto:fzeytoonjian@apple.com) or 202-772-9526.

## Social Media

NGA's social media channels are promoting governors' and state agency messaging around COVID-19 response efforts, to serve as an echo chamber for expert advice and opinion. This content has been shared widely by NGA's followers on Twitter, Facebook, LinkedIn and Instagram over the last two months. While the initial rush of online interest has settled



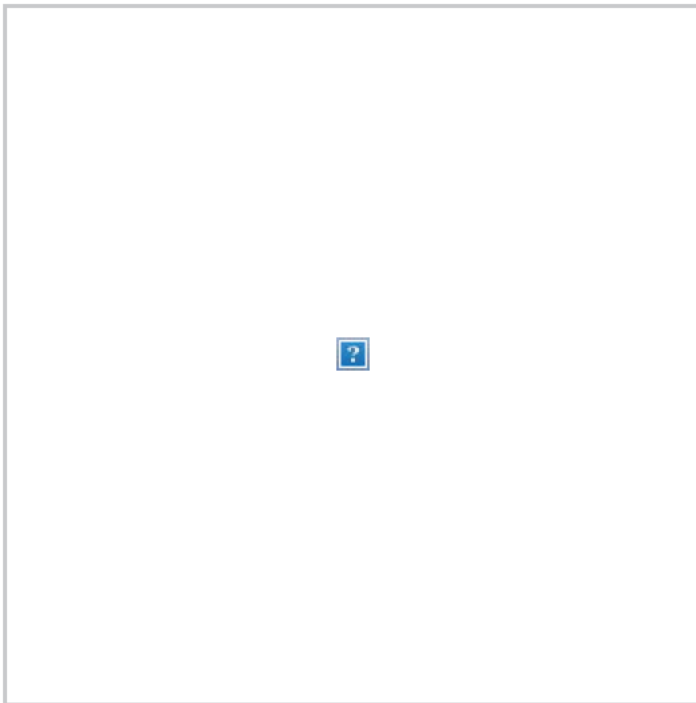
into a steadier stream of readers, the number of unique visitors to NGA's YouTube channel is up more than 560 percent over the past four weeks, compared to the previous period. Demonstrating the effectiveness of state-specific approaches, while highlighting the common need for resources and support, is a vital role for responsible social media during this time of anxiety and misinformation.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



Coronavirus Webpage



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[Update Email Address](#)

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/24/2020  
**Date:** Friday, April 24, 2020 4:51:34 PM

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## COVID-19 Daily Update — Friday, April 24, 2020

Good afternoon Governors,

Please find the latest up-to-date list of state actions on [NGA's coronavirus website](#). This email provides you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, if there is anything we can do to support you in your efforts, please let us know.

### Resources for States

#### Today's Highlights

- Yesterday, your chiefs received an NGA survey regarding strategies states and territories are undertaking regarding the utilization of COVID-19 federal relief funds. We greatly appreciate your participation.
- NGA's legal counsel call on Tuesday, April 28, at 3 p.m. EDT will discuss potential technology and privacy issues related to COVID-19 reopening measures. Dial-in information is below.
- Today, President Trump [signed](#) into law a \$484 billion measure that provides additional funding to further assist small businesses, workers and healthcare providers. More information is below.

## NGA Governors-Only Call

- The next NGA governors-only call will be held **Wednesday, April 29, at 1 p.m. EDT.**

## Coronavirus Webpage

### NGA Activities

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#### NGA's Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

#### NGA Legal Counsel Call on Potential Technology and Privacy Issues Related to Reopening Measures

NGA's legal counsel call on Tuesday, April 28, at 3 p.m. EDT will discuss potential technology and privacy issues related to COVID-19 reopening measures. The call will include discussion on the nexus between technology, privacy, and mitigation strategies such as disease reporting, contact tracing, location surveillance, antibody testing frameworks, antibody certificates of immunity and temperature checks. (Dial-In: [REDACTED], Meeting ID: [REDACTED])

#### Weekly Call on Unemployment

Today's call on unemployment discussed how to set up PUA administrative systems

and expand processing capacity through technology and staffing solutions. A link to a recording of the call will be included in Monday's daily update.

The next unemployment call will be held Thursday, April 30, at 2 p.m. EDT. More details will be included in Monday's daily update.

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- [April 21 call on disaster recovery and reimbursement](#) (Access Password: [REDACTED])
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#### **Actions Being Taken By Governors**

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hospitals and healthcare providers and \$25 billion for testing.

- April 23 — The U.S. Department of Health and Human Services (HHS) [extended](#) the deadline for hospitals to submit data that will inform how \$10 billion from the CARES Act Provider Relief Fund is distributed to areas of high impact from COVID-19. The deadline for hospitals to submit this information is now 3 p.m. ET, Saturday, April 25. Hospitals have received emails from HHS regarding how to submit the four necessary pieces of information: their Taxpayer Identification Number, their National Provider Identifier, their number of ICU beds as of April 10, and their number of COVID-19 admissions from Jan. 1 to April 10.
- April 23 — The Centers for Disease Control and Prevention (CDC) is [awarding](#) \$631 million, from the CARES Act, to 64 jurisdictions through the existing Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement. These funds, along with the previous support CDC has provided, will help states with their efforts to reopen America. This funding can be used for: establishing or enhancing the ability to aggressively identify cases; conducting contact tracing and follow up, as well as implementing appropriate containment measures; improving morbidity and mortality surveillance; enhancing testing capacity; controlling COVID-19 in high-risk settings and protecting vulnerable or high-risk populations; and working with healthcare systems to manage and monitor system capacity.
- April 23 — The House of Representatives voted to [establish](#) a new committee to monitor implementation of nearly \$3 trillion in coronavirus relief measures, a step members said would safeguard the massive sums flowing to businesses, hospitals and individual taxpayers. The measure passed 212-182.
- April 23 — The Small Business Administration [released](#) a summary of lenders participating in the Paycheck Protection Program, which helps small businesses keep workers employed amid the COVID-19 pandemic and economic downturn. The initiative provides 100 percent federally guaranteed loans to small businesses through Dec. 31, 2020 for SBA 7(a) loans.
- April 23 — U.S. Secretary of Education Betsy DeVos [announced](#) that more than \$13.2 billion in emergency relief funds under the CARES Act are available to state and local education agencies to support continued learning for K-12 students whose educations have been disrupted by the coronavirus. The grants will flow directly to state education agencies and be sub-granted to school districts. Districts will have the flexibility to use funds from the Elementary and Secondary School Education Relief Fund (ESSER Fund) for immediate needs, such as tools and resources for distance education, ensuring student health and safety, and developing and implementing plans for the next school year.
- April 22 — President Trump [signed](#) an Executive Order (EO) that suspends, for at least 60 days, the entry of people who are currently abroad and do not already have an immigrant visa or another type of travel authorization to move permanently to the United States. The EO does not apply to people who



are already in the United States or who are transitioning their immigration status to that of a permanent resident; to people who already have green cards or to spouses and children of U.S. citizens; and people who intend to move to the country to work in U.S. law enforcement, the armed forces, or in healthcare or other professions deemed “essential” during the pandemic, along with their immediate family members in some cases. Parents of U.S. citizens, however, are not mentioned in the list of exemptions.

## Social Media

NGA’s social media channels are promoting governors’ and state agency messaging around COVID-19 response efforts, to share and amplify expert advice and opinion. This content has been shared widely by NGA’s followers on Twitter, Facebook, LinkedIn and Instagram over the past two months. While the initial rush of online interest has settled into a steadier stream of readers, the number of unique visitors to NGA’s YouTube channel is up more than 560 percent over the past four weeks, compared with the previous period. We are demonstrating the effectiveness of state-specific approaches, while highlighting the common need for resources and support, during this time of anxiety and misinformation.

Please follow [NGA’s Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you’d like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



Coronavirus Webpage

[Update Email Address](#)

This message was sent to [pjohnson@nga.org](mailto:pjohnson@nga.org) from [Communications@nga.org](mailto:Communications@nga.org)

Office of Communications  
National Governors Association  
444 N. Capitol Street NW, Suite 267  
Washington, DC 20001

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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/28/2020  
**Date:** Tuesday, April 28, 2020 6:31:50 PM

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## COVID-19 Daily Update — Tuesday, April 28, 2020

Good afternoon Governors,

As states begin to consider when and how to loosen some of the social distancing restrictions put in place to flatten the curve of COVID-19 infections, polling [shows](#) a majority of Americans remain worried about the virus, although their economic concerns are also significant. The dual tensions among the public demonstrate the difficulty facing businesses and states working to recover from the setbacks caused by the coronavirus.

As you continue your fight against the coronavirus and the economic hardship it has wreaked on our nation, we are with you in the effort to secure bipartisan solutions. You can find the latest on state actions on [NGA's coronavirus resource website](#). This email provides the most recent state and federal activities, as well as NGA support material, to assist you with your state's COVID-19 response.

### Resources for States

#### Today's Highlights

- NGA's legal counsel call today at 3 p.m. EDT discussed potential technology and privacy issues related to COVID-19 reopening measures.
- The next SCAN call on Thursday, April 30, at 3 p.m. EDT will highlight strategies, best practices and specific state examples to reduce health disparities among racial and ethnic minorities. Dial-in information is below.
- Yesterday, U.S. Secretary of Education Betsy DeVos [announced](#) more than

\$300 million in discretionary grant funds for states to create learning opportunities for K-12 and postsecondary students in response to the COVID-19 national emergency. More information is below.

### NGA Governors-Only Call

- The NGA governors-only call scheduled for tomorrow at 1 p.m. has been cancelled. The next NGA governors-only call will be held Wednesday, May 6, at 1 p.m. EDT.

### Coronavirus Webpage

### NGA Activities

#### Roadmap to Recovery: A Public Health Guide for Governors

In response to your requests, NGA and the Association for State and Territorial Health Officials (ASTHO) released a new resource – [\*A Roadmap to Recovery: A Public Health Guide for Governors\*](#). Following the release of [guidance](#) from the White House Coronavirus Taskforce, this roadmap synthesizes and expands upon federal and other expert recommendations on how governors may protect public health while building a plan for reopening businesses and society as a step to longer term economic recovery. The roadmap outlines 10 steps and related operational considerations for governors.

#### NGA's Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

#### NGA Legal Counsel Call on Potential Technology and Privacy Issues Related to Reopening Measures

NGA's legal counsel call today at 3 p.m. EDT discussed potential technology and privacy issues related to COVID-19 reopening measures. The call included discussion on the nexus between technology, privacy and mitigation strategies such as disease reporting, contact tracing, location surveillance, antibody testing frameworks, antibody certificates of immunity and temperature checks.

#### Weekly Call on Unemployment

With more than 26 million initial unemployment claims filed in the past five weeks, states are working to expand the capacity of existing systems and set up new

systems to make unemployment assistance payments as quickly as possible. As states work to issue payments in a timely manner amid a historic surge in claims and concerns are growing about fraudulent activity. This week's call on Thursday, April 30, at 2 p.m. EDT will focus on these concerns and how states may proactively address them to protect claimants and the integrity of their systems. (Join Zoom Meeting [here](#), Dial-In: [REDACTED], Meeting ID: [REDACTED])

To access previous weekly unemployment calls, click the links below:

- April 16 [call](#), [presentation](#) and [memo](#) on communicating with the public about unemployment
- April 24 [call](#) on how to set up pandemic unemployment insurance

#### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Strategies to Reduce the Disproportionate Impact of COVID-19 on Racial and Ethnic Communities: The next SCAN call on Thursday, April 30, at 3 p.m. EDT will highlight strategies, best practices and specific state examples to reduce health disparities among racial and ethnic minorities. Speakers on the call will discuss how existing health disparities have increased the impact of COVID-19 on racial and ethnic minorities, the strategies states are taking to collect data, monitor and track disparities and ensuring equitable access to testing and follow-up care. (Join Zoom Meeting [here](#), Dial-In: [REDACTED], Meeting ID: [REDACTED])

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- [April 21 call on disaster recovery and reimbursement](#) (Access Password: [REDACTED])
- [April 23 call on the Roadmap to Recovery: A Public Health Guide for Governors](#) (Access Password: [REDACTED].)

#### The Governor's Education Relief Fund: Applying for & Administering the Program

On Friday, May 1, at 1 p.m. EDT, NGA will lead a call with governors' offices on best practices for applying for and administering the Governor's Emergency Education Relief (GEER) Fund provided under the CARES Act. The GEER Fund provides \$3 billion in extraordinarily flexible funding directly to governors in order to address immediate educational needs in communities across each state. Earlier this month, the U.S. Department of Education made these funds available to governors. Governors that submit an application will have significant funding delivered to their states within three days of the application's submission. This call will provide evidence-based examples on how to govern the fund in your states, and provide states an opportunity to exchange ideas and best practices for utilizing the fund to maximize educational impact. (Dial In: [REDACTED], Meeting ID: [REDACTED])

## **Actions Being Taken By Governors**

### [State Action Tracking Chart](#)

#### Reopening Plans and Task Forces

At least 44 states have created reopening plans or task forces: AK, AL, AR, CA, CO, CT, DE, FL, HI, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV and WY.

#### Statewide/Territory-Wide Mask Policy

At least 35 states, the Commonwealth of Northern Mariana Islands and the U.S. Virgin Islands have recommended a statewide or territory-wide mask policy: AL, AR, AZ, CA, FL, GA, IA, ID, IN, KS, KY, LA, MA, ME, MN, MO, MS, MT, ND, NE, NH, NM, NV, OH, OK, OR, SC, SD, TX, UT, VA, WA, WI, WV and WY.

At least 14 states, Guam, Puerto Rico and the District of Columbia have implemented a mandatory statewide or territory-wide mask policy in certain circumstances: AK, CO, CT, DE, HI, IL, MD, MI, NC, NJ, NY, PA, RI and VT.

#### Ventilator Sharing

At least five states have shared ventilators with other states: AR, CA, NY, OR and WA.

#### Closure of Nonessential Business Spaces

At least 26 states, Guam, Puerto Rico, the U.S. Virgin Islands and the District of Columbia have implemented statewide or territory-wide closures of nonessential business spaces: AL, AZ, CA, DE, FL, HI, ID, IL, IN, KS, KY, MA, MD, MN, NC, NH, NJ, NM, NV, NY, OH, PA, RI, VA, WA and WV.

At least 21 states and the Commonwealth of the Northern Mariana Islands have required some closures of nonessential business spaces: AK, AR, CO, CT, GA, IA,



LA, ME, MI, MS, MT, ND, NE, OK, OR, SC, TN, TX, VT, WI and WY.

Missouri, South Dakota and Utah have issued guidance on closures of nonessential business spaces.

### **Spotlight: Colorado and Nevada Join Western States Pact**

Yesterday, [Colorado Governor Polis](#) and [Nevada Governor Sisolak](#) announced they were joining California, Oregon and Washington in the Western States Pact. Together, the five governors plan to share best practices and coordinate reopening efforts while working toward the following goals:

- Protecting vulnerable populations, including those in nursing homes and long-term care facilities.
- Ensuring an ability to care for those who may become sick with COVID-19, which will require adequate hospital surge capacity and supplies of personal protective equipment.
- Mitigating the non-direct COVID-19 health impacts, particularly on disadvantaged communities.
- Developing a robust system for testing, tracking and isolating to protect the general public and safely lift current policies.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 27 — The Federal Reserve [announced](#) an expansion of the scope and duration of the Municipal Liquidity Facility (MLF). The facility, which was announced on April 9, will offer up to \$500 billion in lending to states and municipalities to help manage cash flow stresses caused by the COVID-19 pandemic.
- April 27 — U.S. Secretary of Education Betsy DeVos [announced](#) more than \$300 million in discretionary grant funds for states to create learning opportunities for K-12 and postsecondary students in response to the COVID-19 national emergency. The grants will be funded through the Education Stabilization Fund (ESF), authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act provides \$307.5 million for these discretionary grants, which the department will divide between two competitions: \$180 million for the Rethink K-12 School Models Grant and \$127.5 million for the Reimagining Workforce Preparation Grant. The grants include the possibility of “microgrants” directly to families to spend on educational services, statewide virtual learning programs, and “new, field-initiated models” to provide remote education.
- April 27 — The Coronavirus Aid, Relief, and Economic Security (CARES)

Act, directed the U.S. Department of Education to examine certain federal education laws to determine what, if any, additional waiver authority the secretary believes is necessary to provide limited flexibility to state and local education agencies. Secretary DeVos reported to Congress yesterday and [determined](#) there is no reason that a student's access to Free Appropriate Public Education (FAPE) cannot continue online, through distance education or other alternative strategies. The Secretary is also seeking administrative flexibility under several major programs.

- April 27 — The Substance Abuse and Mental Health Services Administration (SAMHSA) [announced](#) that grants have been awarded to increase access to and to improve the quality of community mental and substance use disorder (SUD) treatment services through the expansion of Certified Community Behavioral Health Clinics (CCBHC). CCBHCs provide person- and family-centered, integrated services. The Fiscal Year 2020 CCBHC Expansion Grants include \$200 million in annually appropriated funding and \$250 million in emergency COVID-19 funding.
- April 27 — The U.S. Department of Labor (DOL) [issued](#) guidance on how states should utilize grants issued from the Federal Unemployment Account (FUA) to a state's account in the unemployment trust fund for one-half of the amount of compensation paid by the state to employees of state and local governmental entities, certain nonprofit organizations, and federally-recognized Indian tribes that opt to make payments in lieu of contributions to state trust funds. The grants were created by the Coronavirus Aid, Relief, and Economic Security (CARES) Act to alleviate the burden on employers that have not been paying into state unemployment insurance trust funds.
- April 27 — The U.S. Department of Labor (DOL) [issued](#) guidance on reporting under the Pandemic Unemployment Assistance (PUA) program. PUA was created by the Coronavirus Aid, Relief, and Economic Security (CARES) Act to provide unemployment benefits to individuals displaced due to COVID-19 who are not eligible for regular unemployed benefits, including gig workers, contractors and those who are self-employed.

### Select Resources

#### Special Considerations for Vulnerable Populations

- [CDC Considerations for Inpatient Obstetric Healthcare Settings](#)

### **Blueprint for Shopping Safe**

The Retail Industry Leaders Association and the National Retail Federation created a [Blueprint for Shopping Safe](#), a series of recommendations retailers are making to the nation's governors, outlining steps that are key to the safe reopening of the economy. These recommendations are offered so the industry and governors can work together on statewide and territory-wide protocols that protect our

communities, allow for the safe reopening of retail, and establish clear expectations for employees and customers.

### **Social Media**

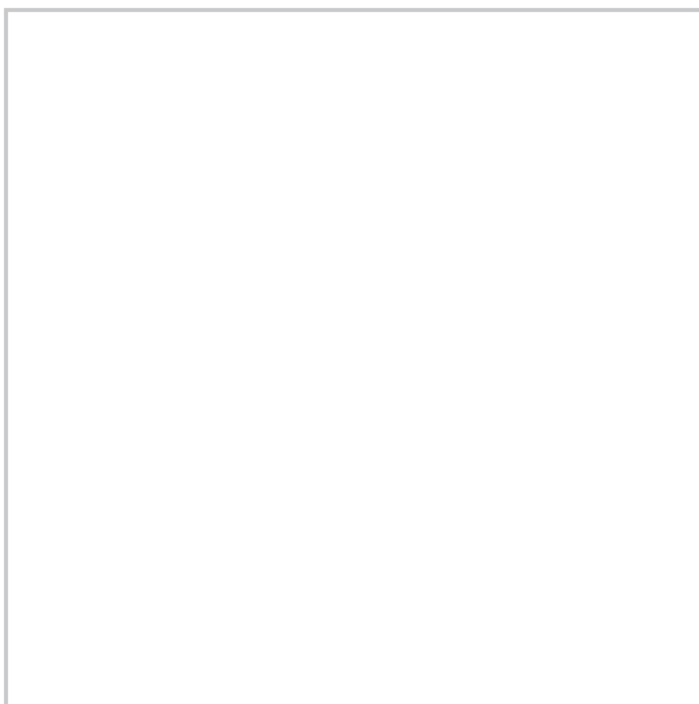
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Respectfully,

Bill



Coronavirus Webpage

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This message was sent to [pjohnson@nga.org](mailto:pjohnson@nga.org) from [Communications@nga.org](mailto:Communications@nga.org)

Office of Communications  
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444 N. Capitol Street NW, Suite 267  
Washington, DC 20001



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**Rivera, Juan**

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**From:** McBride, Bill <BMcBride@nga.org>  
**Sent:** Wednesday, April 29, 2020 5:18 PM  
**To:** McBride, Bill  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/29/2020



## COVID-19 Daily Update – Wednesday, April 29, 2020

Good afternoon Governors,

With the deepest decline of the U.S. economy since the Great Recession [announced](#) today, it is becoming more apparent that federal support and flexibility for states and territories is essential for the nation's economic and public health recovery.

As you continue your fight against the coronavirus and the economic hardship it has wreaked on our nation, we are with you in the effort to secure bipartisan solutions. You can find the latest on state actions on [NGA's coronavirus resource website](#). This email provides the most recent state and federal activities, as well as NGA support material, to assist you with your state's COVID-19 response.

Resources for States

### Today's Highlights

- Yesterday, NGA [sent](#) a coalition letter to Congress urging the inclusion of direct funding to states, territories and localities,

specifically for addressing cybersecurity and IT infrastructure needs due to the global impact of coronavirus.

- The next unemployment call tomorrow, Thursday, April 30, at 2 p.m. EDT will focus on concerns surrounding fraudulent activity and how states may proactively address this issue to protect claimants and the integrity of their systems. Dial-in information is below.
- The next SCAN call tomorrow, Thursday, April 30, at 3 p.m. EDT will highlight strategies, best practices and specific state examples to reduce health disparities among racial and ethnic minorities. Dial-in information is below.
- President Trump, utilizing authority under the Defense Production Act, [signed](#) an Executive Order (EO) declaring meat processing plants as “critical infrastructure” in an effort to ensure that facilities around the country remained open to prevent shortages of pork, chicken and other meat products as a result of the coronavirus. More information is below.

### **NGA Governors-Only Call**

- The next NGA governors-only call will be held **Wednesday, May 6, at 1 p.m. EDT.**

### **NGA Summer Meeting**

The National Governors Association will postpone our August Summer Meeting until further notice given the priority for governors to continue to oversee state management of the COVID-19 pandemic. We will continue our regular phone calls that have kept us connected and to share ideas and best practices for the benefit of all citizens.

Coronavirus Webpage

### **COVID-19 State and Territory Actions Tracker**

In partnership with Esri, NGA has released the [COVID-19 State and Territory Actions Tracker](#). This interactive map allows users to explore actions taken by governors, state and territorial leaders, including the enactment of stay-at-home orders, travel limitations, school closures, and many more. The map is updated daily as the situation progresses. Data is



collected directly from states and territories, federal agencies, and news sources.



## **NGA Activities**

### Coalition Letter on Cybersecurity and IT Infrastructure

Yesterday, NGA [sent](#) a coalition letter to Congress urging the inclusion of direct funding to states, territories and localities, specifically for addressing cybersecurity and IT infrastructure needs due to the global impact of coronavirus. The letter states "COVID-19 has required our workforces, educational systems and general way of life to quickly move remotely, exerting greater pressure on cybersecurity and IT professionals and increasing the risk of vulnerabilities and gaps to state and local networks. These gaps are exacerbated by systems requiring modernization that do not foster remote work, which also increases the risks to employees supporting these systems." The letter was sent on behalf of NGA and 11 other associations representing state and local leaders.

### Roadmap to Recovery: A Public Health Guide for Governors

In response to your requests, NGA and the Association for State and Territorial Health Officials (ASTHO) released a new resource – [A Roadmap](#)

[to Recovery: A Public Health Guide for Governors](#). Following the release of [guidance](#) from the White House Coronavirus Taskforce, this roadmap synthesizes and expands upon federal and other expert recommendations on how governors may protect public health while building a plan for reopening businesses and society as a step to longer term economic recovery. The roadmap outlines 10 steps and related operational considerations for governors.

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To access previous weekly unemployment calls, click the links below:

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## **Actions Being Taken By Governors**

### State Action Tracking Chart

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Missouri, South Dakota and Utah have issued guidance on closures of nonessential business spaces.

## **Spotlight: West Virginia and Massachusetts Ramp Up Testing in Nursing Facilities**

Last week, West Virginia Governor Justice [issued](#) an executive order directing the Division of Health and Human Resources with support from the West Virginia National Guard to test all reside or work in nursing homes across the state, including retesting individuals who have previously been tested. The order also directs local health departments and other county and city agencies throughout the state to provide assistance and resources to help support the effort.

Similarly, Massachusetts Governor Baker [announced](#) efforts on April 27 to further support nursing facilities, including additional funding, temporary staffing assistance and other supports to help with infection control and crisis management. The announcement also noted that facilities must test all staff and residents and report results in order to receive additional funding. The state has [established](#) a mobile testing program to support facilities unable to set up testing.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 28 — The Federal Emergency Management Agency (FEMA) [released](#) notification of the grant application period for the Fire Prevention and Safety Grant Program. The purpose of this program is to reach high-risk target groups and reduce deaths and injuries caused by fire and fire-related hazards. Funding also supports firefighter safety as well as research and development activities.
- April 28 — President Trump, utilizing authority under the Defense Production Act, [signed](#) an Executive Order (EO) declaring meat processing plants as “critical infrastructure” in an effort to ensure that facilities around the country remained open to prevent shortages of pork, chicken and other meat products as a result of the coronavirus. The president’s EO states that the closures of meat processing facilities “threaten the continued functioning of the national meat and poultry supply chain, undermining critical infrastructure during the national emergency” and indicated that the federal government would “take all appropriate action” to ensure that meat and poultry processors continue operations consistent with federal health and workplace safety guidance.

### **Social Media**

NGA has posted a significant amount of official state content on social media regarding COVID-19 response efforts, to provide a platform for governors and to more widely distribute expert advice and opinion.



Additionally, we have used our social media channels to promote policy positions around federal stimulus packages, a roadmap for reopening, and health alerts. This content has been shared widely by NGA's followers via YouTube videos and through Facebook, which has led to significant increase in our audience and engagement. YouTube subscribers are up 22 percent in April and Facebook followers are up 16 percent. We are demonstrating the effectiveness of state-specific approaches, while highlighting the common need for resources and support, during this time of anxiety and misinformation.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

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Respectfully,

Bill



Coronavirus Webpage

**Update Email Address**

This message was sent to [pjohnson@nga.org](mailto:pjohnson@nga.org) from [Communications@nga.org](mailto:Communications@nga.org)

Office of Communications  
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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/30/2020  
**Date:** Thursday, April 30, 2020 6:06:58 PM

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## COVID-19 Daily Update — Thursday, April 30, 2020

Good afternoon Governors,

In support of NGA's request for \$500 billion in federal aid for states, territories and localities, [polling](#) shows that 74 percent of registered voters, including 84 percent of Democrats and 65 percent of Republicans, agreed the federal government should provide financial support to states, territories and localities during the coronavirus pandemic. We are continuing to share your critical messages with Capitol Hill and we have all hands on deck to support your efforts to get through this health and economic challenge.

As you continue your fight against the coronavirus and the economic hardship it has caused, we are with you in the effort to secure bipartisan solutions. You can find the latest on state actions on [NGA's coronavirus resource website](#). This email provides the most recent state and federal activities, as well as NGA support material, to assist you with your state's COVID-19 response.

### Resources for States

#### Today's Highlights

- In partnership with Esri, NGA has released the [COVID-19 State and Territory Actions Tracker](#). This interactive map allows users to explore actions taken by governors, state and territorial leaders, including the enactment of stay-at-home orders, travel limitations, school closures, and many more.

Tomorrow, Friday, May 1, at 1 p.m. EDT, NGA will lead a call with governors' offices on best practices for applying for and administering the Governor's Emergency Education Relief (GEER) Fund provided under the CARES Act. Dial-in information is below.

- Register [here](#) for an informational webinar this Friday, May 1 at 3 p.m. EDT to learn more about [Project N95](#) and how it is supporting government COVID-19 response teams.

### **NGA Governors-Only Call**

- The next NGA governors-only call will be held **Wednesday, May 6, at 1 p.m. EDT.**

### **NGA Summer Meeting**

The National Governors Association will postpone our August Summer Meeting until further notice, given the priority for governors to continue to oversee state management of the COVID-19 pandemic. We will continue our regular phone calls that have kept us connected and to share ideas and best practices for the benefit of all citizens.

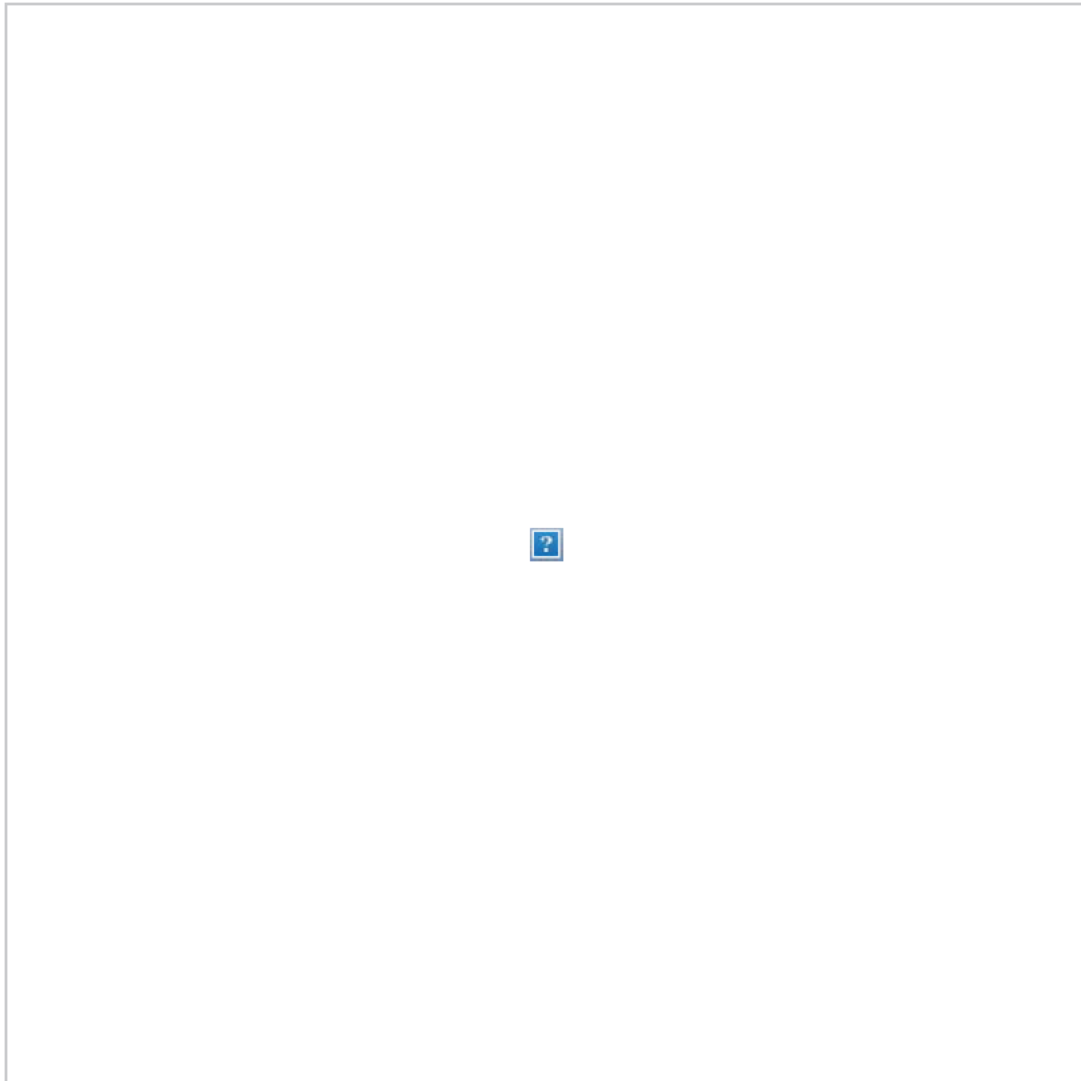
### **Paycheck Protection Program and Health Care Enhancement Act Reminder**

I want to remind governors that the recently passed "Paycheck Protection Program and Health Care Enhancement Act" (Public Law No: 116-139), included \$25 billion for COVID-19 testing, including \$11 billion for states, territories, localities and tribal organizations. The law states that no later than 30 days after enactment, the governor or designee receiving funds must submit to the Secretary of Health and Human Services its plan for COVID-19 testing, including goals for the remainder of the current calendar year, to include: (1) the number of tests needed, month-by-month, including diagnostic, serological and other tests, as appropriate; (2) month-by-month estimates of laboratory and testing capacity, including related to workforce, equipment and supplies, and available tests; and (3) a description of how the state, locality, territory, tribe or tribal organization will use its resources for testing, including as it relates to easing any COVID-19 community mitigation policies. No further guidance has been provided from the administration at this time, NGA will provide further information as soon as it is received.

[Coronavirus Webpage](#)

## COVID-19 State and Territory Actions Tracker

In partnership with Esri, NGA has released the [COVID-19 State and Territory Actions Tracker](#). This interactive map allows users to explore actions taken by governors, state and territorial leaders, including the enactment of stay-at-home orders, travel limitations, school closures, and many more. The map is updated daily as information becomes available. Data is collected directly from states and territories, federal agencies and news sources.



## NGA Activities

### Coalition Letter on Cybersecurity and IT Infrastructure

Earlier this week, NGA [sent](#) a coalition letter to Congress urging the inclusion of direct funding to states, territories and localities, specifically for addressing

cybersecurity and IT infrastructure needs due to the global impact of coronavirus. The letter states, "COVID-19 has required our workforces, educational systems and general way of life to quickly move remotely, exerting greater pressure on cybersecurity and IT professionals and increasing the risk of vulnerabilities and gaps to state and local networks. These gaps are exacerbated by systems requiring modernization that do not foster remote work, which also increases the risks to employees supporting these systems." The letter was sent on behalf of NGA and 11 other associations representing state and local leaders.

#### Roadmap to Recovery: A Public Health Guide for Governors

In response to your requests, NGA and the Association for State and Territorial Health Officials (ASTHO) released a new resource – [\*A Roadmap to Recovery: A Public Health Guide for Governors\*](#). Following the release of [guidance](#) from the White House Coronavirus Taskforce, this roadmap synthesizes and expands upon federal and other expert recommendations on how governors may protect public health while building a plan for reopening businesses and society as a step to longer term economic recovery. The roadmap outlines 10 steps and related operational considerations for governors.

#### NGA's Resources for States Webpage

NGA and the nation's governors are working together to provide [an online hub](#) where businesses and other organizations with supplies or services can connect with state officials regarding critical needs.

#### Weekly Call on Unemployment

With more than 30 million initial unemployment claims filed in the past six weeks, states are working to expand the capacity of existing systems and set up new systems to make unemployment assistance payments as quickly as possible. As states work to issue payments in a timely manner amid an historic surge in claims, concerns are growing about fraudulent activity. Today's call focused on these concerns and how states may proactively address them to protect claimants and the integrity of their systems. A link to the recording of the call will be included in tomorrow's daily update.

To access previous weekly unemployment calls, click the links below:

- April 16 [call](#), [presentation](#) and [memo](#) on communicating with the public about unemployment
- April 24 [call](#) on how to set up pandemic unemployment insurance

#### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

Inclusive Response and Recovery Planning: Best Practices for Engaging Access and Functional Needs Communities: Traditionally underserved communities often

have access and functional needs, which are exacerbated by emergencies like COVID-19. NGA is hosting a SCAN call on Thursday, May 7 at 4 p.m. to highlight strategies, best practices and specific state examples to reduce inequitable impacts on those access and functional needs communities and address their unique needs related to communication, medical care, supervision and transportation. The call will address strategies for more fully and consistently integrating these communities into disaster response and recovery planning across all layers of government as well as cross-cutting approaches to service delivery before, during and after an incident. (Join Zoom Meeting [here](#), Dial In: [REDACTED], Meeting ID: [REDACTED])

Strategies to Reduce the Disproportionate Impact of COVID-19 on Racial and Ethnic Communities: Today's SCAN call highlighted strategies, best practices and specific state examples to reduce health disparities among racial and ethnic minorities. Speakers on the call discussed how existing health disparities have increased the impact of COVID-19 on racial and ethnic minorities, as well as the strategies states are taking to collect data, monitor and track disparities, and ensure equitable access to testing and follow-up care. A link to the recording of the call will be included in tomorrow's daily update.

To access previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
- [March 24 call on healthcare capacity](#)
- [March 25 call on testing](#)
- [March 31 call on unemployment insurance programs](#)
- [April 1 call on business community challenges and solutions](#)
- [April 7 call on understanding the impact of social distancing on COVID-19](#)
- [April 9 call on innovation in crisis management](#)
- [April 10 call on national and state projections for COVID-19](#)
- [April 13 call on supply chain and procurement issues](#) (Access Password: [REDACTED])
- [April 16 call on cybersecurity concerns for COVID-19](#)
- [April 21 call on disaster recovery and reimbursement](#) (Access Password: [REDACTED])
- [April 23 call on the Roadmap to Recovery: A Public Health Guide for Governors](#) (Access Password: [REDACTED])

#### The Governor's Education Relief Fund: Applying for and Administering the Program

Tomorrow, Friday, May 1, at 1 p.m. EDT, NGA will lead a call with governors' offices on best practices for applying for and administering the Governor's Emergency Education Relief (GEER) Fund provided under the CARES Act. The GEER Fund provides \$3 billion in extraordinarily flexible funding directly to governors in order to address immediate educational needs in communities across each state. Earlier this month, the U.S. Department of Education made these funds



available to governors. Governors who submit an application will have significant funding delivered to their states within three days of the application's submission. This call will provide evidence-based examples on how to govern the fund in your states, and provide states an opportunity to exchange ideas and best practices for utilizing the fund to maximize educational impact. (Dial In: [REDACTED], Meeting ID: [REDACTED])

## **Actions Being Taken By Governors**

### [State Action Tracking Chart](#)

#### Reopening Plans and Task Forces

At least 44 states have created reopening plans or task forces: AK, AL, AR, CA, CO, CT, DE, FL, HI, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV and WY.

#### Statewide/Territory-Wide Mask Policy

At least 34 states, the Commonwealth of Northern Mariana Islands and the U.S. Virgin Islands have recommended a statewide or territory-wide mask policy: AL, AR, AZ, CA, FL, GA, IA, ID, IN, KS, KY, LA, MA, MN, MO, MS, MT, ND, NE, NH, NM, NV, OH, OK, OR, SC, SD, TX, UT, VA, WA, WI, WV and WY.

At least 15 states, Guam, Puerto Rico and the District of Columbia have implemented a mandatory statewide or territory-wide mask policy in certain circumstances: AK, CO, CT, DE, HI, IL, MD, ME, MI, NC, NJ, NY, PA, RI and VT.

#### Ventilator Sharing

At least five states have shared ventilators with other states: AR, CA, NY, OR and WA.

#### Closure of Nonessential Business Spaces

At least 25 states, Guam, Puerto Rico, the U.S. Virgin Islands and the District of Columbia have implemented statewide or territory-wide closures of nonessential business spaces: AZ, CA, DE, FL, HI, ID, IL, IN, KS, KY, MA, MD, MN, NC, NH, NJ, NM, NV, NY, OH, PA, RI, VA, WA and WV.

At least 22 states and the Commonwealth of the Northern Mariana Islands have required some closures of nonessential business spaces: AK, AL, AR, CO, CT, GA, IA, LA, ME, MI, MS, MT, ND, NE, OK, OR, SC, TN, TX, VT, WI and WY.

Missouri, South Dakota and Utah have issued guidance on closures of nonessential business spaces.

### **Spotlight: New York COVID-19 Maternity Task Force**

Last week, New York Governor Andrew Cuomo [launched](#) a COVID-19 Maternity Task Force led by Secretary to the Governor, Melissa DeRosa, and the New York State Council on Women and Girls. The Task Force is charged with determining the best approach to care for pregnant and postpartum women and infants during the COVID-19 pandemic and providing recommendations to the Governor. Yesterday, the Task Force [issued](#) a report outlining the initial recommendations, which Governor Cuomo accepted in full. They include:

- Implementing measures to diversify birthing site options and support patient choice;
- Extending the period of time a healthy support person can accompany a mother post-delivery;
- Mandating testing of all pregnant New Yorkers;
- Ensuring equity in birthing options;
- Creating an educational campaign; and,
- Reviewing the impact of COVID-19 on pregnancy and newborns with a special emphasis on reducing racial disparities in maternal mortality.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 29 — The Minority Business Development Agency (MBDA) [released](#) a Notice of Funding Opportunity for the Entrepreneurship Education Program for Formerly Incarcerated Persons. The goal of the program is to support minority business enterprises and formerly incarcerated persons through innovative projects. MBDA anticipates making three awards of \$300,000 in fiscal year 2020 and awarding an additional \$900,000 in fiscal year 2021, for a total of \$1.8 million for the program.

### **Intro to Project N95 for Government Partners**

Register [here](#) for an informational webinar this Friday, May 1 at 3 p.m. EDT to learn more about [Project N95](#) and how it is supporting government COVID-19 response teams. Learn how its team is (1) performing sourcing due diligence on suppliers and products to accelerate procurement decisions; (2) processing and validating inbound requests for PPE and critical equipment; and (3) coordinating with purchasers to aggregate orders through intelligent matching.

### **Making Contact: A Training for COVID-19 Contact Tracers**

The Association of State and Territorial Health Officials (ASTHO) and National Coalition of STD Directors (NCSD) [announced](#) the launch of a free, on-demand

training for entry-level COVID-19 contact tracers. The course, [\*Making Contact: A Training for COVID-19 Contact Tracers\*](#), will support ongoing public health agency efforts to prepare new contact tracers for their work of helping identify COVID-19 positive cases and those they've been in close contact with.

## **Social Media**

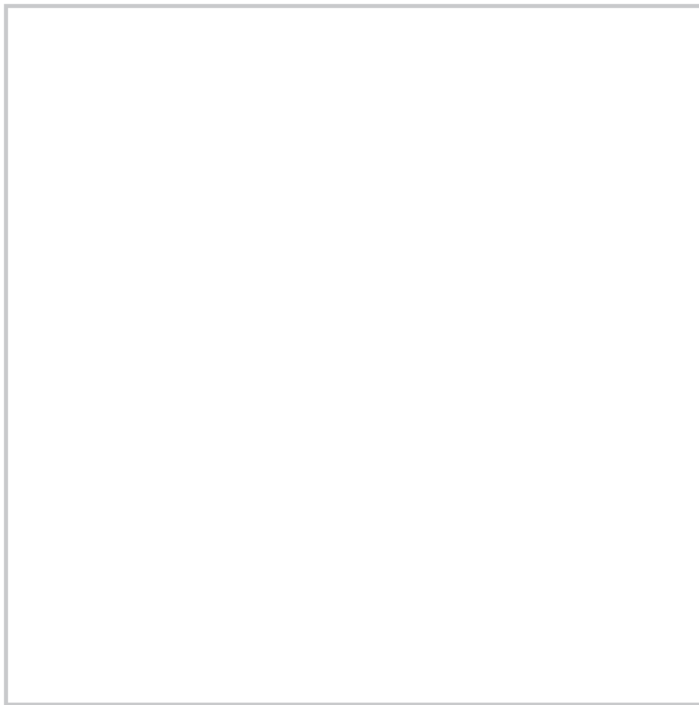
NGA has posted a significant amount of official state content on social media regarding COVID-19 response efforts, to provide a platform for governors and to more widely distribute expert advice and opinion. Additionally, we have used our social media channels to promote policy positions around federal stimulus packages, a roadmap for reopening, and health alerts. This content has been shared widely by NGA's followers via YouTube videos and through Facebook, which has led to significant increase in our audience and engagement. YouTube subscribers are up 22 percent in April and Facebook followers are up 16 percent. We are demonstrating the effectiveness of state-specific approaches, while highlighting the common need for resources and support, during this time of anxiety and misinformation.

Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill

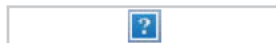


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**From:** [McBride, Bill](#)  
**To:** [McBride, Bill](#)  
**Subject:** [External] National Governors Association's COVID-19 Daily Update - 4/2/2020  
**Date:** Thursday, April 2, 2020 5:25:03 PM

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## COVID-19 Daily Update — Thursday, April 2, 2020

Good afternoon Governors,

Thank you for your tireless efforts during this challenging time. We at NGA are proud to support governors as you lead the response to the pandemic in your states and territories, working with first responders, healthcare workers and other public servants. The nation is more aware than ever of the bipartisan leadership governors provide in the search for solutions to COVID-19.

A full and up-to-date list of state actions is available on [NGA's coronavirus website](#). This email is meant to provide you with state and federal resources, along with NGA activities, to assist you with your state's COVID-19 response.

As always, we welcome any feedback you have on this email, or NGA activities.

Resources for States

### NGA Governors-Only Call

The next NGA governors-only call will be held **Wednesday, April 8, at 1 p.m. EDT.**

### Today's Highlights

- NGA Chair and Maryland Governor Larry Hogan and Vice Chair and New York Governor Andrew Cuomo sent [a letter](#) to the President

today requesting FEMA waive cost-share requirements for states related to COVID-19 response efforts.

- An NGA resource on education funding in the CARES Act can be found [here](#).
- NGA launched a [webpage](#) with coronavirus resources to help match supplies with states' and territories' needs.
- The American Red Cross is still in urgent need of blood donations, as the health care system copes with COVID-19 and other medical needs.

## Coronavirus Webpage

### NGA Activities

#### NGA Letter to the President

Today, NGA Chair and Maryland Governor Larry Hogan and Vice Chair and New York Governor Andrew Cuomo sent [a letter](#) to the President requesting FEMA waive cost-share requirements for states related to COVID-19 response efforts.

#### NGA Resource on Federal Governors' Education Relief Fund

The CARES Act provides more than \$30 billion to states to address K-12 and higher education needs during the COVID-19 crisis. From these funds, governors will directly receive \$3 billion in flexible funding as part of a Governors' Emergency Education Relief Fund. Governors may distribute to education areas of need at their discretion – in the early childhood, K-12 and higher education sectors.

Today, NGA released a [one-page resource](#) on the Governors' Emergency Education Relief Fund. The document will be updated once additional guidance is released by the federal government.

#### NGA Resources for States Webpage

During the worldwide coronavirus pandemic and public health crisis, many local, state and federal offices are working to fill supply gaps in health care resources, personal protective equipment, and other needs. Manufacturers across the United States are racing to fill those gaps and, in some cases, are re-engineering their processes to make items in short supply.

NGA and the nation's governors are working together to provide [an online hub](#) for businesses and other organizations with supplies or services to connect with states officials regarding critical needs.

#### State Coronavirus Action Network (SCAN) Calls

NGA is hosting weekly State Coronavirus Action Network (SCAN) calls to



facilitate cross-state learning, allow states to hear from subject matter experts, and communicate technical assistance needs to NGA staff.

**Business Community Challenges and Solutions:** The most recent SCAN call took place yesterday, at 4 p.m. EDT. This call addressed strategies for governor's economic policy advisors and economic development organizations in addressing the challenges faced by the business communities in their states during the COVID-19 pandemic. State leaders shared their experiences on the following: accessing federal funding and identifying state funding for new loan programs and other purposes, prioritizing small businesses and impacted sectors, communicating with businesses and developing public-facing FAQs, and tackling comprehensive long-term planning. A recording of the call can be found [here](#).

To listen to previous SCAN calls, click the links below:

- [Feb. 26 call on emergency powers](#)
- [March 10 call on crisis communications](#)
- [March 17 call on mitigation strategies](#)
- [March 24 call on health care capacity](#)
- [March 25 call on testing](#)
- [March 31 call on unemployment insurance programs](#)

## **Actions Being Taken By Governors**

### Major Disaster Declarations

At least 29 states, Guam, Puerto Rico, the Commonwealth of Northern Mariana Islands, the Virgin Islands and the District of Columbia have been approved for a Major Disaster Declaration: AL, CA, CO, CT, FL, GA, HI, IA, IL, KS, KY, LA, MA, MD, MI, MO, MT, NC, ND, NJ, NY, OH, OR, PA, RI, SC, TX, VA and WA.

Wisconsin has requested approval for a Major Disaster Declaration.

### National Guard Activations By State/Territory

At least 45 states, Guam, Puerto Rico and the District of Columbia have activated the National Guard: AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV and WY.

### Stay-at-Home Orders

At least 36 states, the Virgin Islands and the District of Columbia have implemented stay-at-home orders: AK, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MT, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, WI and WV.

### 1135 Waivers

At least 41 states have been approved for a 1135 Waiver: AL, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NY, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WV and WY.

### **Spotlight: Governor Herbert Publishes Health and Economic Recovery Plan**

Several states have established COVID-19 Task Forces to align and manage critical resources for COVID-19 response. Several of these, including [Georgia](#), [Utah](#), [Wyoming](#), and [Washington](#), have appointed unique membership to serve on an Economic Recovery Task Force to align and deploy resources, as well as establish a public health and economic recovery plan. This recovery plan offers leaders in the public and private sector, as well as residents, with clarity and specifics about the state's plan for a health and economic recovery from COVID-19. For example, Utah Governor Herbert recently published [\*Utah Leads Together: Utah's plan for a health and economic recovery\*](#).

Whenever possible, this plan should incorporate the use of data to assess the health impact and needs as well as industries, communities and workers that are at greatest risk as a result of this economic crisis. Once the health needs and economic impacts have been assessed, state leaders are encouraged to develop measurable goals for closing gaps in education, training and service-related programs to achieve the shared vision of economic success. In the development of these goals, states can promote equity by developing specific goals for populations which may be adversely affected by the COVID-19 crisis, including people of color, New Americans, workers in the personal care and services industries, and those in certain geographic locations.

### **Recent Steps Taken by the Federal Government and Congress**

For a full list of federal government actions, please visit [NGA's coronavirus webpage](#).

- April 2 — House Speaker Nancy Pelosi [announced](#) she was creating a bipartisan House Select Committee on the Coronavirus Crisis to oversee both the implementation of the \$2 trillion economic stimulus package and the overall pandemic response. This committee will be chaired by Majority Whip James E. Clyburn.

### **Select Resources**

#### Supply Chain and Health System Readiness

- [CDC Healthcare Infection Prevention and Control FAQs for COVID-19](#)
- [CDC Disinfecting Your Facility if Someone is Sick](#)

#### Communications

- [CDC COVID-19 PSA Webpage](#)

### **Nextdoor Partnership**

As you know, we are partnering with Nextdoor to ensure important resources are available at the neighborhood level. Neighbors use Nextdoor to exchange useful information, coordinate volunteer activity, and keep in touch with each other during the COVID-19 outbreak. The platform can also be used to share information about grocery store hours set aside for elderly and at-risk individuals, and basic necessities needed during periods of home isolation.

For more information and examples of using Nextdoor, please visit:

<https://www.nga.org/nextdoor/>.

If you would like to speak to someone at Nextdoor regarding how your state can use this tool for distributing information, please contact Dan Parham, head of public agency, at [dparham@nextdoor.com](mailto:dparham@nextdoor.com).

### **People Can Help By Giving Blood**

[Approximately 36,000 units of red blood cells are needed every day in the U.S.](#)

People who want to help fight coronavirus should consider supporting the medical system by giving blood.

If you are healthy, without any COVID-19 symptoms, and not at high risk for the disease, you can safely make a blood donation. Blood is urgently needed by the Red Cross nationwide.

Special precautions are being taken to keep blood donors safe. Even residents who are under lockdowns or stay-at-home orders may leave their homes in order to donate blood.

Red Cross President and CEO Gail McGovern would welcome an opportunity to speak with you directly on how you can help. Her cell is [REDACTED].



### Social Media

We are using NGA's social media accounts (Twitter, Facebook, LinkedIn, Instagram) to promote governors' own COVID-19 messaging by sharing your posts in real time, keeping our audiences informed on activities at the state level. In March, NGA's Twitter posts were viewed more than 1 million times, including 97 videos of governors messaging, which were viewed more than 300,000 times. In addition to this content, the NGA twitter account has been actively reposting governors' tweets, with more than 1,000 retweets in March.

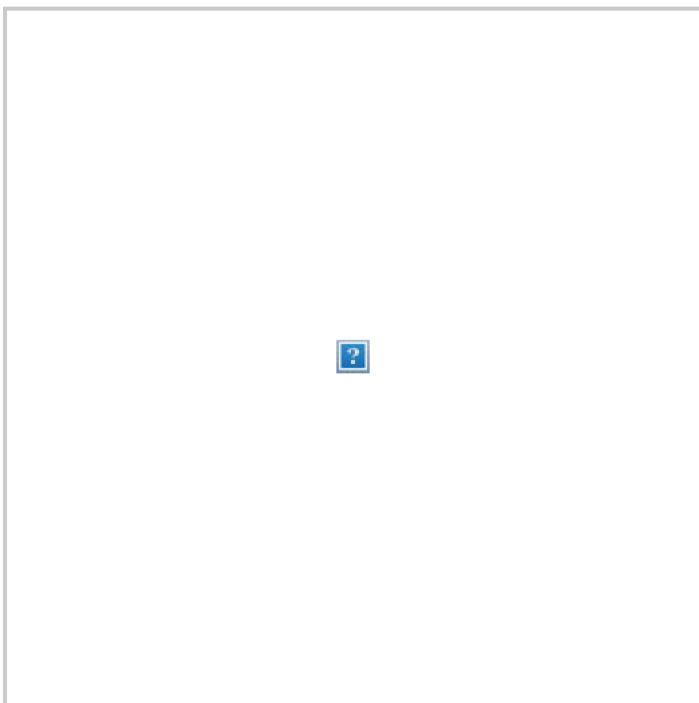
Please follow [NGA's Official Twitter account](#) to stay up to date on recent state actions and announcements on social media. If you have specific information you'd like NGA to share via our own social media accounts, please email Bradley Peck at [bpeck@nga.org](mailto:bpeck@nga.org).

As always, please feel free to reach out to me with questions. Additionally, if you would like technical assistance or more information from NGA, contact [Maribel](#)

[Ramos](#) (NGA Government Relations), [Lauren Stienstra](#) (Homeland Security and Public Safety Division) or [Melinda Becker](#) (Health Division).

Respectfully,

Bill



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National Governors Association  
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Washington, DC 20001



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**From:** [Richland County Bar Association](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] RCBA News & Information, 4.3.2020  
**Date:** Friday, April 3, 2020 4:55:53 PM

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## RCBA News & Information, 4.3.2020

Image



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### Updates that may be of interest to you:

Please see Family Court memos below from Judge Gwendlyne Y. Jones, Chief Administrative Judge, 5th Circuit & Judge Huntley S. Crouch, Chief Administrative Judge, 11th Circuit.

[COVID-19 Family Court guidance, 5th Circuit](#)

[COVID-19 Family Court guidance, 11th Circuit](#)

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Dear Members of the Richland County Bar:

The Richland County Probate Court is functioning with limited personnel, working in shifts. We are trying to handle emergencies first and then the most urgent. Incoming mail is currently being quarantined for 48 hours. We are working with the amazing Richland County IT Department to implement the first in the State Online Marriage License. Hopefully, this will go live in less than 2 weeks.

If you have a need, here are the emergency emails to use:

FOR A GUARDIANSHIP EMERGENCY -  
[LEWIS.KIM@RICHLANDCOUNTYSC.GOV](mailto:LEWIS.KIM@RICHLANDCOUNTYSC.GOV)

FOR A CONSERVATORSHIP EMERGENCY -  
[LEWIS.KIM@RICHLANDCOUNTYSC.GOV](mailto:LEWIS.KIM@RICHLANDCOUNTYSC.GOV)

FOR AN ESTATE-TRUST EMERGENCY -  
[ELROD.LORI@RICHLANDCOUNTYSC.GOV](mailto:ELROD.LORI@RICHLANDCOUNTYSC.GOV)

FOR A MARRIAGE LICENSE EMERGENCY -  
[LICENSE.MARRIAGE@RICHLANDCOUNTYSC.GOV](mailto:LICENSE.MARRIAGE@RICHLANDCOUNTYSC.GOV)

Thank you for your continued patience as we journey our way through this.

Sincerely,

Amy McCulloch

Richland County Probate Judge

---

### **Additional resources that may be of interest to you:**

[Paycheck Protection Program, SBA.gov](#)

[CARES Act firm resources, SC Bar](#)

[How to Manage your Law Firm Remotely During COVID-19, The National Law Review](#)

[How to Best Communicate with Law Firm Employees at All Levels, Above the Law](#)

[Order from The Supreme Court of South Carolina re: Operation of the Appellate Courts During the Coronavirus Emergency](#)

[COVID-19 Mental Health Resources, ABA Commission on Lawyers Assistance Programs](#)

[Managing Stress & Anxiety, CDC](#)

[Joint Administrative Order for Fifth Judicial Circuit](#)

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All RCBA events scheduled for the month of April have been canceled. We will do our best to reschedule these great offerings at a later date. Stay safe!!

---



[Unsubscribe](#)

Richland County Bar Association  
PO Box 7632

Columbia, United States  
(803) 771-9801  
[info@rcba.org](mailto:info@rcba.org)

**From:** [Small Business Administration](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Small Business Recovery Resources in Response to COVID-19  
**Date:** Wednesday, April 15, 2020 9:14:21 AM

Having trouble viewing this email? [View it as a Web page.](#)  
SBA Region IV April 2020

u s small business administration



## Faith Based Organizations May Apply for Assistance

Ashley Bell



**Ashley D. Bell**

**SBA Region IV Administrator**

**Entrepreneurship Policy Advisor for the White  
House Opportunity & Revitalization Council**

Faith is a pillar of hope, and for many Americans it has been a powerful reason for their continued success during these challenging times. The Administration, along with SBA Administrator Jovita Carranza and other SBA leaders, recognized the need to support faith-based organizations and have clarified their ability to participate in the Paycheck Protection and Economic Injury Disaster Loan Programs.

Faith-based organizations may apply regardless of their religious identity or

activities, and will be considered to the extent they are eligible as outlined in the CARES Act as passed by Congress, signed into law by President Trump, and implemented by the Paycheck Protection Act Interim Final Rule.

"During this global pandemic the SBA stands behind every business, non-profit and faith-based organization," said SBA Regional Administrator Ashley D. Bell. "We recognize the importance of keeping staff employed and keeping businesses and organizations operational as we push through these difficult times."

### FAQ's for Faith Based Organization Applications

- The Paycheck Protection Program (PPP) is designed to keep small business staff employed and provide small businesses with capital through lending institutions, with support from the SBA. The PPP's maximum loan amount is \$10 million with a fixed 1% interest rate and maturity of two years. SBA will forgive the portion of loan proceeds used for payroll costs and other designated operating expenses for up to eight weeks provided at least 75% of loan proceeds are used for payroll costs.

#### Paycheck Protection Program Information:

[www.SBA.gov/paycheckprotection](http://www.SBA.gov/paycheckprotection)

To Find a PPP Lender: [www.sba.gov/paycheckprotection/find](http://www.sba.gov/paycheckprotection/find)

*(or contact your local SBA District Office for a current list of SBA lenders participating in the program [here](#))*

- The Economic Injury Disaster Loan (EIDL) program provides qualifying small businesses and non-profits with working capital up to \$2 million with low interest rates and terms extending up to 30 years and includes an advance payment portion.

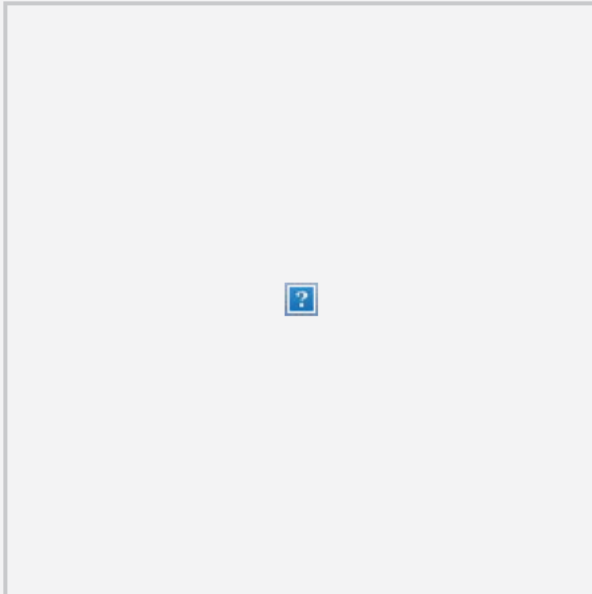
Economic Injury Disaster Loan Program Information is [here](#).

Additional assistance and guidance for small businesses may be found by visiting the link below:

**SBA Coronavirus Guidance & Information**

## Find an Upcoming Webinar For More

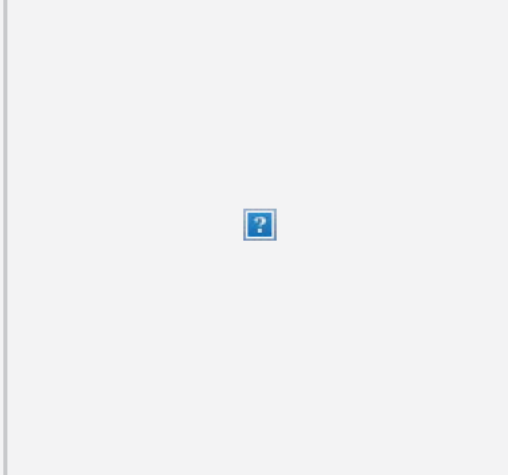
## Information



The SBA district office staff are holding informational webinars/calls as well as holding virtual office hours to assist small businesses in navigating the options available to them for relief from COVID-19. Please visit the district [websites](#) to view their calendar of events and sign up to receive updated news via email [here](#).

## Need Assistance Applying?

[Connect with an SBA Resource Partner](#)



### SBA Resource Partners Ready to Virtually Assist

Offices around the country may be closed to the Coronavirus pandemic, but SCORE, Small Business Development Centers, Women's Business Centers, and Veterans Business Outreach Centers and other resource partners are providing free business mentoring and training by phone, email, and video.

**Find an SBA resource partner near you**

## Seeking Active PPP Lenders?

The SBA Region IV Offices are updating lists of active lenders participating in the Paycheck Protection Plan- contact your local SBA district office for the most updated listing <https://www.sba.gov/local-assistance>.

### Help Us Help You- Report Fraud!

The Office of Inspector General recognizes



## Protect Your Business Data



that we are facing unprecedented times and is alerting the public about potential fraud schemes related to economic stimulus programs offered by the SBA in response to COVID-19. The Coronavirus Aid, Relief, and Economic Security (CARES) Act, the largest financial assistance bill to date, includes provisions to help small businesses. Fraudsters have already begun targeting small business owners during

these economically difficult times. **Be on the lookout for grant fraud, loan fraud, and phishing.** [Learn More Here](#)

[Report Fraud Here](#)

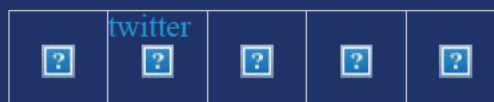
## SBA Region IV Office

233 Peachtree St NE; Suite 200  
Atlanta, GA 30303

[www.sba.gov](http://www.sba.gov)

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*All SBA programs and services are provided on a nondiscriminatory basis. Reasonable accommodations will be made if requested at least two weeks in advance*

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Strategies for Addressing Personal Protective Equipment (PPE) Shortage  
**Date:** Tuesday, April 14, 2020 9:16:09 AM  
**Attachments:** [FEMA FactSheet COVID19 Best PracticesPPEPreservation 20200412 EA cleared.pdf](#)

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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

Please see the advisory below from our partners in the Cybersecurity and Infrastructure Security Agency (CISA) regarding strategies for addressing Personal Protective Equipment (PPE) shortages.

April 14, 2020

# CISA Advisory

CISA Logo



## Strategies for Addressing Personal Protective Equipment (PPE) Shortage

The U.S. government's strategy for addressing COVID-19 personal protective equipment (PPE) shortages relies on three pillars of practice to ensure continued availability of protective gear: reduce – reuse – repurpose. In this time of the COVID-19 pandemic and the associated PPE shortages, implementation of contingency plans across all sectors are necessary to ensure continued availability of protective gear. In support of this strategy, the U.S. government has recently released two documents that will be of assistance to all infrastructure sectors.

FEMA has published the attached *COVID-19 Pandemic: Personal Protective Equipment Preservation Best Practices*. This document summarizes government guidance and best practices currently being implemented across the United States for COVID-19 response has been released. While tailored to the Healthcare Sector, many of these strategies can be applied to other sectors with similar PPE requirements.

NIOSH has recently issued [Interim Guidance for Conserving and Extending Filtering Facepiece Respirator Supply in Non-Healthcare Sectors](#). That document offers strategies to conserve, extend, and respond to shortages in the supply of NIOSH-approved filtering facepiece respirators (FFRs) used in non-healthcare worksites such as manufacturing and construction. Employers should implement alternative controls to reduce, as much as possible, their reliance on PPE, particularly FFRs.

Please continue to refer to CDC for updates to posted guidance for businesses and employers to plan and respond to COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/guidance-business-response.html>. For general and other useful information regarding COVID-19, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Information on FEMA's efforts to stabilize the PPE supply chain can be found at: <https://www.fema.gov/news-release/2020/04/08/fema-covid-19-supply-chain-task-force->

[supply-chain-stabilization](#).

Respectfully,  
Cybersecurity and Infrastructure Security Agency

# # #

- [FEMA\\_FactSheet\\_COVID19\\_Best PracticesPPEPreservation\\_20200412 EA cleared.pdf](#)

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Treasury Guidance -- State, Local, and Tribal Governments for the Coronavirus Relief Fund  
**Date:** Wednesday, April 22, 2020 7:46:05 PM

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U.S. DEPARTMENT OF HOMELAND SECURITY

Intergovernmental Affairs

Please see the below announcement from the White House Office of Intergovernmental Affairs regarding Treasury's release of CARES Act guidance for State, Local, and Tribal Governments.

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White House logo



Today, Secretary of the Treasury Steven Mnuchin released guidance for State, Local, and Tribal Governments regarding the Coronavirus Relief Fund (Section 5001 of the CARES Act).

As stated by the [legislation](#) signed by President Trump on March 27, the use of funds “are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19).” The guidance document ([here](#)) and frequently asked questions ([here](#)) provide, in detail, examples of eligible and ineligible expenditures of the \$150 billion Coronavirus Relief Fund. You can find additional information about Assistance to State and local governments [here](#).

We will continue to share all relevant information as it becomes available.

Thank you,

White House Office of Intergovernmental Affairs

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**Coronavirus Aid, Relief, and Economic Security Act (CARES)**

Following extensive negotiations between the Trump Administration and Congressional Leaders, President Trump signed the *Coronavirus Aid, Relief, and Economic Security Act (CARES)*. The \$2.2 trillion economic relief package provides American families, healthcare workers, and small businesses with the economic support they need to get through this challenging time. This aid comes on top of the Family First Coronavirus Aid Package, enacted last month. State/Local/Tribal provisions include:

- \$150 billion in direct aid to State, Tribal, and local governments. Aid will be allocated primarily by a State's population with each State receiving at least \$1.25 billion.
- \$340 billion in additional emergency supplemental funding to combat the coronavirus outbreak.
- \$500 billion for loans and guarantees that authorize the U.S. Treasury to support eligible businesses and States and local governments to cover losses incurred as a result of COVID-19.
- \$100 billion for hospitals and health care facilities to reimburse expenses or lost revenues not otherwise reimbursed that are directly attributable to COVID-19.
- **\$3.5 billion** to allow States to expand childcare benefits for healthcare workers, first responders, and others on the frontlines of this crisis.
- Read more here: **[President Donald J. Trump Is Providing Economic Relief to American Workers, Families, and Businesses Impacted by the Coronavirus](#)**

# # #

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Treasury Launches Web Portal and Begins Disbursement of CARES Act Funding to State, Local, and Tribal Governments  
**Date:** Monday, April 13, 2020 6:01:37 PM

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State, Local, and Tribal Leaders –

Today, April 13, the U.S. Department of the Treasury released eligibility guidance for CARES Act funding to State, Local, and Tribal Governments. Below, please find additional information. Note that additional guidance on eligible uses of Fund disbursements by governments will be posted as it becomes available.

Sincerely,

**The White House Office of Intergovernmental Affairs**

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## **U.S. Department of the Treasury: The CARES Act Provides Assistance for State and Local Governments**

***April 13, 2020***

Through the Coronavirus Relief Fund, the CARES Act provides for payments to State, Local, and Tribal governments navigating the impact of the COVID-19 outbreak.

The CARES Act established the \$150 billion Coronavirus Relief Fund.

Treasury will make payments from the Fund to States and eligible units of local government; the District of Columbia and U.S. Territories (the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments (collectively “governments”).

The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that—

- (1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- (2) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
- (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

Additional information on eligible uses of Fund disbursements by governments will be posted as it becomes available.

Amounts paid to States, the District of Columbia, U.S. Territories, and eligible units of local government are based on population as provided in the CARES Act. The CARES Act directs Treasury to use U.S. Census Bureau data for the most recent year for which data is available. The amount of payments made to each State will be reduced by the aggregate amount of payments that will be disbursed to eligible local governments within such State

that have provided the required certifications to Treasury. Additional information on these points can be accessed below.

A unit of local government eligible for receipt of direct payment includes a county, municipality, town, township, village, parish, borough, or other unit of general government below the State level with a population that exceeds 500,000. Eligible local governments must submit the certification required by the CARES Act to Treasury by the deadline set forth below in order to receive payment.

Payments to Tribal Governments are to be determined by the Secretary of the Treasury in consultation with the Secretary of the Interior and Indian Tribes. Although that consultation has not yet concluded, certain data is requested of Tribal governments at this time to assist in this determination. Additional information on payments to Tribal governments will be posted as it becomes available.

Governments eligible for payments must provide payment information and required supporting documentation through the electronic form accessible below. To ensure payments are made within the 30 day period specified by the CARES Act, governments must submit completed payment materials not later than 11:59 p.m. EDT on April 17, 2020. Eligible local and Tribal governments that do not provide required information—and in the case of a local government, the required certification—by 11:59 p.m. EDT on April 17, 2020, may not receive any payment from the Fund.

- Data sources and the distribution methodology for units of local government (more [here](#)).
- Listing of eligible units of local government (more [here](#)).
- Eligible Units: Submission Required for Receipt of Coronavirus Relief Fund Payments (more [here](#)).

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**From:** [Genevieve Collins](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Update from the campaign trail  
**Date:** Friday, April 24, 2020 6:15:27 PM



Henry,

It was another week of social distancing and virtual campaigning, but we've been keeping the momentum going!

Today, **we received the endorsement of the Susan B. Anthony List**, one of the nation's premier pro-life organizations! In Congress, I will always stand up for the most vulnerable among us.



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## Standing Up to China

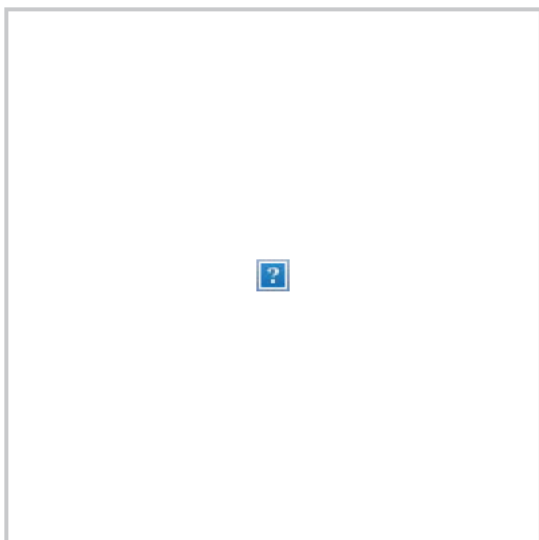
We can't ignore the Chinese government's culpability when it comes to the coronavirus crisis. They lied for their own benefit and threatened the health of the entire world.

When I'm in Congress, I will always be tough on the Chinese government and I'll work to hold them accountable for their actions.

Click/tap the screenshot to watch the whole video I recently posted discussing the unfolding situation with China.



## Supporting Local Business



Finally, it's important that we always support the local businesses in our communities.

This week, we launched our first Small Business Spotlight on social media. This will be a place where we highlight small businesses that are doing good things in our community.

Our first spotlight was on the Everybody Eats initiative, that is helping provide free meals to anybody in D-FW who has lost their job due to COVID-19.

You can learn more by visiting their website at [this link](#).

Finally, many Texas businesses were allowed to reopen today for limited to-go shopping, an encouraging sign that things are slowly getting back to normal. We've still got a long way to go, and I look forward to Gov. Abbott's announcement next week detailing the reopening of the Texas economy.

As always, I hope you, your family, and all your loved ones are staying healthy and safe. If there is anything we can do for you, don't hesitate to let me know.

Thank you and God bless,



Genevieve Collins  
Candidate for Congressional District 32



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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] WEEKLY UPDATE: DHS RESPONSE TO COVID-19  
**Date:** Monday, April 6, 2020 3:34:46 PM

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## U.S. DEPARTMENT OF HOMELAND SECURITY

### Office of Public Affairs

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#### **WEEKLY UPDATE: DHS RESPONSE TO COVID-19**

WASHINGTON – The Department of Homeland Security’s efforts across its components last week have facilitated a speedy, whole-of-government response to confronting COVID-19 and slowing the spread to keep Americans safe. FEMA is leading the way by carrying out an approach that is locally executed, state managed, and federally supported.

“Protecting both the health and national security of the American people continues to be the top priority for the Department of Homeland Security,” said Acting Secretary Chad F. Wolf. “I want to thank the men and women of the DHS workforce for their resilience as they put themselves at risk every day to protect the American people.”

Below is a list of some of DHS’s efforts against COVID-19 last week:

#### **FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)**

*Total Obligations to States.* As of April 5th, FEMA has obligated nearly \$4.1 billion in support of COVID-19 response efforts.

*Project Air-Bridge.* FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S. This historic partnership with the private sector is named Project Air-Bridge:

- From March 30<sup>th</sup> to April 5<sup>th</sup>, 10 flights arrived to the U.S with critical supplies.
- The cargo moved so far totals almost 83.5 million gloves, almost 5 million surgical masks, and 1.2 million gowns.
- Upon arrival, the PPE is provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization is given to hospitals, health care facilities, and nursing homes around the country.
- 23 additional flights are currently scheduled through April 18.

*Ventilator Distribution.* FEMA is distributing ventilators to hard hit states. From March 30th to April 4th, FEMA and HHS delivered ventilators from the Strategic National Stockpile to Michigan, New Jersey, Illinois, Connecticut, and Louisiana.

#### **CUSTOMS AND BORDER PROTECTION (CBP)**

*Keeping Critical Cargo and Trade Moving.* CBP continues to process commercial cargo. Approximately \$21B worth of goods crossed back and forth over the borders of U.S, Mexico, and Canada from March 30th to April 5th .

*Working to Reduce Illegal Entries.* CBP agents encountered nearly 4,200 migrants crossing illegally at the U.S. Southern border daily, compared to nearly 10,000 encounters daily prior to the current containment efforts.

*Facilitating Critical PPE Deliveries.* CBP lifted a Withhold Release Order that had barred importation of disposable rubber gloves which our health care workers and law enforcement personnel so desperately need right now.

#### **IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)**

*Bringing Americans Home.* Working with the Department of State, ICE continues to bring Americans home on the return leg of removal flights to Central America. As of April 5th, ICE has flown 853 U.S. citizens and legal permanent residents home on removal flights from Colombia, El Salvador, Honduras, and Nicaragua since the first flight on March 22.

#### **TRANSPORTATION SECURITY ADMINISTRATION (TSA)**

*Keeping Air Travelers Secure.* Due to the pandemic and travel restrictions, TSA continues to screen a significantly reduced number of passengers. From March 27th to April 2nd, TSA successfully screened 1,124,145 travelers ensuring individuals reached their destinations safely.

#### **CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY (CISA)**

*Essential Critical Infrastructure Workers.* CISA recently updated its list of essential critical infrastructure workers. As of April 5th, 20 states and territories have published Essential Business Designations.

*Election Security Work Continues.* CISA coordinated calls between the election community and the United States Postal Service (USPS) and Centers for Disease Control (CDC) to ensure that election officials have the most up to date information and advice from the experts at these agencies regarding COVID-19.

*Helping the Private Sector Assess Risk.* CISA released a guide titled Risk Management for Novel Coronavirus to assist executives in thinking through physical, supply chain, and cybersecurity issues that may arise from the spread of COVID-19.

#### **UNITED STATES COAST GUARD (USCG)**

*Facilitating the Offload of Cruise Ships.* On April 2nd, the Coast Guard facilitated the offload of more than 1,200 passengers from cruise ships Zaandam and Rotterdam in Port Everglade, FL after it was reported that crewmembers and passengers were infected with COVID-19.

#### **U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS)**

*Making Extensions for Employment Authorization Easier.* On March 30th, U.S. Citizenship and Immigration Services announced that it will reuse previously submitted biometrics in order to process valid Form I-765, Application for Employment Authorization, extension requests due to the temporary closure of Application Support Centers (ASC) to the public.

*Target Date to Reopen Offices.* On April 1st, USCIS announced offices temporarily suspended will begin to reopen on May 4th unless the public closures are extended further to help slow the spread of COVID-19.

## COUNTERING WEAPONS OF MASS DESTRUCTION (CWMD)

*Medical Screening at Airports.* CWMD contract personnel are continuing to support CDC with enhanced screening at 13 airports. From March 29th to April 5th, CBP referred 7,565 travelers to CWMD for enhanced screening. As of April 5th, over 265,647 travelers have been referred to CWMD for screening.

## SCIENCE AND TECHNOLOGY (S&T)

*Coronavirus Research.* S&T's National Biodefense Analysis and Countermeasures Center (NBACC) continued researching the impact of environmental conditions, such as temperature and humidity, to determine the virus's survivability in the air, in respiratory fluids, and on various types of surfaces. Additional research includes decontamination methods to determine the most effective materials to clean and disinfect surfaces to rid them of the virus.

*Consolidating COVID-19 Data for Government Officials.* On April 1st, the NBACC updated the Master Question List (MQL), a compilation of available research and information on operationally-relevant questions.

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**From:** [Office of Intergovernmental Affairs \(IGA\)](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Weekly Update: DHS Response to COVID-19  
**Date:** Monday, April 13, 2020 3:37:12 PM

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U.S. DEPARTMENT OF HOMELAND SECURITY

Office of Public Affairs

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**Weekly Update: DHS Response to COVID-19**

WASHINGTON – The Department of Homeland Security and its dedicated workforce across more than a dozen offices and components are working diligently with the White House to execute an unprecedented, whole-of America response to the COVID-19 pandemic. These strategic and tactical efforts range from coordinating critical air transportation to addressing medical supply shortages to expediting the inspection of vital goods at our borders, ensuring that our national supply chains remain abundant, accessible, and reliable.

“Everything we have done to this point has been unprecedented and everything we do in the coming weeks and months ahead focuses on life-safety and reducing suffering,” said FEMA Administrator Pete Gaynor. “It is absolutely critical that we maintain our response efforts alongside our federal, state, local, tribal, and industry partners to ensure the virus’s spread is contained and human life is preserved.”

Below is a list of some of DHS’s efforts against COVID-19 last week:

**Federal Emergency Management Agency (FEMA)**

*Deploying Federal Funds in Support of State Response Efforts.* Federal funds are being deployed to help ensure that health care providers have the critical resources they need to provide rapid care and treatment to COVID-19 patients in hard-hit areas across the U.S. As of April 12<sup>th</sup>, FEMA has obligated \$5.2 billion in support of state response efforts.

*Increasing Availability of Critical Resources.* As a part of the Supply Chain Stabilization Task Force, FEMA is executing a whole-of-America approach to address the limited supply of critical and life-saving equipment. As of April 12<sup>th</sup>, FEMA has coordinated the delivery of the following to areas in greatest need: 38 million N95 respirators, 32.6 million surgical masks, 5.5 million face shields, 4.7 million surgical gowns, 30.3 million gloves, 212,000 coveralls, and 10,448 ventilators.

*Expanding Surge Capacity in Highly-Impacted Areas.* FEMA is focusing its allocation of resources in highly impacted areas experiencing the greatest increase in COVID-19 transmission and the greatest increase in forecasted capacity shortfalls.

- On April 6<sup>th</sup>, FEMA and the U.S. Army Corps of Engineers announced plans to convert three convention centers in Virginia into temporary hospital facilities. The facilities – the Dulles Expo Center in Northern Virginia and the Richmond and Hampton Roads convention centers – will be able to provide beds for 1,107 acute patients or 1,848 non-acute patients. The conversion is expected to be complete within six weeks.



- On April 8<sup>th</sup>, FEMA and HHS delivered 80,000 nasopharyngeal swabs to various federal Community-Based Testing Sites (CBTS) locations to help surge testing capacity nationwide.
- As of April 12<sup>th</sup>, FEMA has delivered 8,600 medical beds to surge capacity and care for an increased volume of COVID-19 patients across the U.S.

*Coordinating Air Flights to Address Medical Supply Shortages.* FEMA is expediting movement of critical supplies including masks, respirators, gloves, goggles and surgical gowns, from the global market to medical distributors in various locations across the U.S. This historic partnership with the private sector is named Project Air-Bridge. As of April 12<sup>th</sup>, 28 international flights have arrived in the U.S. with critical medical supplies. An additional 28 flights are scheduled over the next three weeks.

### **Countering Weapons of Mass Destruction(CWMD)**

*Administering Medical Screenings at Airports.* CWMD contract personnel are continuing to support the CDC with enhanced medical screenings for travelers through 13 specially designated airports. As of April 12<sup>th</sup>, CWMD has processed approximately 271,529 travelers for enhanced screening, including 1,491 who were referred to CDC for further medical evaluation.

### **CUSTOMS AND BORDER PROTECTION(CBP)**

*Maintaining Domestic Supply of Critical Medical Equipment.* On April 8<sup>th</sup>, CBP and FEMA announced that the federal government will begin restricting exports of PPE to ensure that critical supplies stay in the country to fight COVID-19.

*Securing U.S. Borders.* On April 9<sup>th</sup>, CBP provided an operational update on activities for the month of March. Total Border Patrol encounters have declined 7% total in March from February, and 76% since the height of the crisis last May. In addition, 80% of the people who CBP encountered since the March 21 enactment of Title 42 are being returned to the country from where they came within two hours.

### **Cybersecurity and Infrastructure Security Agency (CISA)**

*Protecting Critical Workers and Infrastructure from Potential Threats.* CISA regularly publishes guidance to help individuals, businesses, organizations, and governments protect their essential workers, while also improving their security posture against a myriad of potential threats throughout the COVID-19 pandemic.

- On April 6<sup>th</sup>, CISA updated its list of essential businesses. To date, 45 states and territories have published Essential Business Designations, 20 of them are referencing this list in their essential business designations, while 14 states or territories have incorporated CISA guidance fully into their own lists.
- On April 8<sup>th</sup>, CISA and CDC issued new guidelines aimed at getting workers in critical infrastructure who may have been exposed to COVID-19 back to work faster. It also calls on employers to take steps to ensure workplace safety, like sending workers home immediately if they are sick and increasing air exchange in the workplace.

*Protecting Against Malicious Cyber Actors.* On April 8<sup>th</sup>, CISA and the United Kingdom's National Cyber Security Centre issued an activity alert titled, COVID-19 Exploited by Malicious Cyber Actors. This joint alert addresses the growing use of COVID-19-related themes by malicious cyber actors to attack individuals, businesses, and organizations with a range of ransomware and malware.

*Protecting Networks and Cloud Environment.* On April 9<sup>th</sup>, CISA released interim Trusted Internet Connections (TIC) guidance to aid agencies in securing their network and cloud environments. This guidance supports the current surge in teleworking and use of collaboration tools amongst the federal workforce during the COVID-19 pandemic.

#### **TRANSPORTATION SECURITY ADMINISTRATION (TSA)**

*Keeping Americans Safe While Ensuring Continuity of U.S. Travel:* TSA continues to follow CDC guidance to protect its workers and the nation's transportation system, while ensuring the freedom of movement for people and commerce will not be impeded during the pandemic. Between April 5<sup>th</sup> and April 12<sup>th</sup>, TSA has screened more than 729,000 travelers who have all reached their destinations safely.

#### **IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)**

*Bringing Americans Home.* Immigration and Customs Enforcement, in close coordination with the State Department, continues to bring stranded Americans home on the return leg of removal flights to Central America. Between March 22<sup>nd</sup> and April 10<sup>th</sup>, ICE has flown 1,037 individuals back to the U.S. from Columbia, El Salvador, Honduras, and Nicaragua.

#### **INTELLIGENCE & ANALYSIS (I&A)**

*Keeping the Homeland Safe, Secure and Resilient.* On April 8<sup>th</sup>, DHS Intelligence and Analysis (I&A) published information to federal, state, local, tribal and territorial counterterrorism and law enforcement officials on the potential for COVID-19-related cyber threats and fraud. These threat-monitoring activities ensure the homeland is safe, secure, and resilient from hostile actors who might otherwise attempt to exploit the crisis to harm American lives.

#### **United States Coast Guard (USCG)**

*Facilitating the Offload of Cruise Ships.* The U.S. Coast Guard is working non-stop to protect the health and safety of Americans inbound to the U.S. while helping slow the spread of COVID-19. Between April 5<sup>th</sup> and April 10<sup>th</sup>, USCG facilitated the offload of 100 passengers and 881 crew members from one cruise ship in Florida and helped transfer 7 crew members from a second cruise ship to local hospitals. In Louisiana, the USCG worked with state and local authorities to disembark several healthy crew members after determining they were not infected with COVID-19.

*Keeping the U.S. Maritime Supply Chain Open and Viable.* As of April 12<sup>th</sup>, USCG is monitoring 38 commercial vessels with crew or passengers that have embarked from a coronavirus port of interest in the last 14 days.

# # #

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**From:** [SC Bar Continuing Legal Education](#)  
**To:** [McMaster, Henry](#)  
**Subject:** [External] Your Weekly Alternatively Delivered Medium Digest!  
**Date:** Monday, April 27, 2020 12:46:01 PM

---

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## **Covid-19 Webcast**

Thursday April 30: [Live Webcast: How To Conduct Remote Depositions](#)

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## Newly Released OnDemand CLEs

[30 Tech Tips in 30 Minutes: Working from Home](#)

[Business Continuity for Law Offices In The Face of Coronavirus](#)

---

## Recent OnDemand Releases

[COVID-19 and Unemployment Law: What South Carolina Lawyers Need to Know](#)

[Using Zoom for Online Mediations - The Tips, Tricks and Traps](#)

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---

**ADM Replay Teleseminars you'll**



**want to know in the coming weeks:**

April 28: **Director and Officer Liability**

April 29: **Lawyer Ethics in Real Estate**

April 30: **Replay: Drafting Wills & Trusts Documents to Reduce Risks of Challenge**

---

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**To:** [McMaster, Henry](#)  
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## **Covid-19 Webcast**

April 14: [Live Webcast: Business Continuity for Law Offices In The Face of Coronavirus](#)



---

## **Newly Released OnDemand CLEs**

[29th Annual Criminal Practice in South Carolina](#)

[Gain the Edge!® Negotiation Strategies for Lawyers](#)

[Wildlife Law & Policies](#)

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## **The Best in LEPR (Ethics) Programming**

[10 Things You Need to Know About Ethics That You Won't Find in the Rules of Conduct](#)

[Best Practices in Setting, Billing, and Collecting Fees](#)

[Whipping Up Some Justice: Tips for Great Hummus and Pimento Cheese](#)

[Dips and Tips to Avoid Legal Malpractice](#)

[Ethics Essentials](#)

[Help! I Have a Crazy Client .... What Now?](#)

[Greetings From Mayberry: Gentle Lessons on Ethics and Professionalism, Part 1](#)

[The \(Ethical\) World According to Stuart Teicher: Bad Behavior That Can Kill Your Career](#)

## **The Best in Substance Abuse/Mental Health**

*(These programs do not include LEPR credits)*

[A Call to Action! Promoting Well-Being and Ethical Implications for Lawyers and Law Firms in the Legal Profession](#)

[Introductory Emotional Intelligence Principles](#)

[Emotional Intelligence Principles and the SC Rules of Professional Conduct](#)

[Ask About Suicide to Save a Life: Suicide Prevention Tools](#)

[Wellness for Our Profession: Strategies & Tactics That Work](#)

[Neurobiology of Addiction: Mental Health and Substance Abuse](#)

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**ADM Replay Teleseminars you'll want to know in the coming weeks:**

April 14: **Domestic Self-Settled Trusts**

April 15: **LIVE REPLAY: 2020 Uniform Commercial Code Update**

April 16: **Drafting Business Service Agreements**

April 17: **Reps and Warranties in Business Transactions**

April 20: **LIVE REPLAY: SALT Online: Understanding State & Local Taxes When Your Client Sells Online**

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For questions, contact Jane Points at (803) 771-0333 x128 or [jpoints@scbar.org](mailto:jpoints@scbar.org). If you would like to become a speaker for an OnDemand program, please contact Terry Burnett at [tburnett@scbar.org](mailto:tburnett@scbar.org).

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**From:** [Lemoine, Leigh](#)  
**To:** [Lemoine, Leigh](#)  
**Subject:** Families First Coronavirus Response Act  
**Date:** Friday, April 17, 2020 5:31:06 PM  
**Attachments:** [Families First Coronavirus Response Act Poster.pdf](#)  
[Families First Coronavirus Response Act- Leave Request Forms.docx](#)

---

Good afternoon,

On March 18, 2020, the “Families First Coronavirus Response Act” (FFCRA or Act) was signed into law.

The FFCRA contains two different paid leave types related to the 2019 novel coronavirus (COVID-19) that apply to South Carolina state government agencies and institutions:

- **Emergency Family and Medical Leave Expansion Act (EFMLA):** Expands the federal Family and Medical Leave Act to provide leave for employees who are unable to work, including work-from-home, as a result of having to care for a minor child due to a COVID-19 related closure of a school or child care center.
- **Emergency Paid Sick Leave Act:** Provides up to 80 hours of paid sick leave for employees for six qualifying reasons related to COVID-19.

Both paid leave provisions take effect April 1, 2020, and both expire Dec. 31, 2020.

For more additional information, please refer to the attached “Employee Rights under the Families First Coronavirus Response Act” poster.

To request EFMLA and/or emergency paid sick leave, please complete the applicable attached forms.

Requests should be submitted to Leigh LeMoine, Deputy Chief of Staff.

If you have questions or need clarification about the Act, please contact Administrative Services – Office of Human Resources (803-737-4272 or [HR@admin.sc.gov](mailto:HR@admin.sc.gov)).

Sincerely,  
Leigh LeMoine

Leigh LeMoine  
Deputy Chief of Staff  
Office of the Governor  
(803) 734-1229

**From:** [Lemoine, Leigh](#)  
**To:** [Lemoine, Leigh](#)  
**Subject:** FW: Child care assistance related to the COVID-19 pandemic  
**Date:** Friday, April 24, 2020 3:21:47 PM  
**Attachments:** [Child Care Assistance for Essential Workers Packet 4-20-20.pdf](#)  
[COVID-19 Essential Workers CC App.pdf](#)

---

Good afternoon, please find the attached information regarding children care assistance, as well as an application for assistance.

Please let me know if our office may be of assistance to you and feel free to share as appropriate.

Take care,  
Leigh

---

**From:** Wingo, Karen <[Karen.Wingo@admin.sc.gov](mailto:Karen.Wingo@admin.sc.gov)>  
**Sent:** Friday, April 24, 2020 2:19 PM  
**To:** Wingo, Karen <[Karen.Wingo@admin.sc.gov](mailto:Karen.Wingo@admin.sc.gov)>  
**Subject:** Child care assistance related to the COVID-19 pandemic

HR Directors,

As part of the Coronavirus Aid, Relief and Economic Security Act (CARES) funding, the South Carolina Department of Social Services (DSS) is offering child care assistance for parents who have been deemed essential employees and are required to report to work during the COVID-19 Pandemic. According to DSS, in order to qualify, employees must be currently working at an essential business or government agency, the employee must need child care to continue to work, and the employee must complete a child care application.

DSS has provide the attached information regarding the child care assistance, as well as an application for assistance.

If you have questions regarding the child care assistance, please contact Christi Jeffcoat with DSS ([christi.jeffcoat@dss.sc.gov](mailto:christi.jeffcoat@dss.sc.gov) or 803-898-2741).

All the best,  
Karen

Karen L. Wingo  
Director, Division of State Human Resources

**The South Carolina**  
**Department of Administration**

8301 Parklane Road, Suite A220, Columbia, SC 29233  
O: 803-896-5172  
C: 803-422-8645

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**From:** [Lemoine, Leigh](#)  
**To:** [Richard Cash](#); [McMaster, Henry](#)  
**Cc:** [Singh, Sym](#)  
**Subject:** RE: [External] Fw: End the Economy-Destroying Shutdown!  
**Date:** Friday, April 10, 2020 4:47:21 PM

---

Dear Senator Cash,

Thank you for sharing the correspondence below with Governor McMaster. I will make the Governor aware and our office will respond accordingly.

Sincerely,  
Leigh LeMoine on behalf of Governor Henry McMaster

Leigh LeMoine  
Deputy Chief of Staff  
Office of the Governor  
(803) 734-1229

---

**From:** Richard Cash <[RichardCash@scsenate.gov](mailto:RichardCash@scsenate.gov)>  
**Sent:** Friday, April 10, 2020 10:33 AM  
**To:** McMaster, Henry <[GovernorMcMaster@governor.sc.gov](mailto:GovernorMcMaster@governor.sc.gov)>  
**Subject:** [External] Fw: End the Economy-Destroying Shutdown!

---

**From:** John Hazelwood <[\[REDACTED\]@oneclickpolitics.com](mailto:[REDACTED]@oneclickpolitics.com)>  
**Sent:** Thursday, April 9, 2020 2:41 PM  
**To:** Richard Cash  
**Subject:** End the Economy-Destroying Shutdown!

Re: End the Economy-Destroying Shutdown!

Dear Senator Cash,

President Trump has said many times that he wants to lift the unprecedented shutdown of our economy sometime soon. And, at a press briefing on April 6, he said, "There's tremendous light at the end of the tunnel."

I believe it is time to end the coronavirus shutdown in our state.

Please end the economy-destroying, coronavirus shutdown in our state, which was provoked by misleadingly high COVID-19 death toll predictions, by revoking or lifting any orders mandating the shutting down of businesses and churches, seizing private property, requiring people to stay in their home, and other forced compliance.

In short, please end the coronavirus shutdown in our state!

Sincerely,  
John Hazelwood  
[REDACTED]@aol.com

[REDACTED]  
Greenville, SC 29611  
Constituent

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**From:** Johnson-Jones, Hope  
**To:** ellen@palmettopromise.org; [REDACTED]@rhmail.org; JamesCouch@anderson5.net; [REDACTED]@npip.com; NRobinson@nexsenpruet.com; GregHembree@scsenate.gov; [REDACTED]@gmail.com; cturner@greenville.k12.sc.us; barbara\_hairfield@charleston.k12.sc.us; [REDACTED]@gmail.com; [REDACTED]@aol.com; TerryAlexander@schouse.gov; [REDACTED]@grayca.com; [REDACTED]@comporium.net; RayerFelder@schouse.gov; JohnMatthews@scsenate.gov; allenaa@bellsouth.net; april.allen@continental-corporation.com; [REDACTED]@sc.rr.com; KevinJohnson@scsenate.gov; NealCollins@schouse.gov; Spearman, Molly; McMaster, Henry  
**Cc:** danagrants@anderson5.net; MaeWilson@scsenate.gov; ConnieRouse@schouse.gov; [REDACTED]@grayca.com; dawnjennings@scsenate.gov; ValerieTresvant@scsenate.gov; linzee.king@continental-corporation.com; DebraCooper@scsenate.gov; JOYERUSHSCHOUSE.GOV; Ltraywick@ed.sc.gov; Ferguson, Christopher; [REDACTED]@gmail.com; Knight, Rainey; Andrews, Kevin; Yow, Dana; Harrison, Valerie; Valerie Harrison; Valerie Harrison; Valerie Harrison; [REDACTED]@gmail.com; leedand@clermson.edu; Scoggins, Jacob; Powell, Allyn; grantgibson@scsenate.gov; DeAnneGray@scsenate.gov; DonnaBarton@scsenate.gov; KenzieRiddle@schouse.gov; SALLYCAUTHENSCSENATE.GOV; piercemcnair@schouse.gov; knilges@ed.sc.gov; RyBrown@ed.sc.gov; [REDACTED]@gmail.com; bcarpentier@ed.sc.gov; JRPayne@ed.sc.gov; cclark@ed.sc.gov; MBrennan@BBandT.com; jbutzon@sc.rr.com; Wren, Lisa; Anderson, Argenti; Lane, John; Rucker, Regine; rwill19@scsu.edu; [REDACTED]@gmail.com; [REDACTED]@gmail.com; delmore@scsba.org; sadcox@postandcourier.com; cheeley@hsbcopperdome.com; tfulcher@sccharter.org; jself@thestate.com; howardcstill@schouse.gov; Yin, Lishu; cbokesch@michellawfirm.com; kmichel@michellawfirm.com; jbustos@thestate.com; Phyllis Gildea; "Gina Smith"; "Monrad, Diane"; "Lynn Murray"  
**Subject:** SC Education Oversight Full Committee Meeting, Monday, April 20, 2020 Via Webex  
**Date:** Monday, April 6, 2020 9:52:58 AM  
**Attachments:** image002.png  
EOC Agenda 04202020-E.pdf  
FULL EOC Meeting Packet 04.20.2020-E.pdf

---

Dear Education Oversight Committee Members:

The Full Committee Meeting will be held on **Monday, April 20, 2020 at 1:00PM via Webex. The Webex Meeting Room link and Information on how to Join by Phone will be announced later.**

Attached are the **Agenda** and the **complete** Meeting Packet for the Monday, April 20<sup>th</sup> Full Committee meeting. Suspension of the School Report Card Ratings for SY2019-20 Due to COVID-19 Pandemic and the eLearning Pilot Program are among the topics on the agenda.

The agenda and meeting materials will be posted on the agency website at  
<http://www.eoc.sc.gov/meetings/meetingpackets/Pages/default.aspx>.

Please contact me if you have questions.

Sincerely,  
C. Matthew Ferguson, Esq.

Executive Director  
[mferguson@eoc.sc.gov](mailto:mferguson@eoc.sc.gov)

Sincerely,  
Hope A Johnson-Jones  
Administrative Coordinator  
SC Education Oversight Committee  
Edgar A. Brown Building, Room 502  
1205 Pendleton Street  
Columbia, SC 29201  
803.734.6148 or 803.734.2714  
Fax: 803.734.6167  
[hjones@eoc.sc.gov](mailto:hjones@eoc.sc.gov)



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**From:** Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>  
**Sent:** Monday, April 27, 2020 2:00 PM  
**To:** Swint, Zachariah D. EOP/WHO  
**Cc:** Hoelscher, Douglas L. EOP/WHO; Pottebaum, Nic D. EOP/WHO; Campana, Ariella M. EOP/WHO; Obenshain, Tucker T. EOP/OVP  
**Subject:** [External] RE: Confirmation -- Governor-Only Briefing with the President & Vice President Today, Monday April 27 at 2:00 p.m. ET  
**Attachments:** Testing Blueprint.pdf; Testing Overview.pdf

Please see the additional read-aheads attached titled "Opening Up America Again – Testing Blueprint" and "Opening Up America Again – Testing Overview"

**This information is being provided to Governors as a courtesy and is embargoed until official release.**

Regards,

Zach Swint  
Office of Intergovernmental Affairs  
The White House  
C: [REDACTED] | E: [Zachariah.D.Swint2@who.eop.gov](mailto:Zachariah.D.Swint2@who.eop.gov)

---

**From:** Swint, Zachariah D. EOP/WHO  
**Sent:** Monday, April 27, 2020 12:01 PM  
**To:** Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>  
**Cc:** Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>; Campana, Ariella M. EOP/WHO <Ariella.M.Campana@who.eop.gov>  
**Subject:** Confirmation -- Governor-Only Briefing with the President & Vice President Today, Monday April 27 at 2:00 p.m. ET



Your Governor is **CONFIRMED** to participate in today's (Monday, April 27) briefing at 2:00 p.m. ET with the President and Vice President. They will be joined by White House Coronavirus Task Force members.

Attached is a read ahead document.

**Read Ahead**

- COVID-19 Testing by Site Type (attached)

***As a reminder, participation in this call is for governors only, but we encourage governors to be joined by their respective state health officer, homeland security advisor, emergency manager, and other key state leaders in the***

***state's preparedness and response efforts to COVID-19. Interactions will be limited only to governors and Federal leaders.***

If you have any questions, please let me know.

Name	Cell Phone	Email
Zach Swint	[REDACTED]	Zachariah.D.Swint2@who.eop.gov
Ella Campana	[REDACTED]	Ariella.M.Campana@who.eop.gov

Thanks,  
Zach

--

Zach Swint  
Office of Intergovernmental Affairs  
The White House  
C: [REDACTED] | E: [Zachariah.D.Swint2@who.eop.gov](mailto:Zachariah.D.Swint2@who.eop.gov)



TESTING OVERVIEW

# OPENING UP AMERICA AGAIN



CDC



## THE CHALLENGE

This is the **first time in history** that the United States Government has ever scaled a testing regime to meet the massive needs of a nationwide pandemic



# MOBILIZING ALL OF AMERICA'S RESOURCES

## ROLES & RESPONSIBILITIES

### FEDERAL

### GOVERNMENT

*Enable Innovation, Scale Supplies,  
and Provide Strategic Guidance*

### STATE

### GOVERNMENTS

*Formulate and Implement  
Testing Plans*

### PRIVATE

### SECTOR

*Develop and Produce the Supplies and  
Services Required to Meet State Needs*



# 8-PART PLAN

## **STAGE 1: LAUNCH**

- ✓ 1. Build the foundation for diagnostic testing
- ✓ 2. Mobilize the private sector to develop tests
- ✓ 3. Issue Emergency Use Authorizations (EUAs) for tests
- ✓ 4. Galvanize commercial and research laboratories and professional associations to ramp up testing capacity
- ✓ 5. Facilitate State efforts to access and utilize all available testing capacity

## **STAGE 2: SCALE**

- ✓ 6. Identify and expand public and private-sector testing infrastructure
- ✓ 7. Strengthen testing supply chain

## **STAGE 3: SUPPORT OPENING UP AGAIN**

- 8. Coordinate with governors to support testing plans and rapid response programs

# OPENING UP AMERICA AGAIN BY ACCELERATING TESTING

The Federal Government is helping  
States ramp up testing capacity as  
outlined in the President's *Opening Up  
America Again* Guidelines



## Core State Preparedness Responsibilities

### TESTING & CONTACT TRACING

- ✓ Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
- ✓ Ability to test symptomatic/ILI indicated persons for COVID and trace contacts of COVID+ results
- ✓ Ensure verified surveillance sites screening for asymptomatic cases, contacts for COVID+ results, are in appropriate locations that serve all individuals, lower-income districts, minorities, and Native Americans

### HEALTHCARE SYSTEM CAPACITY

- ✓ Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle disaster surge as needed
- ✓ Ability to surge ICU capacity

### PLANS

- ✓ Protect the health and safety of workers in critical industries

## States Must Prepare

### TESTING & CONTACT TRACING

Safe and efficient screening and testing sites for symptomatic individuals and trace contacts

### HEALTHCARE SYSTEM CAPACITY

Independently supply sufficient Personal Protective Equipment and critical medical equipment  
Ability to surge ICU capacity

### PLANNING

Including: Health and safety of workers in critical industries  
Monitor conditions and mitigate any rebound or outbreaks



# Core Elements of Testing Plans

## **ROBUST DIAGNOSTIC TESTING PLAN**

Ensure capability to overcome barriers to efficient testing and inform clinical care and public health decision-making.

## **TIMELY MONITORING SYSTEM**

Identify any newly emergent cases or clusters of COVID-19 among symptomatic and asymptomatic individuals.

## **RAPID RESPONSE PROGRAM**

Develop and implement effective isolation and contact tracing strategies for newly diagnosed COVID-19 cases.





# STAGE 1: LAUNCH

## **1. Build the foundation for diagnostic testing**

The Centers for Disease Control and Prevention (CDC) has determined the molecular composition of the virus and published this information in a public database for researchers to use to develop diagnostic tests.

### **KEY DATES**

**January 10:** CDC begins developing a test for public health laboratories to use to detect COVID-19.

**January 18:** CDC begins to test specimens for COVID-19.

**January 20:** CDC confirms the first case of COVID-19 in the United States.

**January 24:** CDC publishes the genetic sequence of the first domestic case of the virus on NCBI/GenBank.

# STAGE 1: LAUNCH

## 2. Mobilize the private sector to develop tests

The Food and Drug Administration (FDA) has worked with more than 380 test developers who have indicated their intent to submit requests for EUAs for tests that detect the virus or antibodies to the virus.

The FDA has helped streamline the review process, including by:

- ✓ *Publishing immediately-in-effect guidance for policies specific to this public health emergency*
- ✓ *Providing templates to facilitate EUA submission*
- ✓ *Holding weekly virtual town halls to answer questions from developers*

### **KEY DATES**

**January 21:** The Biomedical Advanced Research and Development Authority (BARDA) convenes leading diagnostics companies to encourage development of COVID-19 tests.

**February 15:** BARDA announces funding opportunities for developing COVID-19 diagnostic tests.

**February 21:** The National Institutes of Health (NIH) provides COVID-19 RNA to diagnostics companies to expedite private-sector test development.

**February 29:** FDA permits immediate use of laboratory-validated tests, rapidly expanding testing capacity.

**March 4:** The Vice President and senior Administration officials convene meeting with leading diagnostics companies.

**March 7:** FDA updates EUA template for laboratories.

**March 12:** FDA updates EUA template for manufacturers.

# STAGE 1: LAUNCH

## 3. Issue EUAs for tests

FDA has facilitated scaling of testing capacity to address the Public Health Emergency.

### KEY DATES

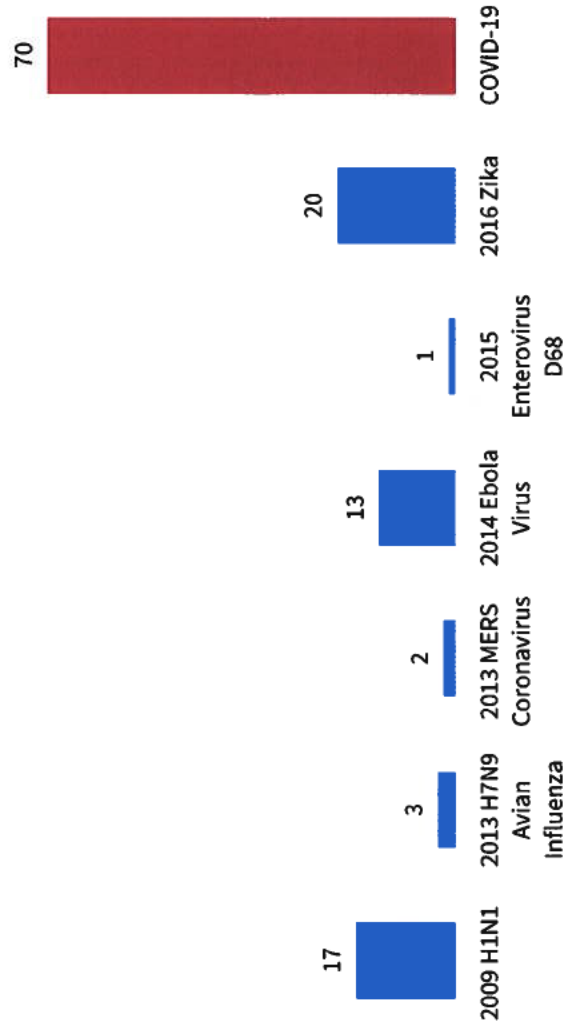
**March 13:** FDA issued an EUA for Roche's cobas COVID-19 test within 24 hours of receiving the application.

**March 18:** FDA issued the first emergency use authorization for a point-of-care COVID-19 diagnostic test (Abbott).

**April 21:** FDA authorized the first COVID-19 diagnostic test with a home collection option (LabCorp).

**As of April 27:** FDA has issued 70 EUAs (62 for molecular tests and 8 for serological tests).

## Testing EUAs for Viral Outbreaks

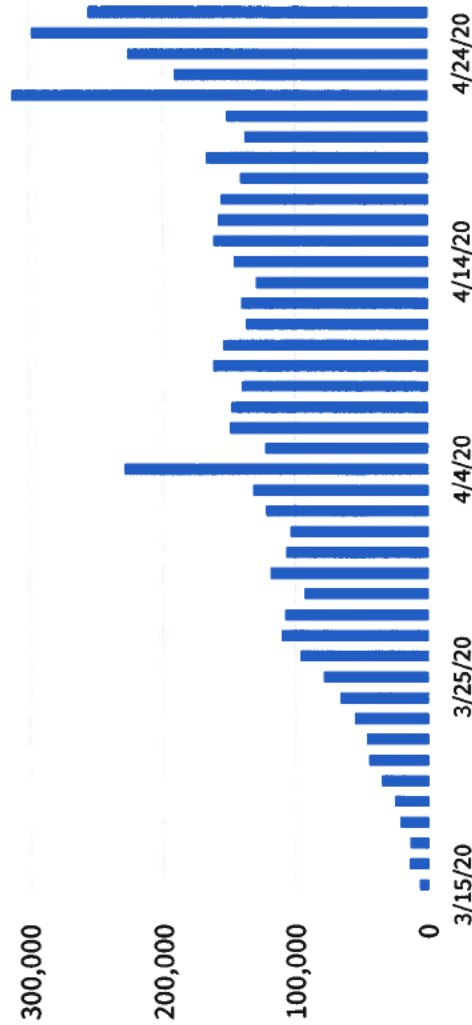


# STAGE 1: LAUNCH

## 4. Galvanize commercial and research laboratories and professional associations to ramp up testing capacity

The Administration has encouraged diagnostic test manufacturers, commercial laboratories, and professional societies to expand capacity for existing nucleic acid testing platforms.

U.S. Daily Tests



### KEY DATES

**March to Early April:** The Administration, in consultation with large diagnostic test manufacturers, identifies locations of laboratory-based machines in the country.

**April 17:** The Administration convenes a meeting with the American Society for Microbiology to facilitate enhanced utilization of existing nationwide laboratory capacity.

**Ongoing:** The Administration is providing technical assistance to all States and territories as they maximize utilization of existing laboratory capacity.



# STAGE 1: LAUNCH

## **5. Facilitate State efforts to access and utilize all available testing capacity**

The Administration has reached out to governors to help them better utilize the testing capacity within their States.

### **KEY DATES**

**January to Present:** The President, Vice President, and senior Administration officials hold more than a dozen governors-only briefings, many of which have focused on joint Federal-State efforts to expand testing throughout the country. In addition, the White House organizes numerous calls to enhance testing coordination efforts at the State, local, and tribal levels.

**April 21:** The White House organizes a briefing call between key senior Administration officials and large diagnostic test manufacturers (Abbott, Roche, and Thermo Fischer Scientific) with governors' senior staff, state health officers, state lab officials, state epidemiologists, and state emergency managers on near-term COVID-19 testing priorities.

**By April 25:** The Administration finalizes a database of nationwide laboratory capacity and publishes maps displaying their locations. The Administration also conducts at least one individual working session with every State to provide advice about testing capacity, including the location of specific testing platforms.



## STAGE 2: SCALE

### **6. Identify and expand public and private-sector testing infrastructure**

The Administration has supported and expanded the public and private-sector testing infrastructure to accelerate testing in communities across the country.

#### **KEY DATES**

**February 29:** FDA authorizes New York state laboratory diagnostic test (first non-CDC COVID-19 diagnostic test).

**Early March to Present:** Millions of new tests, including Point-of-Care (POC) tests, are surged to hospitals and other testing locations.

**March 19:** CVS launches the first retail-based testing site in Massachusetts.

**As of April 25:** United States retailers are operating 80 federally supported testing sites in 24 States.

**By May 1:** United States retailers will be operating a total of 100 federally supported testing sites in 33 States.



## STAGE 2: SCALE

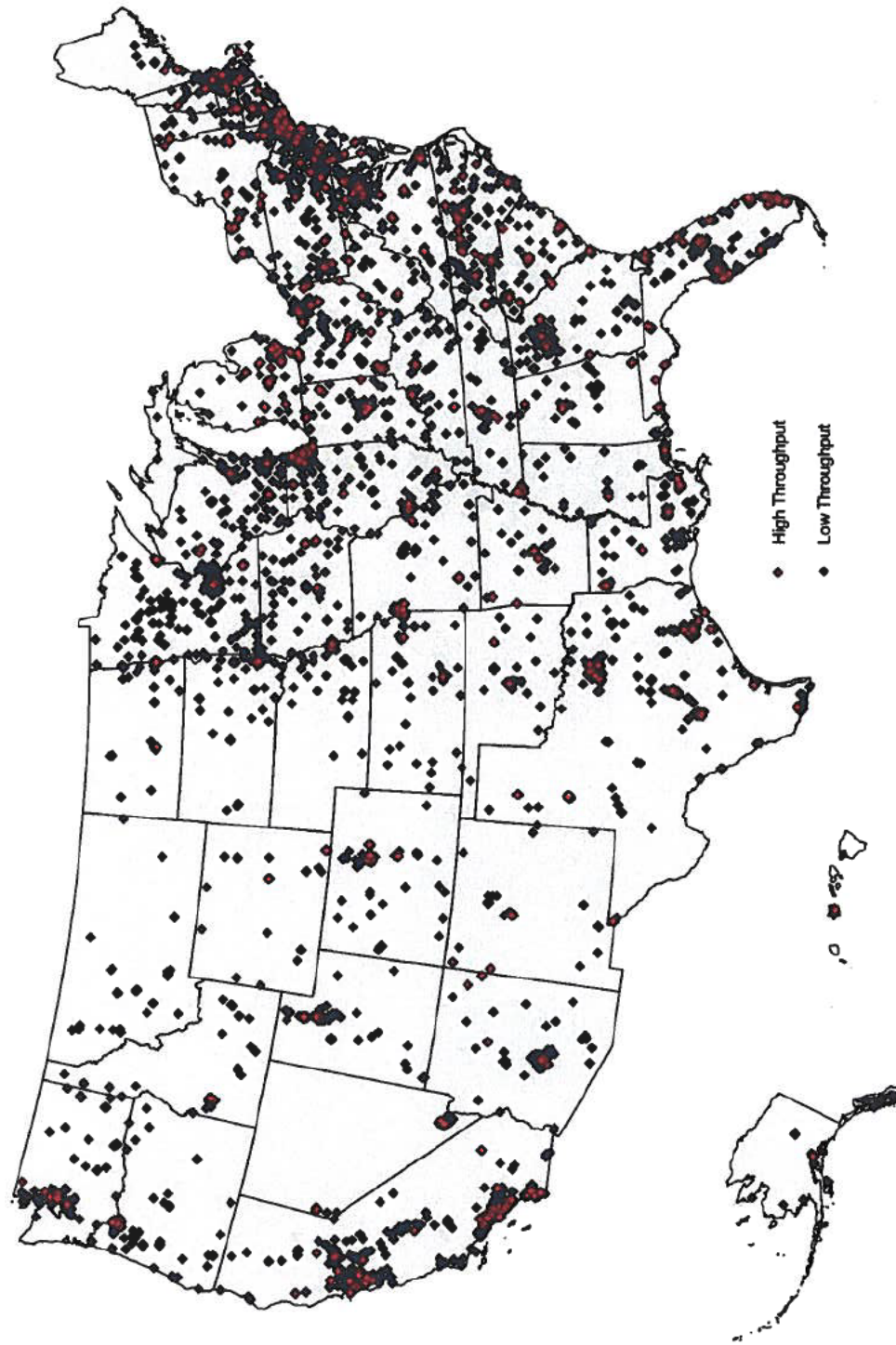
### 7. Strengthen testing supply chain

The Administration has increased the availability of testing and laboratory supplies by working directly with manufacturers and distributors to increase production capacity through direct procurement, application of Titles I and III of the Defense Production Act, formation of public-private partnerships, and improved allocation criteria that help ensure supplies reach the locations where they are needed the most.

**The United States has processed more than 5.2 million samples. That is more than the combined total of Australia, Austria, Canada, France, India, Italy, Japan, Singapore, Sweden, South Korea, and the United Kingdom.**

### KEY ACTIONS (Ongoing)

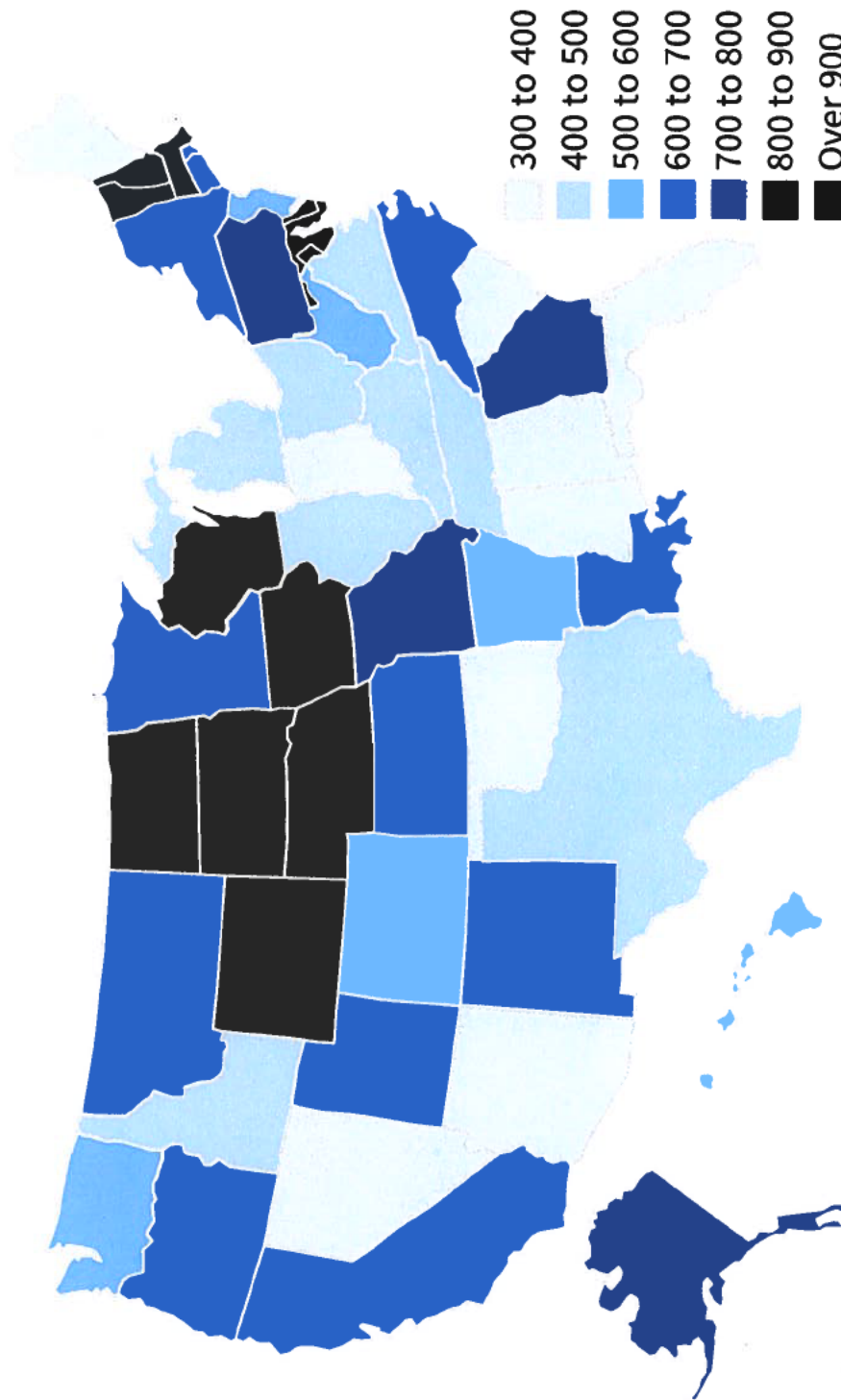
- ✓ **Project AirBridge** has completed 86 flights with 26 more scheduled for the near future transporting **71.3 million masks, 8.5 million gowns, and 724.8 million gloves** to the United States from countries around the world. In total, the Federal Government has facilitated the nationwide delivery of **175.2 million masks, 14.7 million gowns, and 793.8 million gloves**.
- ✓ The Federal Government has directly procured millions of **6.7 million swabs, 3.3 million transport media, 15 million lancets, and 15 million alcohol pads**.
- ✓ The Federal Government partners with multiple companies to ramp up domestic production of critical specimen collection supplies such as **swabs and collection tubes**.
- ✓ Private laboratory testing supply companies rapidly ramp up manufacturing capacity of **extraction kits, PCR kits, and reagents**.



**COVID-19  
LABORATORY  
TESTING  
CAPACITY**

Source: Based on data provided to HHS from select diagnostics companies

**MONTHLY  
TESTING  
CAPACITY PER  
1,000 PEOPLE**



Source: Based on data provided to HHS from selected diagnostic companies

# STAGE 3: SUPPORT OPENING UP AGAIN

## 8. Coordinate with governors to support testing plans and rapid response programs

The Administration has provided a Blueprint that describes roles and responsibilities, as well as principles and elements of the robust testing plans and rapid response programs called for in the President's Guidelines.

### CONTINUED FEDERAL GOVERNMENT SUPPORT WILL INCLUDE:

- Providing **expedited regulatory approvals** for tests and testing equipment.
- Publishing and updating **procedural guidance** for administering diagnostic tests (i.e., prioritization algorithms and protocols).
- In partnership with the private sector, accelerating **research and development of innovative diagnostic tests**, such as:
  - Highly specific and sensitive **antibody tests**.
  - An **antigen test** to detect active infection quickly and accurately.
  - Advancing simplified, rapid **POC nucleic acid testing**.
  - **Genomic sequencing technology**.
- Identifying and sharing **best practices** and providing **technical assistance** to State, local, and tribal governments to improve their testing, surveillance, and contact tracing programs.
- Acting as **supplier of last resort**.

## **PATH FORWARD**

The Federal Government will continue to support State efforts to accelerate testing plans and programs that help enable America to Open Up Again





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**From:** Campana, Ariella M. EOP/WHO <Ariella.M.Campana@who.eop.gov>  
**Sent:** Monday, April 20, 2020 10:44 AM  
**To:** [REDACTED]; Walker, Trey; Lemoine, Leigh; Marsh, Jordan; Lemoine, Leigh; 'rick.toomey@dhec.sc.gov'; 'kstenson@emd.sc.gov'  
**Cc:** Pottebaum, Nic D. EOP/WHO; Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO  
**Subject:** [External] Read Ahead - April 20, 2020 Governors' Briefing with the Vice President on COVID-19 -- SC  
**Attachments:** Testing Update Slide Deck - 04-20-2020.pdf; South Carolina Laboratory Report.xlsx; South Carolina High & Low Throughput Machine Locations.pdf

***This Information is Being Provided on Behalf of the White House Coronavirus Task Force***



Governor and Senior Staff,

As a read ahead for today's briefing with the Vice President, below and attached is State-by-State testing platform information. This information will allow each governor and state officials to scale and utilize all testing capacity, improve transparency on all testing options, and manage the workflow to maximize all testing capacity through high-throughput platforms.

- State-by-State Testing Platform Information (see below)
- State-Specific High & Low Throughput Machine Location Map (see attached PDF)
- State-Specific High & Low Throughput Machine Location Details (see attached Excel File)
- Testing Approach Update Slide Deck (see attachment)

Separately, you are receiving this morning updated Project Airbridge State & County-Level Data from the Office of the Vice President (Tucker Obenshain; Anne.T.Obenshain@ovp.eop.gov).

**State-by-State Testing Platform Information**

Over the past four weeks the White House Coronavirus Task Force (WHCTF) has worked with diagnostic manufacturers and commercial laboratories to continuously expand COVID-19 (SARS-CoV-2) diagnostic tests for existing nucleic acid testing platforms. Eight different platforms now have COVID-19 tests available and many of your labs in your state now have these tests available. An additional platform will move forward within 7-10 days. Under the direction of the WHCTF, a coordinated interagency team of senior scientific and public health personnel has performed an in-depth review of laboratory diagnostic capacity based on the State's testing platforms that can perform COVID-19 tests across the United States. **Much of the capacity is outside of the State's Public Health Laboratory.** This analysis has resulted in a State-by-State inventory of diagnostic testing platforms, each platform's maximum throughput capacity, and each instrument's geo-location, as provided by its manufacturer. We are providing you with the information we have developed for your State. **Please keep in mind this is proprietary information to the companies who have provided it and, while we are sharing it with the companies' permission, the companies have asked that states keep this information confidential.**



At the same time we have been in touch with many of your laboratory directors and the American Society of Microbiologists (ASM) to document and understand the barriers for full utilization. We are working together to address the issues that have been raised from technical support, to insufficient laboratory personnel, to insufficient funding, to swabs, transport media, tubes, extraction reagents and test kits. Each lab has unique requirements and we have a team talking with each laboratory to understand together how to increase our partnership and together address the often specific and unique issue as well as some overarching issues.

As we work together to support the optimal use of the diagnostic assets in your state, it may also be helpful to consider locations that could act as regional testing centers in order to service specific, targeted geographies within your State in a hub and spoke manner than can help provide technical support and communication across the State. The platforms are a mix of high and low throughput of tests with differential turn-around times and will need to strategically be matched to daily needs. **The development of an integrated lab strategy in your State will allow for a more efficient use of diagnostic reagents, facilitate optimal workflows and workforce utilization, and provide more continuity of testing capacity with defined turnaround times for results. Rapid and efficient testing will help identify pockets of viral emergence and allow for rapid contact tracing and effective control.**

Governors are critical in the leadership of the testing ecosystems in their States, including scaling and utilizing all testing capacity, improving transparency on all testing options, managing the workflow to maximize all testing capacity through high-throughput platforms, bolstering contact tracing, and ensuring supply chain management of critical resources and healthcare capacity. We want to thank you for your leadership in this endeavor.

Finally, we are holding a State-Federal COVID-19 testing technical assistance briefing call on Tuesday, April 21 at 1:30 p.m. Eastern Time for State leaders and staff with members of the White House Coronavirus Task Force, U.S. Department of Health & Human Services (HHS), U.S. Food & Drug Administration, and Centers for Disease Control & Prevention (CDC). You can register for the call [here](#).

#### **Intergovernmental Affairs Office Contact Information**

<b>Name</b>	<b>Cell Phone</b>	<b>Email</b>
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Zach Swint		Zachariah.D.Swint2@who.eop.gov
Ella Campana		Ariella.M.Campana@who.eop.gov

#### **Office of the Vice President Contact Information**

<b>Name</b>	<b>Cell Phone</b>	<b>Email</b>
Tucker Obenshain		Anne.T.Obenshain@ovp.eop.gov

#### **[Slow the Spread](#)**

#### **Ella Campana**

*Deputy Associate Director*

White House Office of Intergovernmental Affairs

Cell: [REDACTED] | E: Ariella.M.Campana@who.eop.gov

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**From:** Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>  
**Sent:** Wednesday, April 15, 2020 4:22 PM  
**To:** Pottebaum, Nic D. EOP/WHO  
**Cc:** Hoelscher, Douglas L. EOP/WHO; Obenshain, Tucker T. EOP/OVP; Swint, Zachariah D. EOP/WHO; Campana, Ariella M. EOP/WHO  
**Subject:** [External] RE: 4/13 Follow-Up - Governors Briefing on COVID-19

Governors and Senior Staff,

As a follow-up to Monday's briefing, I wanted to make you aware of today's announcement from CMS Administrator Seem Verma.

Under President Trump's leadership, CMS announced Medicare will nearly double payment to \$100 for certain lab tests that use high-throughput technologies to rapidly diagnose COVID-19. This is another action the Trump Administration is taking to rapidly expand COVID-19 testing, particularly for those with Medicare, including nursing home residents who are among the most vulnerable to COVID-19. This technology allows for increased testing capacity and faster results, to more effectively combat the spread of the virus. Increasing Medicare payment for these tests that can process a high volume at once will help labs to test in nursing home communities that are vulnerable to the spread of COVID-19. This builds steps CMS already took to allow Medicare to pay labs to perform tests for people at home, including those in nursing homes. These actions taken together expand capacity to test more vulnerable populations, quickly and provide results faster.

**Additional Details – CMS Increases Medicare Payment for High-Production Coronavirus Lab Tests**

CMS announced **Medicare will nearly double payment for certain lab tests that use high-throughput technologies to rapidly diagnose large numbers of COVID-19 cases**. Medicare will pay the higher payment of \$100 for COVID-19 clinical diagnostic lab tests making use of high-throughput technologies developed by the private sector that allow for increased testing capacity, faster results, and more effective means of combating the spread of the virus. High-throughput lab tests can process more than two hundred specimens a day using highly sophisticated equipment that requires specially trained technicians and more time-intensive processes to assure quality. Medicare will pay laboratories for the tests at \$100 effective April 14, 2020, through the duration of the COVID-19 national emergency. Increasing Medicare payment for these tests will help laboratories test in nursing home communities that are vulnerable to the spread of COVID-19. Additional information [here](#).

As a reminder, on March 30, CMS announced that Medicare **will pay new specimen collection fees for COVID-19 testing for homebound and non-hospital inpatients**, to help facilitate the testing of homebound individuals and those unable to travel. As a result of these actions, laboratories will have expanded capability to test more vulnerable populations, like nursing home patients, quickly and provide results faster. Additional information [here](#).

Thanks,  
Nic

--  
Nicholas D. Pottebaum  
Special Assistant to the President and Deputy Director  
White House Office of Intergovernmental Affairs  
O: 202-456-2132 | C: [REDACTED] E: [Nicholas.D.Pottebaum@who.eop.gov](mailto:Nicholas.D.Pottebaum@who.eop.gov)

## Slow the Spread

**From:** Pottebaum, Nic D. EOP/WHO

**Sent:** Monday, April 13, 2020 9:00 PM

**To:** Nic Pottebaum (Nicholas.D.Pottebaum@who.eop.gov) <Nicholas.D.Pottebaum@who.eop.gov>

**Cc:** Douglas.L.Hoelscher@who.eop.gov; Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov>; Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>; Campana, Ariella M. EOP/WHO <Ariella.M.Campana@who.eop.gov>

**Subject:** 4/13 Follow-Up - Governors Briefing on COVID-19



THE WHITE HOUSE

Governors and Senior Staff,

Thank you for your efforts in the whole-of-America approach to respond to and mitigate the effects of COVID-19. Below and attached are follow-up items from today's briefing.

### **Data & Reporting Ask from the Vice President**

The Vice President has asked each governor to ensure their State is reporting key information to the Federal Government to get resources to the right place, at the right time. Friday, the Vice President wrote a letter to governors asking them to ensure their State is reporting broad healthcare capacity and personal protective equipment data to FEMA. Over 45 States are now reporting quality healthcare capacity data on a daily basis. ***Please continue to ensure your State is reporting answers to the questions below on a daily basis. Attached you will find the letter from the Vice President.***

- Separately, HHS Secretary Azar sent a [letter](#) on hospital utilization and lab data reporting to hospital administrators. States can waive hospitals from reporting directly to the Federal Government if the State takes over the Federal reporting responsibilities.

### **Testing 101 – Operationalizing COVID 19 Testing For Diagnosis & Surveillance**

Ambassador Birx led a presentation on operationalizing COVID 19 testing for diagnosis and surveillance. The Vice President has asked each governor to develop an integrated public-private testing strategy. Medium- and high-throughput testing platforms are running at only 40% capacity. Please work with your public and private labs to utilize the full capacity of these systems. ***Attached you will find the 8-page slide deck from the presentation.*** We will provide more details on testing including CMS reimbursement for technical support and collection, along with additional guidance to guide your outreach to your laboratories shortly.

### **Key Recommendations for Long-Term Care Facilities**

We thank our nation's governors for taking action to protect patients and healthcare workers in long-term care facilities. You can find more details about Gov. Hogan's (MD) Statewide strike team efforts ([here](#)) and Gov. Baker's (MA) nursing home mobilize testing program ([here](#)). We know there countless other leading practices from governors and we welcome hearing about your efforts.

- Recent Centers for Medicare & Medicaid Services (CMS) Guidance on supplies, infection control procedures, screening, staffing, and managing facilities: [Here](#).

### **Readout from the April 13 Briefing with Governors**

Today, Vice President Mike Pence led a discussion with the chief executives of approximately 50 States, territories, and Washington, DC, and their State emergency managers and health officials to provide an update on the all-of-America approach to respond to and mitigate the effects of COVID-19.



The Vice President, Ambassador Debi Birx, FEMA Administrator Pete Gaynor, CMS Administrator Seema Verma, and Rear Adm. John Polowczyk with the Joint Chiefs of Staff, and all 10 FEMA Regional Administrators urged State, local, and tribal leaders to continue to regularly highlight community mitigation efforts to [“Slow the Spread.”](#) Participants also discussed the Federal government’s historic efforts to support State, local, and tribal leaders including, already approving 55 major disaster declaration requests and approximately 40 Title 32 requests to 100% federally fund State National Guard activities related to COVID-19 response efforts. The Vice President discussed his letter to America’s governors on data reporting for healthcare capacity, personal protective equipment, and hospital utilization and lab testing. The importance of the \$150 billion of CARES Act funding for States to effectively respond to COVID-19 was discussed.

Participants discussed CDC guidance on implementing safety practices for critical infrastructure workers, the significant increase in testing capacity and discussed strategies State and local leaders can take to further increase testing capacity through proactive partnerships with the private sector and various laboratories in their State. Multiple States shared examples of best practices they are taking to regarding caring for people in long-term care facilities nursing homes. Administrator Gaynor and Admiral Polowczyk discussed their supply chain support efforts to get critical supplies to the healthcare providers. Administrator Verma discussed expanding telehealth options through Medicaid and the importance of CARES Act funding for hospitals and Americans impacted by COVID-19.

The leadership of governors, mayors, county commissioners, and tribal officials is vital for effective emergency management. Emergency management in America is locally-executed, State-managed, and Federally supported, which allows for innovative solutions to be identified at the local and State level for the majority of issues. Since January 2020, the Trump Administration has held nearly 144 briefings – including 12 governors briefings – with over 66,000 State, local, and tribal leaders in every State and territory in the Nation. Leaders at every level of government and the private sector are working in partnership to bend the curve.

#### **Treasury Eligibility Guidance on CARES Act Funding to State Governments**

The U.S. Department of the Treasury released [eligibility guidance](#) for CARES Act funding to State, Local, and Tribal Governments. States, Tribes, and eligible local governments are encouraged to provide payment information and required supporting documentation on [Treasury’s portal](#) no later than April 17. Additional guidance on eligible uses of Fund disbursements by governments will be posted as it becomes available.

#### **Below, you will find additional information and resources mentioned on today’s briefing call:**

- Contacting Your FEMA Regional Administrator
- Implementing Safety Practices for Critical Infrastructure Workers
- Medical Supplies “Control Tower” Updates from FEMA & RADM Polowczyk
- Maximizing Testing Resources & Medical Supplies
- Guidance on Telehealth Reimbursement & Coverage Options
- Assistance for Small Businesses & American Families

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

#### **Intergovernmental Affairs Office**

Name	Cell Phone	Email
Doug Hoelscher		Douglas.L.Hoelscher@who.eop.gov
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#### **Office of the Vice President**

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Thanks,  
Nic

--  
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## [Slow the Spread](#)

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### ADDITIONAL INFORMATION

#### **Contacting Your FEMA Regional Administrator**

The Federal Emergency Management Agency (FEMA) has activated the National Response Coordination Center (NRCC) 24/7. All requests to the Federal government ***must be formally communicated*** by your **State emergency manager** to your **FEMA Regional Administrator**. This is the same process as natural disasters (e.g., hurricane recovery, flood recovery, tornado recovery, etc.).

#### **Implementing Safety Practices for Critical Infrastructure Workers**

CDC has released guidance on implementing safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19. **This is for Federal, State, & local law enforcement; 911 call center employees; Fusion Center employees; hazardous material responders from government and the private sector; janitorial staff and other custodial staff; workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities.** To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community. More guidance on pre-screening, regulator monitoring, wearing a mask, social distancing, and dissenting and cleaning work spaces [here](#).

#### **Medical Supplies “Control Tower” Updates from FEMA & RADM Polowczyk (see graphics at end of the email)**

Joint Chiefs of Staff Rear Adm. John Polowczyk’s provided an update to governors on rapidly increasing supply and expanding domestic production of medical supplies and equipment.

- **Project Air-Bridge:** FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S. As of April 13, 37 flights have landed containing critical PPE and then distributing in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization is given to hospitals, health care facilities, and nursing homes around the country. An additional 43 flights are scheduled over the next three weeks. As of April 12th, FEMA has coordinated the delivery of the following to areas in greatest need: 38 million N95 respirators, 32.6 million surgical masks, 5.5 million face shields, 4.7 million surgical gowns, 30.3 million gloves, 212,000 coveralls, and 10,448 ventilators.
- **Obligations to States:** FEMA has obligated nearly \$5.2 billion in support of COVID-19 response efforts.
- **Ventilator Distribution:** FEMA is distributing ventilators to hard hit States. As of April 12, FEMA and HHS have provided or are currently shipping 10,888 ventilators from the Strategic National Stockpile (SNS) and the Defense Department. FEMA through the Regional Administrators are tracking data closely provided by your State to understand data-based needs. For more information, please call your FEMA Regional Administrator.

#### **Guidance on Telehealth Reimbursement & Coverage Options**

The Trump Administration has taken historic steps to expand Americans’ access to telehealth, so that patients, particularly our Medicare beneficiaries, can receive a wider range of services without having to travel to a healthcare facility. Keeping vulnerable patients at home whenever possible will help to limit community spread

of the virus, and States should examine your own policies to determine if there are undue barriers to maximizing telehealth service delivery for your residents in this time of national emergency. In particular, States have broad authority to deliver and reimburse Medicaid covered services through telehealth modalities, and additional federal approval is often not required to do so. CMS is available assist you in utilizing all available flexibilities as we fight this pandemic together.

- CMS issued telehealth reimbursement guidance and coverage options in the Medicaid program [here](#).
- Op-Ed from Surgeon General Jerome Adams and CMS Administrator Seema Verma on Telehealth ([Telehealth Plays Big Role in Coronavirus Cure](#)).
- Federal Community Commissioner \$200 million COVID-19 Telehealth Program ([here](#)).

#### **Maximizing Testing Resources & Medical Supplies**

- **Swab Flexibilities:** Initially, collecting specimen required using a specific type of swab (nasopharyngeal), however the U.S. Food & Drug Administration (FDA) is now permitting the use of other available swabs including oropharyngeal, mid-turbinate, or anterior nares. We will provide additional swab flexibility guidance soon. If you are having swab supply needs, please make sure labs in your State are utilizing all available swab supplies and techniques. More information [here](#).
- **Reagent Flexibilities:** FDA has provided flexibilities on alternative reagent supplies. Labs in your State can utilize several alternative methods to meet your reagent supply needs. If your State has reagent supply needs, you can develop alternative reagent supplies. More information [here](#).
- **Commercial Testing:** We would encourage all governors to focus on utilizing and expanding commercial testing options. If you have not yet connected with the representatives from Abbott, Roche, and Thermofisher, Hologic, and Expert other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.
- **Additional Testing Resources:** FDA [Frequently Asked Questions \(FAQ\)](#) and 24/7 technical assistance for labs (1-888-463-6332).
- Strategies to **Optimize the Supply of PPE** (extend capacity and supply) (more [here](#)).
- Strategies for **Optimizing the Supply of N95 Respirators** (more [here](#)).
- **Maximizing the Types of Ventilators:** The FDA has issued an emergency use authorization for ventilators allowing anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators. The guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators (more [here](#)).

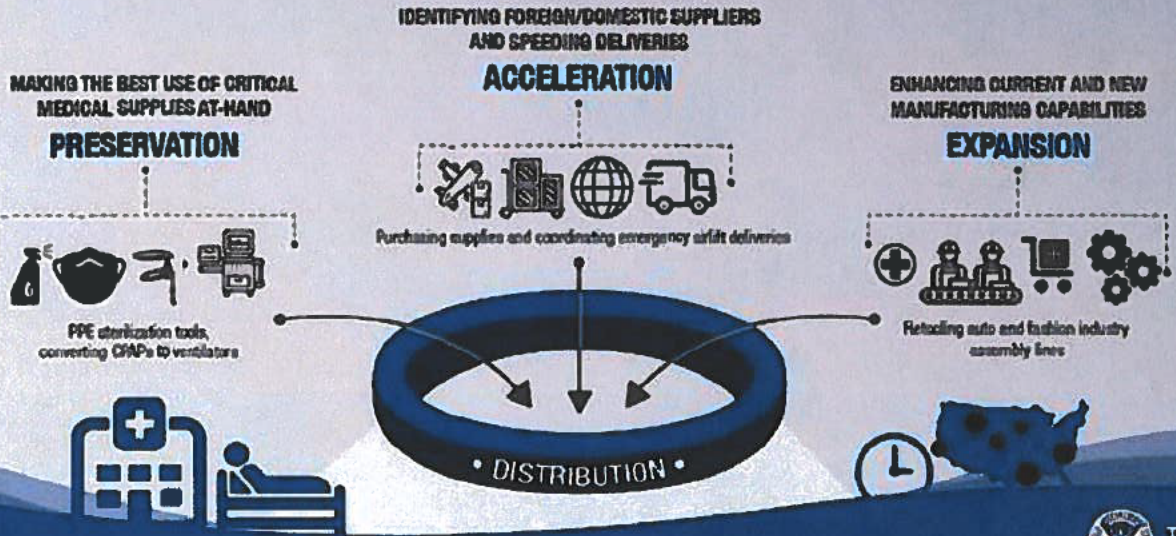
#### **Assistance for Small Businesses & American Families**

- **[Paycheck Protection Program](#)** prioritizes millions of Americans employed by small businesses by authorizing up to \$349 billion toward job retention and certain other expenses. Small businesses and eligible nonprofit organizations, Veterans organizations, and Tribal businesses described in the Small Business Act, as well as individuals who are self-employed or are independent contractors, are eligible if they also meet program size standards. (FAQ [here](#)). For more information and updates, visit [Treasury.gov/CARES](#) and [SBA.gov/PayCheckProtection](#).
- **Economic Impact Payments:** Americans will begin seeing fast and direct relief in the form of Economic Impact Payments. More information [here](#).



## Industry Enabled Stabilization of the Supply Chain

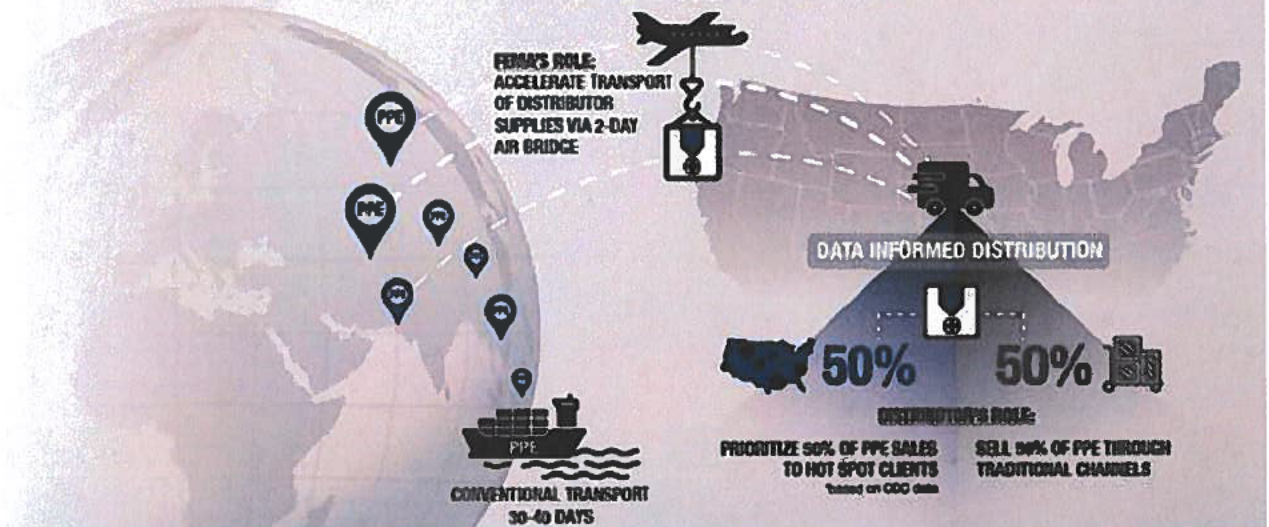
Distributing supplies and equipment to the right place at the right time



## WHOLE-OF-AMERICA RESPONSE

### Project Air Bridge

Stabilizing the Health of People and Supply Chain with Speed



**From:** [Patricia Logan Harrison](#)  
**To:** [Limehouse, Thomas](#); [Mary Poole](#); [Baker, Josh](#); [Constance Holloway](#); [Nicole Wetherton](#); [Roberts@scdhhs.gov](#); [Damon Włodarczyk](#); [Audry Grant](#); [pat@oldcourthouse.com](#); [McMaster, Henry](#)  
**Cc:** [Sheehey, Conor \(Scott\)](#); [yocom@gao.gov](#); [Glaze, Jackie L. \(CMS/CMCS\)](#); [david@davidthomaslawfirm.com](#); [Kimble, Davida R. \(CMS/CMCS\)](#)  
**Subject:** [External] Coronavirus in DDSN group homes in South Carolina: Clarendon County  
**Date:** Monday, April 6, 2020 10:22:50 PM  
**Attachments:** [REDACTED].2020.administrative appeal.pdf  
**Importance:** High

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This was foreseeable. We have sent you all [REDACTED]'s request to be served outside of a group home, which he has requested for more than seven years. [REDACTED]'s house mate was hospitalized a week ago after three individuals in the house suffered from high fever and coughs. We are requesting that the Governor, DHHS and DDSN take immediate action on [REDACTED]'s request for funding.

I wanted to make sure the Governor and all of you know about this death and Cov-19 infections in this one small county. This is only the tip of the iceberg. DDSN has not provided training or protective equipment to equip staff in group homes or providers serving people in their own homes to deal with this virus.

We have asked for expedited treatment of [REDACTED]'s request before it is too late to get him out of [REDACTED].

Trisha

From: **Judy Johnson** <[j.johnson4444@outlook.com](mailto:j.johnson4444@outlook.com)>  
Date: Sun, Apr 5, 2020 at 5:32 PM  
Subject: Clarendon County-Ryan Way  
To: [bbeasley@ucpsc.org](mailto:bbeasley@ucpsc.org) <[bbeasley@ucpsc.org](mailto:bbeasley@ucpsc.org)>, [bethbunge@brightstartsc.com](mailto:bethbunge@brightstartsc.com) <[bethbunge@brightstartsc.com](mailto:bethbunge@brightstartsc.com)>, [bjones@ncdsnb.org](mailto:bjones@ncdsnb.org) <[bjones@ncdsnb.org](mailto:bjones@ncdsnb.org)>, [bparker@barnwellsc.com](mailto:bparker@barnwellsc.com) <[bparker@barnwellsc.com](mailto:bparker@barnwellsc.com)>, [cbright@Babcockcenter.org](mailto:cbright@Babcockcenter.org) <[cbright@Babcockcenter.org](mailto:cbright@Babcockcenter.org)>, [cgreene@cssllc.org](mailto:cgreene@cssllc.org) <[cgreene@cssllc.org](mailto:cgreene@cssllc.org)>, [cpinckney@columbusorg.com](mailto:cpinckney@columbusorg.com) <[cpinckney@columbusorg.com](mailto:cpinckney@columbusorg.com)>, [dana.mcconnell@cdservices.org](mailto:dana.mcconnell@cdservices.org) <[dana.mcconnell@cdservices.org](mailto:dana.mcconnell@cdservices.org)>, [djohnson@fcdsn.org](mailto:djohnson@fcdsn.org) <[djohnson@fcdsn.org](mailto:djohnson@fcdsn.org)>, [Dorothy.Goodwin@comop.org](mailto:Dorothy.Goodwin@comop.org) <[Dorothy.Goodwin@comop.org](mailto:Dorothy.Goodwin@comop.org)>, [dredd@colletondsn.org](mailto:dredd@colletondsn.org) <[dredd@colletondsn.org](mailto:dredd@colletondsn.org)>, [dwalsh@jcbdsn.com](mailto:dwalsh@jcbdsn.com) <[dwalsh@jcbdsn.com](mailto:dwalsh@jcbdsn.com)>, [dwilush@ucpga.org](mailto:dwilush@ucpga.org) <[dwilush@ucpga.org](mailto:dwilush@ucpga.org)>, [ekrauss@gcbdsn.com](mailto:ekrauss@gcbdsn.com) <[ekrauss@gcbdsn.com](mailto:ekrauss@gcbdsn.com)>, [ethena@pcbdsn.org](mailto:ethena@pcbdsn.org) <[ethena@pcbdsn.org](mailto:ethena@pcbdsn.org)>, [eturner@dsncc.com](mailto:eturner@dsncc.com) <[eturner@dsncc.com](mailto:eturner@dsncc.com)>, [fdozier@wcdsnb.org](mailto:fdozier@wcdsnb.org) <[fdozier@wcdsnb.org](mailto:fdozier@wcdsnb.org)>, [gkeith@mddsn.org](mailto:gkeith@mddsn.org) <[gkeith@mddsn.org](mailto:gkeith@mddsn.org)>, Grady Evans <[gevans@uniondsn.org](mailto:gevans@uniondsn.org)>, [hfrye@bciservices.org](mailto:hfrye@bciservices.org) <[hfrye@bciservices.org](mailto:hfrye@bciservices.org)>, [hwaddell@Aikentdc.org](mailto:hwaddell@Aikentdc.org) <[hwaddell@Aikentdc.org](mailto:hwaddell@Aikentdc.org)>, [jbernard@charleslea.org](mailto:jbernard@charleslea.org) <[jbernard@charleslea.org](mailto:jbernard@charleslea.org)>, [jerrellynnking@acdsnb.org](mailto:jerrellynnking@acdsnb.org) <[jerrellynnking@acdsnb.org](mailto:jerrellynnking@acdsnb.org)>, Jerry Mize <[jmize@thetribblecenter.com](mailto:jmize@thetribblecenter.com)>, [jtavenner@lcdsnb.org](mailto:jtavenner@lcdsnb.org) <[jtavenner@lcdsnb.org](mailto:jtavenner@lcdsnb.org)>, [Kevin.wright@thementornetwork.com](mailto:Kevin.wright@thementornetwork.com) <[Kevin.wright@thementornetwork.com](mailto:Kevin.wright@thementornetwork.com)>, [kwillis@mcdsn.com](mailto:kwillis@mcdsn.com) <[kwillis@mcdsn.com](mailto:kwillis@mcdsn.com)>, Laconda Moore <[Laconda.Moore@comop.org](mailto:Laconda.Moore@comop.org)>, Laura Collins <[lcollins@fairfielddsn.net](mailto:lcollins@fairfielddsn.net)>,

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[margie@arcsc.org](mailto:margie@arcsc.org) <[margie@arcsc.org](mailto:margie@arcsc.org)>, [Melinda@arcmidlands.org](mailto:Melinda@arcmidlands.org) <[Melinda@arcmidlands.org](mailto:Melinda@arcmidlands.org)>,  
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<[mshaffer@maxabilities.org](mailto:mshaffer@maxabilities.org)>, Nikkie Bramlett <[nbramlett@cldsn.org](mailto:nbramlett@cldsn.org)>, [pmoss@calhoundsnb.org](mailto:pmoss@calhoundsnb.org)  
<[pmoss@calhoundsnb.org](mailto:pmoss@calhoundsnb.org)>, [Rblocker@dcdsn.org](mailto:Rblocker@dcdsn.org) <[Rblocker@dcdsn.org](mailto:Rblocker@dcdsn.org)>,  
[rcourtney@aikentdc.org](mailto:rcourtney@aikentdc.org) <[rcourtney@aikentdc.org](mailto:rcourtney@aikentdc.org)>, [rway@ccdsn.org](mailto:rway@ccdsn.org) <[rway@ccdsn.org](mailto:rway@ccdsn.org)>,  
[sejohnson@rldsn.org](mailto:sejohnson@rldsn.org) <[sejohnson@rldsn.org](mailto:sejohnson@rldsn.org)>, Shwood@Maxhealth.com  
<[Shwood@maxhealth.com](mailto:Shwood@maxhealth.com)>, [sjett@lcdsn.org](mailto:sjett@lcdsn.org) <[sjett@lcdsn.org](mailto:sjett@lcdsn.org)>,  
[sloan@pathfindersteamservices.com](mailto:sloan@pathfindersteamservices.com) <[sloan@pathfindersteamservices.com](mailto:sloan@pathfindersteamservices.com)>, Susan John  
([sujohn@hcdsn.org](mailto:sujohn@hcdsn.org)) <[sujohn@hcdsn.org](mailto:sujohn@hcdsn.org)>, [suzanne@beyondearlyintervention.com](mailto:suzanne@beyondearlyintervention.com)  
<[suzanne@beyondearlyintervention.com](mailto:suzanne@beyondearlyintervention.com)>, [t.rogers@chescoservices.org](mailto:t.rogers@chescoservices.org)  
<[t.rogers@chescoservices.org](mailto:t.rogers@chescoservices.org)>, [tdavis@bcdsn.org](mailto:tdavis@bcdsn.org) <[tdavis@bcdsn.org](mailto:tdavis@bcdsn.org)>,  
[teritodd@brightstartsc.com](mailto:teritodd@brightstartsc.com) <[teritodd@brightstartsc.com](mailto:teritodd@brightstartsc.com)>, [Trex@thriveupstate.org](mailto:Trex@thriveupstate.org)  
<[Trex@thriveupstate.org](mailto:Trex@thriveupstate.org)>, [twarren@babcockcenter.org](mailto:twarren@babcockcenter.org) <[twarren@babcockcenter.org](mailto:twarren@babcockcenter.org)>, Vonda  
Steward <[Vsteward@ocdsn.org](mailto:Vsteward@ocdsn.org)>, [wlove@bcgov.net](mailto:wlove@bcgov.net) <[wlove@bcgov.net](mailto:wlove@bcgov.net)>, [zcorley@kcbdsn.org](mailto:zcorley@kcbdsn.org)  
<[zcorley@kcbdsn.org](mailto:zcorley@kcbdsn.org)>

The Coronavirus has hit the Clarendon County DSN residential program. According to Ryan Way, Executive Director, 3 of 4 individuals in a CTH II were diagnosed with the virus. One of the individuals was transported to the hospital on Thursday and unfortunately died. 3 of the DSP's working in two of the residential homes also tested positive for COVID-19. Ryan has had difficulty getting employees willing to work in the home with consumers who have the virus. As a result, Ryan and the Director of Nursing, along with one other employee, are covering the home, working 12-hour shifts. Ryan noted that even when he offered his employees a \$5 an hour increase in pay, no one was willing to work in that home.

Ryan told me that it was OK to share the information above with all of you in an effort to help you get

better prepared if the virus hits your programs.  
Please keep Ryan and his community in your  
thoughts and prayers. The importance of “social  
distancing” and proper handwashing cannot be over  
emphasized.

**From:** [Susan Dunn](#)  
**To:** [McMaster, Henry](#)  
**Cc:** [Walker, Trey](#)  
**Subject:** [External] Courtesy Copy  
**Date:** Wednesday, April 22, 2020 3:46:30 PM  
**Attachments:** [Complaint.pdf](#)  
[Ex. 1 McMaster letter to Legislature.pdf](#)  
[Ex. 2 Andino letter to McMaster and Legislature.pdf](#)

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Daer Gov. McMaster:

This case was filed earlier today. A stamped copy has not been received from the court. We wanted you to have copy of this case sooner rather than later. We will be in touch about formal service at a later date. My cell is 843-830-1571 should you need to reach me.

## **Susan K. Dunn**

Legal Director  
ACLU, South Carolina  
P.O. Box 20998  
Charleston, SC 29413-0998  
T/843-282-7953  
F/843-720-1428  
[sdunn@aclusc.org](mailto:sdunn@aclusc.org)

**From:** [Susan Dunn](#)  
**To:** [McMaster, Henry](#)  
**Cc:** [Walker, Trey](#)  
**Subject:** [External] Courtesy copy  
**Date:** Wednesday, April 22, 2020 3:50:35 PM  
**Attachments:** [Complaint.pdf](#)

---

Dear Governor McMaster:

Attached is a courtesy copy of a complaint that was filed yesterday. The court has not yet returned a filed copy. We will be in touch later about formal service. I am not sending the exhibits as I do not want to flood your email. My cell is 843-830-1571.

## **Susan K. Dunn**

Legal Director  
ACLU, South Carolina  
P.O. Box 20998  
Charleston, SC 29413-0998  
T/843-282-7953  
F/843-720-1428  
[sdunn@aclusc.org](mailto:sdunn@aclusc.org)



**From:** [Frank Knaack](#)  
**To:** [McMaster, Henry](#)  
**Cc:** [Ali Titus](#)  
**Subject:** [External] Letter from the ACLU and ACLU of South Carolina re: Evictions  
**Date:** Thursday, April 30, 2020 12:25:51 PM  
**Attachments:** [image001.png](#)  
[ACLU Eviction Moratorium Letter.pdf](#)

---

Dear Governor McMaster,

I hope this email finds you and your loved ones safe and well. Please find attached a letter addressed to you and Chief Justice Beatty from the ACLU and ACLU of South Carolina requesting additional actions to prevent mass evictions during and in the aftermath of this crisis.

Thank you for your time.

Sincerely,  
Frank Knaack

**Frank Knaack**

*he/him/his*

Executive Director  
ACLU of South Carolina  
T: 843.720.1423 x 204  
F: 843.720.1428  
E: [fknaack@aclusc.org](mailto:fknaack@aclusc.org)



This message may contain information that is confidential or legally privileged. If you are not the intended recipient, please immediately advise the sender by reply E-mail that this message has been inadvertently transmitted to you and delete this E-mail from your system.

**[Are you a card-carrying member? Click here to support the ACLU.](#)**

**From:** [Susan Dunn](#)  
**To:** [McMaster, Henry](#)  
**Cc:** [Walker, Trey](#)  
**Subject:** [External] Re: Filed copy  
**Date:** Wednesday, April 22, 2020 5:20:25 PM  
**Attachments:** [1 Complaint.pdf](#)

---

Dear Governor McMaster:

Attached is a filed copy of the case that we filed yesterday address the health of prisoners.

## **Susan K. Dunn**

Legal Director  
ACLU, South Carolina  
P.O. Box 20998  
Charleston, SC 29413-0998  
T/843-282-7953  
F/843-720-1428  
[sdunn@aclusc.org](mailto:sdunn@aclusc.org)

---

**From:** Susan Dunn  
**Sent:** Wednesday, April 22, 2020 3:50 PM  
**To:** [governormcmaster@governor.sc.gov](mailto:governormcmaster@governor.sc.gov) <[governormcmaster@governor.sc.gov](mailto:governormcmaster@governor.sc.gov)>  
**Cc:** [twalker@governor.sc.gov](mailto:twalker@governor.sc.gov) <[twalker@governor.sc.gov](mailto:twalker@governor.sc.gov)>  
**Subject:** Courtesy copy

Dear Governor McMaster:

Attached is a courtesy copy of a complaint that was filed yesterday. The court has not yet returned a filed copy. We will be in touch later about formal service. I am not sending the exhibits as I do not want to flood your email. My cell is 843-830-1571.

## **Susan K. Dunn**

Legal Director  
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P.O. Box 20998  
Charleston, SC 29413-0998  
T/843-282-7953  
F/843-720-1428  
[sdunn@aclusc.org](mailto:sdunn@aclusc.org)

**From:** [South Carolina Association of Advocates](#)  
**To:** [McMaster, Henry](#); [Limehouse, Thomas](#); [Baker, Josh](#); [Nicole Wetherton](#); [Robertsb@scdhhs.gov](#); [Mary Poole](#); [david@davidthomaslawfirm.com](#); [lorri.unumb@gmail.com](#); [Gary Lemel](#); [Constance Holloway](#); [Kimble, Davida R. \(CMS/CMCS\)](#); [yocom@gao.gov](#); [Ian\\_Nicholson@finance.senate.gov](#); [Soto, Caitlin \(Finance\)](#); [ysheheen@thesavagefirm.com](#); [Glaze, Jackie L. \(CMS/CMCS\)](#); [Soto, Caitlin \(Finance\)](#); [Ian\\_Nicholson@finance.senate.gov](#); [Kimble, Davida R. \(CMS/CMCS\)](#); [wnewton@jsplaw.net](#); [camdenlaw@bellsouth.net](#); [micah@caskeylawfirm.com](#); [Collins, Neal](#); [Gary Clary](#); [Rep Jeff Johnson](#); [Mandy Norrell](#); [Floyd Nicholson](#); [Sandy Senn](#); [Brad Hutto](#)  
**Cc:** [Ted Drum](#); [jtavener](#); [Beth Franco](#)  
**Subject:** [External] South Carolina Association of Advocates Crisis Issues  
**Date:** Monday, April 6, 2020 2:56:06 PM  
**Attachments:** [SCAA.final.crisis paper.pdf](#)  
**Importance:** High

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SC

AA

## South Carolina Association of Advocates

April 6, 2020

Dear Governor McMaster and State Leaders:

As the Corona virus crisis progresses, the South Carolina Association of Advocates is asking that DHHS submit an Appendix K amendment to the waivers DDSN administers. These concerns are being sent to Governor McMaster, who has responsibility for monitoring Medicaid programs and assuring that the state is in compliance with the Americans With Disabilities Act, along with DHHS, DDSN and legislative leaders. SCAA is also notifying the offices of Senator Tim Scott and Representative Clyburn, CMS and other federal officials about our concerns as to how the enhanced federal funding will be used.

SCAA understands that the Coronavirus epidemic has sent the state into an economic and health care tailspin. Our goal is to assure that state and federal officials do not lose sight of the hardships and needs of DDSN clients, families and providers and to assure that the 6.2% increase in FMAP will be used as intended by Congress.

Congress required in the Medicaid Act that states must administer Medicaid waiver programs in the “best interests” of recipients. The South Carolina Family Support Act affirms the

intent of the General Assembly that families will receive the supports they need to provide care for family members who qualify for DDSN services. Many of the problems families and providers are now experiencing have been created by the ongoing decisions of DHHS and DDSN to continue the band funding system and to prohibit providers from billing DHHS directly, as required by federal law. We will be addressing our concerns regarding the continued use of band funding in more detail in a separate communication.

At this time, SCAA is requesting that the concerns identified in the seven page attachment be immediately addressed. SCAA is requesting a meeting with representatives from the Office of the Governor, DHHS, DDSN, the Senate Medical Affairs Committee and the House Oversight Committee to discuss our concerns. We will also continue our communications with CMS and federal legislators and oversight agencies. Please contact SCAA at [admin@scaadvocates.com](mailto:admin@scaadvocates.com) to set up a telephonic meeting.

Sincerely,

s/Patricia Logan Harrison

Patricia Logan Harrison

Attorney for the South Carolina Association of

Advocates

cc: Conor Sheehey, CMS  
Finance

Ian Nicholson, US Senate

Jackie Glaze, CMS

Caitin Soto, US Senate Finance

David Kimble, CMS

Beth Franco, SC P&A

Jason Tavvener, SCPA

Carolyn Yocum, US GAO

**From:** [shansotia@aclusc.org](mailto:shansotia@aclusc.org)  
**To:** [McMaster, Henry](#); [Walker, Trey](#)  
**Cc:** [Stirling, Bryan](#)  
**Subject:** [External] Urgent need for S.C. state prison population reduction amidst COVID-19 pandemic  
**Date:** Thursday, April 9, 2020 5:17:24 PM  
**Attachments:** [Gov McMaster COVID19 Prison Response Letter copy.pdf](#)

---

Dear Governor McMaster,

Please see attached correspondence regarding the COVID-19 emergency in our state prisons.

I appreciate your time and consideration of our proposal.

Sincerely,

Shirene Hansotia

## **Shirene C. Hansotia**

Criminal Justice Policy Counsel

ACLU, South Carolina

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**From:** [Patricia Logan Harrison](#)  
**To:** [McMaster, Henry](#); [murrell@smithrobinsonlaw.com](#); [debbie\\_durkin@lgraham.senate.gov](#); [Soto, Caitlin \(Finance\)](#); [Ian\\_Nicholson@fin](#); [Ervin, Alaura \(Scott\)](#); [Sheehey, Conor \(Scott\)](#); [jtavenner](#); [Susan L. John](#); [Susan John <sujohn@scccoast.net>](#); [Stacy E. Johnson](#); [Ted Drum](#); [david@davidthomaslawfirm.com](#); [Gary Lemel](#); [lorri.unumb@gmail.com](#); [Patricia Logan Harrison](#); [Kelley Speers](#); [gloria \\*kasler](#); [Barbara Wright](#); [Melody Redding](#); [Avery G. Wilks](#); [Clare. Ansberry@wsj.com](#); [Meacham, David L. \(CMS/CMCS\)](#); [Glaze, Jackie L. \(CMS/CMCS\)](#); [Beth Franco](#); [vsheheen@thesavagefirm.com](#); [Sandy Senn](#); [Senate Medical Affairs](#); [Constance Holloway](#); [Roberts@scdhhs.gov](#); [yocom@gao.gov](#); [Sue Berkowitz, SC Appleseed](#)  
**Subject:** [External] URGENT: Missing FMAP Funds - where is the 6.2% increase paid to DHHS for DDSN HCBW services?  
**Date:** Monday, April 27, 2020 2:57:33 AM  
**Importance:** High

---

**From:** Patricia Logan Harrison  
Attorney at Law  
47 Rosemond Road  
Cleveland, South Carolina 29635

**To:** Governor Henry McMaster  
Office of the Governor

Director Joshua Baker  
SCDHHS

Director Mary Poole  
Chairman Gary Lemel  
SCDDSN

**RE:** DDSN plan to reduce band payments for waiver participants living at home

Dear Governor McMaster, Mr. Baker, Ms. Poole and Chairman Lemel:

On Thursday, April 23, 2020, the South Carolina Department of Disabilities and Special Needs advised financial managers (mainly local DSN Board directors) that it's current plan is to reduce the payments made for Medicaid waiver participants who live at home by 70%, effective with the second payment made to local DSN Boards in May. As I understood the information provided at the meeting, the reason for reducing payments to local DSN Boards is that **DDSN has a budget deficit for FY 2020 that is in excess of \$5 million due to the closure of congregate day programs.**



According to information provided at that meeting, DDSN has not received any of the increased FMAP payments that have already been paid by the federal government to SCDHHS for the purposes set forth in the Families First Response Act that was passed by Congress on March 18, 2020.

That Act retroactively increased the federal match rate for Medicaid services in South Carolina from approximately 70% to 76.2%. Given that DDSN has only provided the draft Mercer reports, not the report that was finalized in August, 2019 (according to DDSN's Annual Accountability Report), it is difficult to calculate the amount DHHS has already received in increased retroactive FMAP funds (paid retroactively to January, 2020). For purposes of this inquiry, I have used the costs which DHHS provided in the current ID/RD and Community Support waiver applications (found on the DHHS website) for year four.

If those numbers are correct, the increased FMAP for the ID/RD waiver program should have produced an additional \$3.377 million per month for that program. The increased FMAP for the Community Supports program should have produced an additional \$421,706 per month. Given that the initial payment was retroactive to January 1, 2020, DHHS should have already received a retroactive payment of at least \$11,396,120 for the months January – March, 2020 for those two programs alone.

According to the information DDSN provided to local DSN Boards on Thursday, none of these increased FMAP payments have been passed on to DDSN, creating a budget deficit of more than \$5 million, which DDSN now plans to balance on the backs of local DSN Boards and families who are already struggling to provide additional hours care at home, given the closure of day programs funded by the waiver. The proposed reductions have not been approved by the governing board of DDSN.

DDSN has also failed to notify Medicaid waiver families of the agency's plan to reduce the band rates paid for services provided to

waiver participants living at home by 70% in less than three weeks. DDSN's plan calls for all financial managers to share in this across-the-board reduction, regardless of their production rates. This punishes those boards who have worked hard to comply with DDSN's request to provide day services in DDSN's residential settings and rewards those who have not. Given the increased costs Boards are experiencing resulting from Cov-19 due to absences, increased overtime, having to pay hazardous duty pay to cover houses infected with Cov-19 and having to pay for PPE that should be provided to waiver participants through the State Plan, threatening to reduce rates to solve DDSN's budgeting problem on such short notice, and without a public hearing, is unconscionable.

By forcing boards to reduce home-based services, DHHS risks loss of the 6.2% FMAP increase, which requires the state to continue to provide services in the "amount, duration and scope" provided prior to the enactment of the Family First Coronavirus Response Act.

I am already seeing reductions "on the ground." DDSN reduced the hours of one client who was receiving 42 hours per week of PCA II services to 10.5 hours, without explanation, and without any change in the client's need for those services. Another client's request for an additional hours of PCA services to replace the day program services he was receiving prior to the closure of DDSN's day programs was first approved for 30 additional hours per week, but later that same day reduced to 5 hours a week, claiming that the approval for an additional 30 hours a week was a "typo."

Before I send information out to families, I am requesting, Mr. Baker, that you provide the amount of the FMAP funding increase your agency has already received and that you explain why none of these funds have been paid to DDSN. When do you intend to pay those funds already received to DDSN so that they can avoid the ill-conceived and illegal plan to reduce payments for B and I band recipients?

For years, advocates have complained that the agencies' overreliance on DDSN workshops violates the ADA and the Medicaid Act and

DHHS' illegal refusal to allow all providers to bill DHHS directly. Instead, DHHS and DDSN have continued to mandate that local DSN Boards involuntarily assign payments to DDSN, to be distributed according to the "bands" DDSN has established. DDSN has continued to divert funds allocated for services to build more congregate capacity, without authorization from the General Assembly. Instead of substituting services provided in integrated settings, DDSN has continued its business model of billing excessive rates for day program services, while passing on lower rates to providers.

Given the emergency nature of the pending reductions, I will appreciate your prompt response. If any of my calculations are wrong, please so advise and provide the correct amounts and the final Mercer report.

Sincerely,

Patricia Logan Harrison

# Coronavirus (COVID-19) Pandemic:

## FEMA Project Airbridge Video

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In support of the coronavirus (COVID-19) pandemic response, FEMA developed a brief video about FEMA Project Airbridge:

- Project Air Bridge expedites movement of critical supplies, in varying quantities, from the global market to medical distributors in various locations across the U.S.
- Project Airbridge was created to shorten the amount of time it takes for U.S. medical supply distributors to get commercially sourced and procured Personal Protective Equipment and other critical supplies into the country for their respective customers.
- To efficiently maintain the country's existing medical supply chain infrastructure, FEMA is supplementing, not supplanting, supply chain through a variety of strategies, including FEMA Project Airbridge.
- FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.
- FEMA is providing distributors with current information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies.
  - These areas are determined by HHS and FEMA based on CDC data.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers in other areas across the U.S.

The video can be found on the [FEMA Website](#) and FEMA social media accounts.

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



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Also, follow Administrator Pete Gaynor on Twitter [@FEMA\\_Pete](#).

## FEMA Mission

To help people before, during, and after disasters.

# Coronavirus (COVID-19) Pandemic Best Practices for PPE Preservation

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Attached you will find a Best Practices Fact Sheet and Infographic which supports the Whole-of-America response strategy to coronavirus (COVID-19) pandemic for preserving personal protective equipment (PPE).

The Best Practices for Preserving PPE Fact Sheet addresses the following:

- The objective of the *COVID-19 National Strategy for Addressing Personal Protective Equipment (PPE) Shortage* is to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: reduce – reuse – repurpose.
- The Fact Sheet does not imply a hierarchy, but the reader should note that first line, conventional options are preferred.
- The user should select appropriate actions based on the organizational/facility your stage in the response (conventional, contingency, crisis).
- “Reduce” means modifying normal operations and procedures in ways that reduce the usage rate of PPE.
- “Reuse” includes implementing PPE optimization, decontamination, and reuse procedures.
- “Repurpose” includes the use of alternative types or sources of PPE.

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



# FEMA



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Also, follow Administrator Pete Gaynor on Twitter [@FEMA\\_Pete](#).

## FEMA Mission

To help people before, during, and after disasters.

# Coronavirus (COVID-19) Pandemic:

## Personal Protective Equipment Preservation Best Practices

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This guidance summarizes best practices for national implementation to sustain personal protective equipment (PPE) while ensuring the protection workers during the coronavirus (COVID-19) pandemic response.

### Objective

The objective of the COVID-19 National Strategy for Addressing Personal Protective Equipment (PPE) Shortage is to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: reduce – reuse – repurpose. Due to the COVID-19 pandemic response and associated PPE shortages, implementation of contingency and crisis capacity plans may be necessary to ensure continued availability of protective gear.

This fact sheet amplifies the [Centers for Disease Control and Prevention \(CDC\) strategies on conventional, contingency and crisis capacity strategies for optimizing PPE](#). All U.S. healthcare facilities should begin using PPE contingency strategies now and may need to consider crisis capacity strategies if experiencing PPE shortages.

### What Do I Do and How Do I Do it?

#### 1. Reduce Usage Rate of PPE by Modifying Normal Operations and Procedures

- Limit the need for PPE by maximizing use of barrier controls whenever possible (e.g. masking patients, Plexiglas barriers, car windows and improved ventilation systems).
- Place IV towers and ventilators outside of patient rooms, as clinically appropriate, to enable appropriate monitoring and management without donning of PPE.
- Automate delivery of food and supplies.
- Use tele-consultation, internet-based interviews, or remote camera-based observation, as available.
- Limit visitor access and offer technology-enabled alternatives (e.g., video chat).
- Understand PPE requirements and burn-rates - [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)
- Consider extending use-times of undamaged, non-visibly soiled PPE beyond single patient contact and other standard practice durations.
- Note: OSHA has relaxed enforcement of annual fit-testing requirements for N-95 filtering facepiece respirators (FFRs) - [osha.gov/news/newsreleases/national/03142020](https://www.osha.gov/news/newsreleases/national/03142020).



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## 2. Reuse PPE by Implementing Optimization, Decontamination, and Reuse Procedures

- Implement strategies to optimize supplies and equipment: [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)
- Implement expanded facility-based PPE reuse policies and procedures.
- Track “check in” and “check out” of PPE designated for reuse. Each worker is provided specific PPE at the beginning of the shift. At the end of the shift, all PPE is labeled, collected, and stored for reuse (which may entail appropriate decontamination using devices with issued Food and Drug Administration (FDA) Emergency Use Authorization (EUA)).
- Implement guidance for decontamination and reuse of FFRs:
  - [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html)
  - [osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus](https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus)
  - For large-scale decontamination of N-95 FFRs consider using the following methods:
    - Industrial or facility-based vaporized hydrogen peroxide sterilization systems: [fda.gov/media/136529/download](https://www.fda.gov/media/136529/download)
    - Industrial or facility-based moist heat disinfection systems (NOT autoclaves)
    - Facility-based ultraviolet germicidal irradiation (UVGI) systems
  - For low-volume or personal decontamination of N-95 FFRs consider using commercially available microwavable moist heat disinfection devices following manufacturer’s instructions (e.g. do not put metal parts in microwaves).

## 3. Repurpose Alternative Types or Sources of PPE

- Use alternative NIOSH-approved respirators in lieu of N-95 FFR for activities for which respiratory protection is required. See [fda.gov/media/135763/download](https://www.fda.gov/media/135763/download). Examples include:
  - powered, air-purifying respirators (PAPRs);
  - reusable air-purifying respirators (elastomeric half and full facepiece respirators);
  - other disposable air-purifying particulate FFRs.
- Contingency - Seek alternative supplies of PPE.
  - Encourage community members to donate private stocks of unused/unopened surgical masks, gloves, gowns, and N-95 respirators to your facility.
  - Seek PPE and other equipment from dentist offices, veterinarians, individuals, and other sources, including business that are not active.
  - Use commercial sources of industrial Tyvek coveralls, face shields, goggles, shoe covers, etc.
- Crisis - Use N-95 FFRs beyond their expiration dates if certain conditions are met
  - [cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html](https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html).

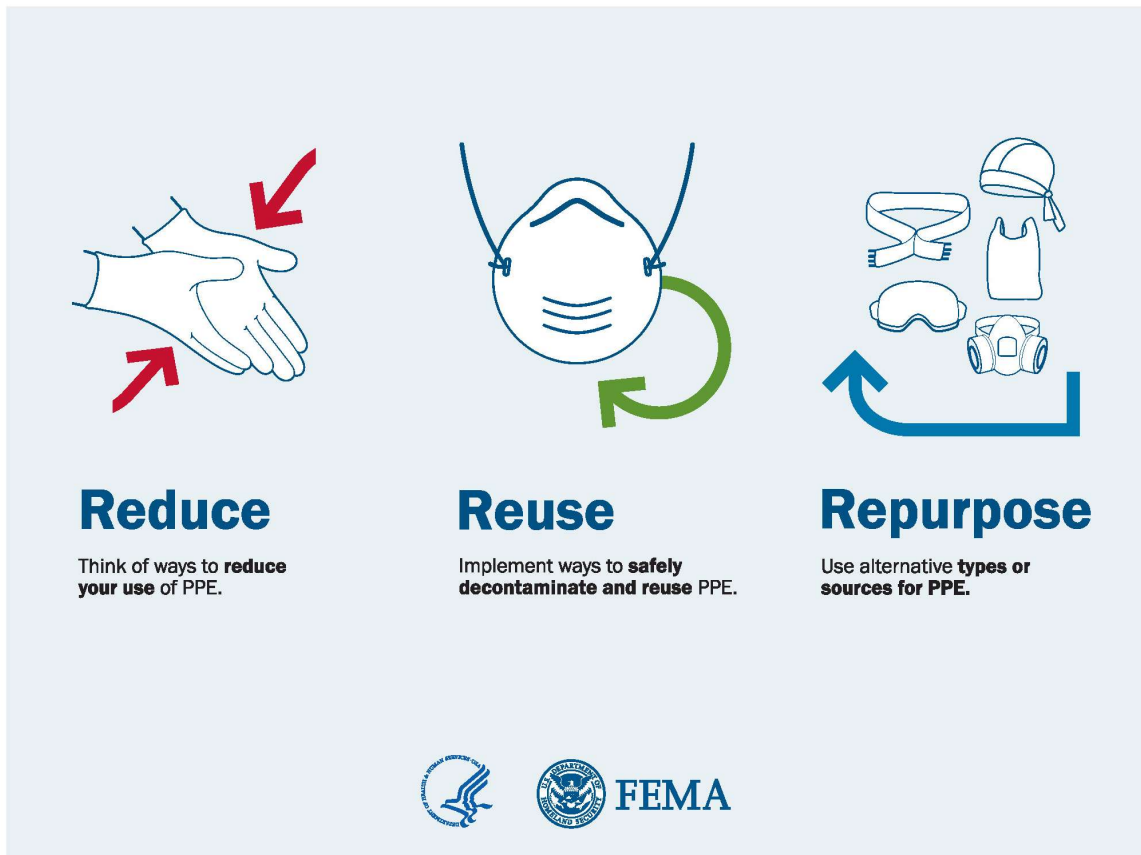
- Crisis - Use FDA authorized imported, non-NIOSH-approved disposable FFRs.
  - [fda.gov/media/136403/download](https://www.fda.gov/media/136403/download)
  - [fda.gov/media/136664/download](https://www.fda.gov/media/136664/download)

## Implementation

Organizations need to assemble a team to carefully review existing Health and Safety Plan (HASP) and Respiratory Protection Plan (RPP) policies and procedures for opportunities to reduce, reuse, or repurpose and should develop contingency and crisis operational plans. Such a team might include (where available) environmental health officers, safety officers, industrial hygienists, logistics officers, infection prevention practitioners, operations chiefs, medical officers, and work-force representatives.

To ensure uniform application of modified practices, processes and procedures, and, concurrently, the safety of workers, all workers must be trained in the plans, with recommended elements of such training including:

- The rationale for changes, contingency and crisis standards during COVID-19 related PPE shortages
- New PPE guidance (FDA, CDC, DOJ) related to COVID-19
- Proper methods to conduct new or changed work practices (e.g., staffing, social distancing)
- Methods to install or utilize any barrier controls (e.g. patient masking, Plexiglas shields)
- Proper donning and doffing of PPE to minimize self-infection
- Proper hand hygiene



# Coronavirus (COVID-19) Pandemic: International Reagent Resource

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Attached you will find a Fact Sheet for the International Reagent Resource (IRR) in response to the coronavirus (COVID-19) pandemic. Established by the Center for Disease Control and Prevention (CDC), IRR acquires, authenticates, and produces reagents that scientists need to carry out basic research and develop improved diagnostic tests, vaccines, and detection methods. Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs, increasing efficiency by reducing the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.

## The topline messages include:

- State public health labs to submit open, unfilled requests.
  - State public health labs Must be registered with the IRR in order to access supplies and resources.
- Tribes and other entities continue procuring lab diagnostic supplies through the commercial market.
- Expanded list of diagnostic supplies will include:
  - Sample kits, to swab via the nose and/or throat.
  - Extraction kits, to isolate the viral genetic material (RNA); and
  - Test kits, to determine the presence of COVID-19.
- CDC sends approval requests to IRR for processing within 24-48 hours.
- NRCC continues to provide prioritization guidance to the IRR using epidemiological and testing data.
- Laboratories are encouraged to order reagents in line with immediate (1 – 1 ½ weeks) testing needs to ensure all states and territories may support testing while commercial inventories are relatively constrained.



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## Contact Us

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- 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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## FEMA Mission

To help people before, during, and after disasters.



# Coronavirus (COVID-19) Pandemic: International Reagent Resource

---

Established by Centers for Disease Control and Prevention (CDC), the International Reagent Resource provides resources for surveillance of and detection of influenza and other respiratory pathogens to laboratories with documented training and competency. The organization acquires, authenticates, and produces reagents that scientists need to carry out basic research and develop improved diagnostic tests, vaccines, and detection methods. The IRR is under contract by American Type Culture Collection (ATCC)

The coronavirus (COVID-19) Federal Interagency Task Force continues to expand items supplied by the IRR to help public health labs access diagnostics supplies and reagents for COVID-19 testing free of charge. Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs, increasing efficiency by reducing the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.

- States public health labs should submit open, unfilled requests directly to the IRR.
  - FEMA Regions should cancel such requests for state labs for diagnostic resources with National Response Coordination Center (NRCC)/WebEOC.
- States public health labs must be registered entities with the IRR in order to access its supplies and resources. During this emergency response, additional laboratories may be authorized to access IRR supplies and resources by their state's primary public health laboratory or other qualified public health entity.
- Tribes and other entities will continue procuring lab diagnostic supplies through the commercial market.
- The expanded list of diagnostic supplies will include supplies to support three components needed for COVID-19 testing:
  - Sample kits, to swab via the nose and/or throat.
  - Extraction kits, to isolate the viral genetic material (RNA); and
  - Test kits, to determine the presence of COVID-19.
- To order resources from the IRR, registered public health labs must submit their request for supplies online at [www.InternationalReagentResource.org](http://www.InternationalReagentResource.org). All requests are routed to CDC for review and approval.



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## FACT SHEET: COVID-19 INTERNATIONAL REAGENT RESOURCE

- CDC sends approved requests to IRR for processing within 24-48 hours. Those supplies produced by the CDC or encompassed within CDC FDA-approved [Emergency Use Authorization assay](#) will ship from IRR directly, typically within 2-3 business days from order approval. Supplies purchased by IRR from other commercial manufacturers will ship directly from those manufacturers' facilities upon receipt of approved orders from CDC according to their shipping schedule.
- The NRCC continues to provide prioritization guidance to the IRR using epidemiological and testing data.
  - The IRR retains operational latitude to adjust allocations as they apply the NRCC guidance.
- Laboratories are encouraged to order reagents in line with immediate (1 – 1 ½ weeks) testing needs so all states and territories may support testing while commercial inventories are relatively constrained.
  - As commercial manufacturers continue to scale up their production capabilities, IRR anticipates that inventory supplies will expand.
  - For supplies carried by the IRR, public health labs are advised only to submit requests through the IRR.

Visit [www.InternationalReagentResource.org](http://www.InternationalReagentResource.org) to see the full list and specifications for available COVID-19 diagnostics supplies and reagents.

# IF YOU ARE AN **ESSENTIAL CRITICAL WORKER** WHO HAS BEEN EXPOSED TO COVID-19

## DO

- Take your temperature before work.
- Wear a face mask at all times.
- Practice social distancing in the workplace as work duties permit.

## DON'T

- Stay at work if you become sick.
- Share headsets or objects used near face.
- Congregate in the break room or other crowded places.



**CISA**  
CYBER+INFRASTRUCTURE

# IF YOU ARE AN **EMPLOYER OF WORKERS** EXPOSED TO COVID-19

## DO

- Take employee's temperature and assess symptoms prior to their starting work.
- If an employee becomes sick during the day, send them home immediately.
- Test the use of face masks to ensure they do not interfere with workflow.
- Increase air exchange in the building.
- Increase the frequency of cleaning commonly touched surfaces.



# Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- ▶ **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- ▶ **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- ▶ **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- ▶ **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- ▶ **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific First Responder Guidance page.

## INTERIM GUIDANCE

*This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:*

- ▶ Federal, state, & local law enforcement
- ▶ 911 call center employees
- ▶ Fusion Center employees
- ▶ Hazardous material responders from government and the private sector
- ▶ Janitorial staff and other custodial staff
- ▶ Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

## ADDITIONAL CONSIDERATIONS

- ▶ Employees should not share headsets or other objects that are near mouth or nose.
- ▶ Employers should increase the frequency of cleaning commonly touched surfaces.
- ▶ Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- ▶ Employers should work with facility maintenance staff to increase air exchanges in room.
- ▶ Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.



HENRY McMASTER, GOVERNOR  
MICHAEL LEACH, STATE DIRECTOR



April 20, 2020

As part of the CARES Act (Coronavirus Aid, Relief and Economic Security) funding, DSS is offering child care assistance for parents who have been deemed essential staff and are required to report to work during the COVID-19 Pandemic.

In order to qualify, you must be currently working at an essential business or government agency, you must need child care so you may continue to work, and you must complete a child care application. You do not have to meet any income guidelines for this time-limited program. A list of essential staff/qualifying occupations is attached.

If you have questions about the voucher or whether you meet the criteria for assistance, please contact Christi Jeffcoat at (803) 898-2741 or [christi.jeffcoat@dss.sc.gov](mailto:christi.jeffcoat@dss.sc.gov).

To apply, please complete the attached application and email it to [christi.jeffcoat@dss.sc.gov](mailto:christi.jeffcoat@dss.sc.gov). In the email, please include your first and last name, the best phone number to reach you, and the occupation/business where you work.

If you need help finding available child care, please contact our Child Care Resource & Referral Network at 1 (888) 335-1002 or go to the website after hours at [www.sc-ccrr.org](http://www.sc-ccrr.org) and submit a referral indicating your need to find an opening in a child care facility and someone will assist you.

For more information about DSS' response to COVID-19 related to child care, please visit our child care website at [www.scchildcare.org](http://www.scchildcare.org).



COVID-19 Child Care Assistance for Essential Workers  
Frequently Asked Questions  
April 20, 2020

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**1. *How do I get help with child care?***

In order to qualify, you must be currently working at an essential business or government agency, you must need child care so you may continue to work, and you must complete a child care application. You do not have to meet any income guidelines for this time-limited program. A list of essential staff/qualifying occupations is attached.

To apply, please complete the attached application and email it to [christi.jeffcoat@dss.sc.gov](mailto:christi.jeffcoat@dss.sc.gov). In the email, please include your first and last name, the best phone number to reach you, and the occupation/business where you work.

**2. *How does this program work?***

If a parent qualifies, vouchers will be paid directly to the child care providers. The SC Voucher system has a maximum weekly provider rate that can be paid. Providers that are in the ABC Quality program already have an established weekly rate based on their quality level. DSS will not charge a weekly co-pay per child, however parents may be asked to pay for the difference between what the child care provider charges and the voucher rate.

**3. *Does the child care provider have to be licensed for the parents to receive the vouchers?***

All license-exempt child care programs operating during this time of COVID-19 Emergency and serving children all day, must have an emergency temporary license to operate. Please contact Child Care Licensing at (803) 898-9020 or email Cynthia Lara at [cynthia.lara@dss.sc.gov](mailto:cynthia.lara@dss.sc.gov) to start this process. License-exempt providers that have received a temporary license to operate during this time of emergency are able to receive vouchers for eligible children.

**4. *Where can I find a list of essential employees that would be covered by this?***

Please see the attached list of essential staff by occupation.

**5. *Will this cover payments for child care when the facility is closed but parents are essential and still have to work?***

The purpose of this program is to provide child care assistance to essential workers so that they are able to place their kids in child care while they report to work during the COVID-19 emergency. If a parent's child care provider is closed and they need to choose another provider so they can continue to report to work, they can apply for this category of child care.

**6. *How long will the voucher cover?***

This category of child care is being provided from the point of approval through August 30, 2020.

**7. *How will parents be compensated if they have already paid for child care directly to the provider?***

This category of child care is not retroactive. DSS will pay from the point of approval through August 30, 2020.

COVID-19 Child Care Assistance for Essential Workers  
Frequently Asked Questions  
April 20, 2020

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Child care assistance is available to workers in the following occupations who are required to report to work during the COVID-19 emergency.

COVID-19 List of Essential Occupation Categories	
<b>Emergency Services</b>	
➤ Police Officers	➤ Firefighters
➤ Paramedics	➤ 911 Call Center Workers
➤ EMTs	➤ County and City Jail staff
<b>Health Care and Public Health Workers</b>	
<b>State Government Programs</b>	
➤ Essential staff who are required to report to work.	
<b>Financial Services (essential in-office staff)</b>	
➤ Banks	
➤ Lending offices	
<b>Food and Agriculture</b>	
➤ Grocery Store employees	➤ Farmers
➤ Pharmacy employees	➤ Food processing employees
➤ Some restaurants	➤ Food and beverage service staff
<b>Gas Station Workers</b>	
<b>Mechanics</b>	
<b>Water and Wastewater Employees</b>	
<b>Energy</b>	
➤ Utility workers	
➤ Engineers	
➤ Telecommunications	
<b>Chemical Section</b>	
➤ Lab workers	
➤ Pharmaceuticals	
➤ Distribution facilities	
<b>Transit Services</b>	
➤ City Bus Drivers	

RICHARD J. CASH  
SENATOR, ANDERSON COUNTY  
SENATORIAL DISTRICT 3

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EMAIL: RICHARDCASH@SCSENATE.GOV

April 2, 2020

The Honorable Henry McMaster  
State House  
1100 Gervais Street  
Columbia, SC 29201

Dear Governor McMaster,

I have supported your actions, as have so many across the state, because of the enormous value we place on an individual human life. We are going to great lengths, as we should, to protect lives and yet the abortion clinics across South Carolina are busier than ever. Between March 16<sup>th</sup> and April 1<sup>st</sup>, 26 people have died from the Coronavirus; each and every person significant and loved by many. There is little doubt that at least 26 lives have been destroyed in abortion clinics during the first half of this week alone, and probably 150 abortions have occurred during the time period of March 16<sup>th</sup> to April 1<sup>st</sup>!

On March 17<sup>th</sup> you requested that, "South Carolina medical and surgical centers halt all elective and non-threatening surgical and medical procedures within 72 hours." On March 19<sup>th</sup> you stated that you expected "everyone to comply." The following day a spokesman followed up by saying that in the case of non-compliance, "he (the Governor) reserves the right to order that by executive order." Elective procedures are by definition a choice. As a matter of fact, killing a baby in the mother's womb is an elective procedure, a "choice", not a necessity, not an emergency. Abortion clinics are not complying with the request you made on March 17<sup>th</sup>; rather they are using up PPE and exposing staff and patients to unnecessary risks by continuing to perform abortions.

When people did not comply with your requests to not congregate on the beach, law enforcement were given discretion to disperse groups of more than three. When people did not comply with requests to not congregate on our waterways, the order came to close public ramps and piers. In addition, the recent order to close many non-essential businesses further highlights the fact that abortion clinics are doing business as usual, and I can assure you, many pro-life people have taken notice and wonder why.

Other states have ordered abortion clinics to close, and Texas' order was just upheld by the Fifth Circuit Court of Appeals. **If there does not already exist within the executive orders given to date the ability for DHEC to close abortion clinics, then I respectfully ask that an order be made ASAP that would accomplish that task.**

I, and many others, stand ready to support you in such an action. Great good will be achieved despite the terrible circumstances that we are currently experiencing. Of course, there will be some backlash, but the dissidents who will complain about the abortion clinics being ordered to close probably do not support you anyway, whereas the people who will applaud such an order will give thanks to God and remember your bold leadership in days to come.

There is no time to lose. I cannot imagine any scenario whereby we can go through the month of April, with the likelihood of further restrictions on mobility and business, without this becoming a bigger and more important concern to pro-life people with every passing day. I have said very little publicly to this point because I support your leadership and understand that you face many daily pressures and decisions. However, pro-life leaders like myself cannot remain quiet much longer; it is simply too important. Indeed, we have a rare opportunity to help people connect the dots; to understand that the value of a human life in the womb is equal to the value we place on ourselves and our neighbors as we go to extraordinary lengths to protect everyone from the Coronavirus.

**Now is the time for South Carolina to act to close abortion clinics during this pandemic so that fewer people will be exposed to the virus, more resources could be made available to health care workers, and lives will be saved.** I have spoken at length with all the people copied on this letter and we are more than willing to assist you in any way possible with this matter. I have also sent a copy of the letter to Lt. Gov. Pamela Evette since I am familiar with her pro-life beliefs. I would be happy to speak with you at your convenience and can be reached directly at 864-505-2130.

Kind regards,



Richard J. Cash

cc: Dr. Matthew Clark, President, Personhood South Carolina  
Mr. John McCravy, House District 13, House Family Caucus leader  
Mr. Joshua Putnam, President, Palmetto Family Council  
Mrs. Kelly Rowe, The SC Governor's Mansion Foundation  
Mrs. Lisa Van Riper, President, SC Citizens for Life



**South Carolina Department of Social Services  
SC Voucher Program  
CHILD CARE APPLICATION**

***Si necesita esta aplicación en idioma español, llame al 1-800-476-0199 por favor.***

**PLEASE COMPLETE IN BLUE OR BLACK INK AND COMPLETE ALL SECTIONS**

**FOR AGENCY USE ONLY**

**Program Name/Eligibility Category:** COVID-19/Essential Worker **CCVS Application No.:** \_\_\_\_\_

**1. Tell us who you are and where you live.**

Last Name:		First Name:		Mid. Initial:	
Social Security Number:		Birthdate:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Residence Address:		City:	State: SC	Zip:	
Mailing Address: (If different than residential address)		City:	State: SC	Zip:	
CHIP Case No.: (If applicable)		County: (You live in)		E-Mail:	
Has the family been homeless for one or more days during the month of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Homeless is defined as individuals who lack a fixed, regular, and adequate nighttime residence.					
Home: (     )     -		Work: (     )     -		Cell: (     )     -	

Race	* Check Yes or No for Each	Family Composition (Select One)	Marital Status (Select One)	Educational Level (Select One)
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Single Parent Family	<input type="checkbox"/> Single	<input type="checkbox"/> Less than High School Graduate
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Married	<input type="checkbox"/> High School Graduate
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Single Parent Guardian/In Loco Parentis	<input type="checkbox"/> Separated	<input type="checkbox"/> GED
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Two Parent Guardian/In Loco Parentis	<input type="checkbox"/> Divorced	<input type="checkbox"/> Post Graduate (College)
White	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Foster Child of a Single Parent Family	<input type="checkbox"/> Widowed	
<b>Ethnicity</b>	<b>Check Yes or No</b>	<input type="checkbox"/> Foster Child of a Two Parent Family	<input type="checkbox"/> Not Applicable – Child	
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Foster Child with a Child		
			<b>Language</b>	
			What is the primary language spoken in the home?	
			<input type="checkbox"/> English	
			<input type="checkbox"/> Spanish	
			<input type="checkbox"/> Native Central, South American Languages	
			<input type="checkbox"/> Mexican Languages	
			<input type="checkbox"/> Caribbean Languages	
			<input type="checkbox"/> Middle Eastern or South Asian Languages	
			<input type="checkbox"/> East Asian Languages	
			<input type="checkbox"/> Native North American/Alaska Native Languages	
			<input type="checkbox"/> Pacific Island Languages	
			<input type="checkbox"/> European or Slavic Languages	
			<input type="checkbox"/> African Languages	
			<input type="checkbox"/> Other (e.g. American Sign Language)	
			<input type="checkbox"/> Unspecified	

**\*You must check Yes or No for each of the races and ethnicities listed. Any option left unchecked will be recorded as unknown.**



**2. Tell us about your family.**Does the family have assets that exceed \$1,000,000? ☐ Yes ☐ No**Sources of Income** (You must check Yes or No for each source. Any option left unchecked will be recorded as a No.)

Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?	Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			
Housing Voucher or Cash Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N				Social Security	<input type="checkbox"/> Y <input type="checkbox"/> N			
TANF (Family Independence)	<input type="checkbox"/> Y <input type="checkbox"/> N				Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N			
Food Stamps	<input type="checkbox"/> Y <input type="checkbox"/> N				Disability Income	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI or Other Federal Cash Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N				Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N				Veteran's Pension	<input type="checkbox"/> Y <input type="checkbox"/> N			
Other: (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				Other: (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			

**3. Tell us who lives in your home. (List your name on the first line.)**

Last Name	First Name	Middle Initial	Gender	Birthdate	Age	How is this person related to you?	If child age 18-21, are they in school?
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N

**4. Tell us where you work or attend school or training.**

Parent A – Work/School/Training Information		Parent B (Spouse or Child's Other Parent, if in same household) Work/School/Training Information	
Name of Parent/Guardian/Foster Parent:		Name of Parent/Guardian/Foster Parent:	
Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Employed/Attending School/Training <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Protective Services <input type="checkbox"/> Disabled <input type="checkbox"/> Federal Declared Emergency		Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Employed/Attending School/Training <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Protective Services <input type="checkbox"/> Disabled <input type="checkbox"/> Federal Declared Emergency	
Employer:	School/Training Program Attending:	Employer:	School/Training Program Attending:
Employer Address: (Including city, state, zip)	School/Training Address:	Employer Address: (Including city, state, zip)	School/Training Address:
Contact Person at Work:	Contact Person at School/Training:	Contact Person at Work:	Contact Person at School/Training:
Contact Person's Phone No.: ( )	Contact Person's Phone No.: ( )	Contact Person's Phone No.: ( )	Contact Person's Phone No.: ( )
How many hours do you work each week?	How many hours do you attend school/training each week?	How many hours do you work each week?	How many hours do you attend school/training each week?
Active military status? <input type="checkbox"/> No <input type="checkbox"/> Yes, active duty US military <input type="checkbox"/> Yes, National Guard/Military Reserve		Active military status? <input type="checkbox"/> No <input type="checkbox"/> Yes, active duty US military <input type="checkbox"/> Yes, National Guard/Military Reserve	



Space to enter additional children is provided on the next page.

**5. Tell us about the children who need child care services.**

Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	* Check Yes or No for Each	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Health</b>	<b>Check Yes or No</b>	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Ethnicity</b>	<b>Answer Yes or No</b>	Does the child have a disability?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	* Check Yes or No for Each	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Health</b>	<b>Check Yes or No</b>	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Ethnicity</b>	<b>Answer Yes or No</b>	Does the child have a disability?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	* Check Yes or No for Each	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Health</b>	<b>Check Yes or No</b>	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Ethnicity</b>	<b>Answer Yes or No</b>	Does the child have a disability?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

**Note:** Checking **No** under immunizations up-to-date does not automatically disqualify your child.

*\*You must check Yes or No for each of the races and ethnicities listed. Any option left unchecked will be recorded as unknown.*

2020-06-17 Response to D. Kravitz FOIA Request No. 2 353

Space to enter additional children is provided on the next page.

**5. Tell us about the children who need child care services.**

Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	* Check Yes or No for Each	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Health</b>	<b>Check Yes or No</b>	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Ethnicity</b>	<b>Answer Yes or No</b>	Does the child have a disability?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	* Check Yes or No for Each	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Health</b>	<b>Check Yes or No</b>	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Ethnicity</b>	<b>Answer Yes or No</b>	Does the child have a disability?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Child's First Name:		Child's Last Name:		Social Security Number:	Birthdate:	Age:
Race	* Check Yes or No for Each	Status	Check Yes or No	Additional Information		Check Yes or No
American Indian or Alaskan Native	<input type="checkbox"/> Y <input type="checkbox"/> N	Is the child a U.S. citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, are they a legal alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	School District:		
Native Hawaiian or Pacific Islander	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Health</b>	<b>Check Yes or No</b>	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian	<input type="checkbox"/> Y <input type="checkbox"/> N	Are the child's immunizations up to date?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Ethnicity</b>	<b>Answer Yes or No</b>	Does the child have a disability?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

**Note:** Checking **No** under immunizations up-to-date does not automatically disqualify your child.

*\*You must check Yes or No for each of the races and ethnicities listed. Any option left unchecked will be recorded as unknown.*

2020-06-17 Response to D. Kravitz FOIA Request No. 2 354

**6. Please read the following Applicant Rights and Responsibilities.****Applicant Rights**

1. You have the right to choose a child care center, family child care home, group child care home, church facility, or care by a neighbor, friend, or relative. If you are receiving services under Child Protective Services or Foster Care, you may choose only licensed facilities or programs.
2. You have the right to visit your child any time the child is in the provider's care.
3. You have the right to make complaints or discuss areas of concern or suggestions regarding the SC Voucher Program by calling 1-800-763-2223.
4. You have the right to receive a fair hearing regarding any decision that results in the denial or termination of services, provided that the decision is not due to funding. Requests for fair hearings shall be submitted in writing to Individual and Provider Rights, SCDSS, P.O. Box 1520, Columbia, South Carolina, 29202-1520.

**Applicant Responsibilities**

1. It is your responsibility to provide current and accurate verification of gross family income, family size, age of child(ren), change of address, and employment/school/training and to report all changes to this information within 10 calendar days after the change occurs.
2. It is your responsibility to pay your provider for child care services you receive before or after the authorized dates of service.
3. It is your responsibility to choose a child care provider within 15 calendar days from the date you are notified of your eligibility for services.
4. It is your responsibility to pay a weekly client fee, which is based on your family size and income, for each child receiving child care services through the SC Voucher Program. The weekly fee is due to your provider before the weekly child care service is provided. You may also be responsible for paying the difference between the maximum amount the SC Voucher Program pays and what the provider charges.
5. It is your responsibility to assure your child(ren) attends the provider in accordance with SC Voucher Program attendance policies.
6. It is your responsibility to call the SC Voucher Program at 1-800-476-0199 to request approval to transfer to a new provider before you stop attending one provider and before transferring to another.

**7. By my signature below:**

I certify that all of the information I have provided is true and correct. I understand that state officials may verify the information and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. I further understand that upon my approval for this program, I may be assessed a fee based on the information I have provided. I agree, by my signature, to pay that fee according to the terms and conditions of the approved child care provider. I further certify that I have read the Applicant Rights and Responsibilities and will comply with the Responsibilities.

Please print your name: \_\_\_\_\_

Signature of Parent/Caretaker: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Child Care Provider Selected:** \_\_\_\_\_

**Address of Child Care Provider Selected:** \_\_\_\_\_

NOTE: The SC Voucher Program WILL NOT pay for any children who are served prior to receiving written authorization by the SC Voucher Program.

**CHECKLIST**

- ☐ Have you completed all sections of the Application?
- ☐ Have you signed and dated this Application?
- ☐ Have you attached copies of paystubs for the last **30 days**, or a letter from your employer on company letterhead that shows your gross pay and hours worked for the last 30 days? This information must also be provided for your spouse or your child's second parent if in the home.
- ☐ If you attend school or a training program, have you attached a copy of the schedule and proof of paid registration for the term during which you are applying for services? This information must also be provided for your spouse or your child's second parent if in the home.
- ☐ If you are self-employed, did you attach your most recent income tax forms?

**If you are not sure what to send, or need assistance in completing this application, please call 1-800-476-0199.**

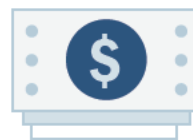
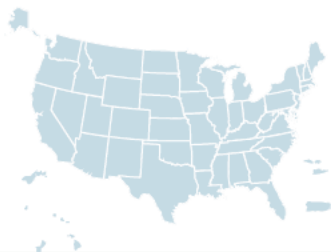
**Return Application and documentation to:**

SCDSS, SC Voucher Program, P.O. Box 100160, Columbia, SC 29202-3160 **or** Fax to 1-800-310-5417

# COVID-19 By the Numbers

## 56 Major Disaster Declarations

approved in all  
50 states,  
5 territories and  
Washington DC



## \$5.7 billion

in emergency protective  
measures



## 89

airbridge flight missions

## 209

messages  
to cell phones via the  
Wireless Emergency  
Alert System

## 51

messages  
to broadcast stations via the  
Emergency Alert System

## critical supplies shipped

7.2 million



face shields

107.2 million



surgical masks

626,863



coveralls

811.9 million



gloves

76.5 million



N95 respirators

15.3 million



gowns

## 5.4 million

samples tested

128,278 samples tested at  
Community-Based Testing Sites



## 11,327

ventilators available

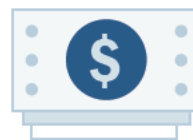
## 36,900

National Guard troops  
activated in a Title 32  
duty status

# COVID-19 By the Numbers

## 56 Major Disaster Declarations

approved in all  
50 states,  
5 territories and  
Washington DC



## \$6.1 billion

in emergency protective  
measures



## 84

airbridge flight missions

## 204

messages  
to cell phones via the  
Wireless Emergency  
Alert System

## 51

messages  
to broadcast stations via the  
Emergency Alert System

## critical supplies shipped

7 million



face shields

104.5 million



surgical masks

866,863



coveralls

793.8 million



gloves

70.7 million



N95 respirators

14.7 million



gowns

## 5.1 million

samples tested

122,926 people tested at  
Community Based Testing Sites



## 10,920

ventilators available

## 36,000

National Guard troops  
activated in a Title 32 duty  
status

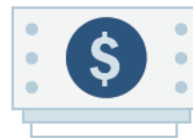
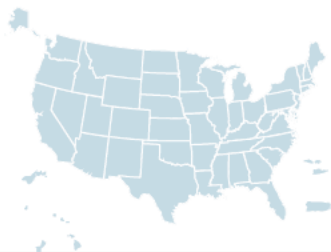




# COVID-19 By the Numbers

## 56 Major Disaster Declarations

approved in all  
50 states,  
5 territories and  
Washington DC



## \$5.8 billion

in emergency protective  
measures



## 85

airbridge flight missions

## 209

messages  
to cell phones via the  
Wireless Emergency  
Alert System

## 51

messages  
to broadcast stations via the  
Emergency Alert System

## critical supplies shipped

7.2 million



face shields

104.8 million



surgical masks

866,863



coveralls

798 million



gloves

74.7 million



N95 respirators

15 million



gowns

## 5.2 million

samples tested

129,910 people tested at  
Community Based Testing Sites



## 11,327

ventilators available

## 36,000

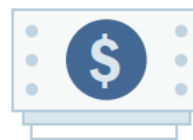
National Guard troops  
activated in a Title 32  
duty status



# COVID-19 By the Numbers

## 56 Major Disaster Declarations

approved in all  
50 states,  
5 territories and  
Washington DC



## \$5.8 billion

in emergency protective  
measures



## 95

airbridge flight missions

## 210

messages  
to cell phones via the  
Wireless Emergency  
Alert System

## 51

messages  
to broadcast stations via the  
Emergency Alert System

## critical supplies shipped

7.2 million



face shields

107.7 million



surgical masks

646,643



coveralls

814.8 million



gloves

75.0 million



N95 respirators

15.3 million



gowns

## 5.6 million

samples tested

131,122 samples tested at  
Community-Based Testing Sites  
81,671 private partner site samples



## 11,681

ventilators available

## 36,900

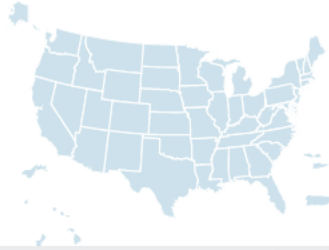
National Guard troops  
activated in a Title 32  
duty status



# COVID-19 By the Numbers

## 56 Major Disaster Declarations

approved in all  
50 states,  
5 territories and  
Washington DC



## \$5.8 billion

in emergency protective  
measures



## 99

airbridge flight missions

## 213

messages  
to cell phones via the  
Wireless Emergency  
Alert System

## 51

messages  
to broadcast stations via the  
Emergency Alert System

## critical supplies shipped

7.2 million



face shields

111.7 million



surgical masks

607,283



coveralls

888.5 million



gloves

77.9 million



N95 respirators

16.1 million



gowns

## 5.8 million

samples tested

133,496 samples tested at  
Community-Based Testing Sites  
89,875 private partner site samples



## 11,881

ventilators available

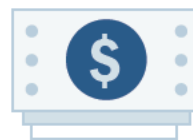
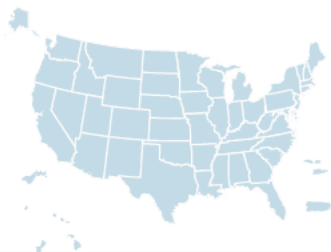
## 37,000

National Guard troops  
activated in a Title 32  
duty status

# COVID-19 By the Numbers

## 56 Major Disaster Declarations

approved in all  
50 states,  
5 territories and  
Washington DC



## \$5.9 billion

in emergency protective  
measures



## 82

airbridge flight missions

## 197

messages

to cell phones via the  
Wireless Emergency  
Alert System

## 48

messages

to broadcast stations via the  
Emergency Alert System

## critical supplies shipped

7 million



face shields

104.5 million



surgical masks

890,563



coveralls

779.1 million



gloves

70.5 million



N95 respirators

14.8 million



gowns

## 5.1 million

samples tested

122,287 people tested at  
Community Based Testing Sites



## 10,568

ventilators available

## 36,000

National Guard troops  
activated in a Title 32  
duty status

# Disaster Financial Management Guide and COVID-19 Response

---

## Background

On March 13, 2020, President Trump declared that the ongoing Coronavirus Disease 2019 (COVID-19) pandemic was of sufficient severity and magnitude to warrant an emergency declaration for all states, tribes, territories and the District of Columbia pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the “Stafford Act”).

Many government and private sector/nonprofit resources and programs are available to help jurisdictions respond and recover. Navigating various eligibility requirements and application processes can pose administrative challenges. Disaster funding or cost reimbursements are often delayed or not approved because of incomplete paperwork, missed steps in the process or a lack of understanding of the eligibility criteria.

The recently released Disaster Financial Management Guide can help a jurisdiction successfully use all available Federal resources for disaster recovery, to include the COVID-19 Supplemental Funding.

The Disaster Financial Management guide identifies the capabilities and activities necessary to prepare and successfully implement disaster financial management while maintaining fiscal responsibility throughout response and recovery operations. It includes guidance for recipients and sub-recipients on:

- Considerations and practices for tracking, calculating and justifying the cost of an emergency.
- Supporting local reimbursement reconciliation.
- Avoiding deobligation of grant funding.
- Effectively funding and implementing recovery projects and priorities.

### COVID-19 SUPPLEMENTAL FUNDING

To support COVID-19 response and recovery, supplemental funding is available under recently enacted laws, to include:

- Coronavirus Aid, Relief and Economic Security (CARES) Act
- Coronavirus Preparedness and Response Supplemental Act
- Families First Response Act

Although the Disaster Financial Management Guide takes an all-hazards approach and addresses a broad range of issues that jurisdictions face, the concepts, principles and resources it outlines directly apply to the current operational environment and ongoing COVID-19 response and recovery efforts.

On the following page, this Fact Sheet briefly summarizes relevant financial management concepts and principles discussed in the Disaster Financial Management Guide.



# FEMA

## Financial Management Practices to Use During the COVID-19 Response

The following concepts and principles are found in the Disaster Financial Management Guide. Jurisdictions should consider implementing these activities during the ongoing response to, and recovery from, COVID-19.

### Portfolio and Project Management

Project management entails accurately managing the complex disaster budget to pay all bills, release funding according to schedule and maintain accurate financial records and documents. Portfolio management are the prioritizes and authorizes the group of related projects or programs to achieve a strategic objective.

### Knowledge of Procurement and Contract Practices

Jurisdictions must follow Federal procurement under grants and subawarding regulations, as well as applicable state, local, tribal or territorial (SLTT) requirements. Follow the rule that will comply with all applicable layers of rules—sometimes Federal rules are more restrictive; sometimes SLTT rules are.

### Document All Expenditures Related to the COVID-19 Response

Jurisdictions should document every expenditure related to response and recovery, including equipment and materials used, and differentiate them from general operational costs. Using cost eligibility requirements helps jurisdictions justify each expenditure and directly relate it to the COVID-19 response and recovery.

### Log and Track Time and Expenses

Disaster cost reimbursement requires accurate and detailed records of the time and cost associated with the response actions. Initiating a disaster accounting general ledger is good way to track time and cost.

### Compile Cost and Expense Data

To achieve certain thresholds for disaster cost reimbursements, jurisdictions must show proof of cost and impact.

### Document Use of Mutual Aid and Volunteer Programs

Jurisdictions must document and track their mutual aid agreements and the cost associated with those response functions.

### Continue Documentation Processes

Detailed documentation and accounting requirements should continue throughout response and recovery efforts.

### Increase or Adjust Legal Authorities

If applicable, and in consultation with legal counsel, obtain governing body resolution or approval for increased emergency spending authority, contracting or access to a disaster reserve fund.

### Manage Positive Cash Flow

Jurisdictions need adequate cash reserves and receivables available that do not exceed expenses.

## For More Information

- Visit [fema.gov/plan](https://www.fema.gov/plan) for more information on the Disaster Financial Management Guide
- Visit [coronavirus.gov](https://www.coronavirus.gov) for information and specific resources for healthcare professionals, health departments and laboratories
- Visit [fema.gov](https://www.fema.gov) for more information on the COVID-19 Emergency Declaration
- Visit the [FEMA Public Assistance Program and Policy Guide](#) (pages 21–42) for more eligibility requirements

## AGENDA

### Education Oversight Full Committee Meeting

Monday, April 20, 2020  
1:00 P.M.  
Via WebEx (Virtual Sites\*)

- I. Welcome .....Ellen Weaver
- II. Approval of Full Committee Minutes, February 10, 2020 .....Ellen Weaver
- III. Action Items:  
Report on the Educational Credit  
For Exceptional Needs Children (ECENC) Program .. Dr. Kevin Andrews  
  
Suspension of School Report Card Ratings for School Year 2019-20  
Due to COVID-19 Pandemic.....Ellen Weaver
- IV. Information Items:  
eLearning Pilot Program ..... Dr. Lee D'Andrea  
  
Accountability Cyclical Review Update ..... Dana Yow
- V. Adjournment

Ellen Weaver  
CHAIR

Bob Couch  
VICE CHAIR

Terry Alexander

April Allen

Neal Collins

Raye Felder

Barbara B. Hairfield

Greg Hembree

Kevin L. Johnson

John W. Matthews, Jr.

Henry McMaster

Brian Newsome

Neil C. Robinson, Jr.

Molly Spearman

John C. Stockwell

Patti J. Tate

Scott Turner

*\*Webex Meeting Room and Information to Join by Phone will be announced later.*

G. Matthew Ferguson, Esq.  
EXECUTIVE DIRECTOR



# Coronavirus (COVID-19) Pandemic Messaging and Resource Links

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
- Most U.S. states now report some community spread of COVID-19.
  - See [CDC's map](#) to stay up to date on what is happening in your state.
- On April 8, the U.S. government announced [new guidance](#) to help the most critical workers serving on the front lines to quickly return to work after potential exposure to someone with COVID-19, provided those workers are symptom-free.
- CDC has [recommendations](#) for things you can do to support anxiety and stress management

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## CDC Respirator Guidance

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- CDC recognizes that—when N95 respirators are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include respirator use approved under international standards, similar to NIOSH-approved N95 respirators.
  - CDC has not approved methods to decontaminate disposable respirators prior to reuse.

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## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://www.fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

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## Community-Based Testing Sites

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- The CBTS program was created to bring testing capabilities to vulnerable areas across the country. As state and local public health departments increase testing capacity, the federal role will diminish.
- To date, federal Community-Based Testing Sites (CBTS) across 12 states have screened more than 80,000 individuals.
- CBTS are focused on testing test healthcare facility workers, first responders and Americans who need it most first. Healthcare workers and first responder who may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- Many states have indicated that they want to fully transition the CBTS to state control, allowing more flexibility in testing and reporting. Many states have already begun transitioning these programs, and other states have implemented testing sites based on the CBTS model.
- The federal CBTS Task Force is working with states to clarify whether sites want to continue as they are now, or transition to full state control. Under state control, CBTS sites would still receive technical assistance from the federal government, and be able to request supplies through the normal FEMA systems.
- The CBTS Task Force will continue to work closely with the states and FEMA Regions to ensure a successful transition and ensure that each state has the flexibility and autonomy to manage and operate testing sites within the needs of their specific community.
- The federal government will continue supporting each site through the transition process to ensure that the states can fully manage and operate their CBTS program independently. This includes providing each site with enough supplies to continue to operate for 7-14 days after the agreed upon transition date.

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## Defense Production Act

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- On April 8, the Department of Health and Human Services [announced the first contract for ventilator production rated under the Defense Production Act](#), to General Motors.
  - The rating of this contract under the DPA follows President Trump's direction to HHS Secretary Alex Azar to invoke the Defense Production Act with regard to GM's production of ventilators on March 27.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

## CORONAVIRUS (COVID-19) MESSAGING AND RESOURCES

- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provided federal departments with the authority to take actions implementing the DPA, if and as necessary. More information is available in the [DPA Fact Sheet](#).
- On **April 8**, HHS announced the first contract for ventilator production 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.

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### Defense Production Act – Export of Critical PPE

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- 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 U.S. Department of Health and Human Services to use the Defense Production Act to keep scarce medical resources within the United States for domestic use.
- Personal Protective Equipment (PPE) subject to this policy includes a variety of respirators including N95 respirators, surgical masks and surgical gloves.
- Customs and Border Patrol is supporting FEMA to temporarily detain export shipments of PPE.
- CPB will hold identified export shipments, and FEMA will determine whether to:
  - Return the PPE for use within the United States;
  - Purchase the PPE on behalf of the United States; or,
  - Allow it to be exported

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### FDA Ventilator Guidance

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- On **March 24**, the FDA issued an Emergency Use Authorization (EUA) for Ventilators, which allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
  - Provides guidance for health care personnel on how to use other ventilators, such as CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- FDA provides information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 pandemic.

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## FEMA Public Assistance: Eligible Emergency Protective Measures

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- Under the nationwide emergency declaration, FEMA may reimburse eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials. Some examples of eligible expenses outlined in the [fact sheet](#) include:
  - Management, control and reduction of immediate threats to public health and safety.
  - Emergency medical care
  - Medical sheltering (e.g. when existing facilities are reasonably expected to become overloaded in the near future and cannot accommodate needs.
  - Purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits movement of supplies and persons.
  - Communications of general health and safety information to the public.
  - Reimbursement for state, tribe, territory and/or local government force account overtime costs.
- While some activities listed may be eligible for funding through HHS/CDC, final reimbursement determinations will be coordinated by HHS and FEMA. FEMA will not duplicate any assistance provided by HHS/CDC).

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## FEMA Public Assistance: Non-Congregate Sheltering

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- Under the national emergency declaration, FEMA's Regional Administrators have been delegated authority to approve requests for non-congregate sheltering for the duration of the Secretary of Health and Human Services' declaration of a Public Health Emergency for COVID-19.
- FEMA recognizes that non-congregate sheltering may be necessary in this Public Health Emergency to save lives, to protect property and public health, and to ensure public safety, as well as to lessen or avert the threat of a catastrophe.
- FEMA has outlined criteria must be considered before setting up non-congregate sheltering and support services in an [online fact sheet](#) and [Q&A document](#).

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## FEMA Public Assistance: Private Nonprofit Organizations

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- Under the nationwide emergency declaration and subsequent major disaster declarations, [certain private non-profit \(PNP\) organizations](#) are eligible to apply for funding through FEMA's Public Assistance program.
  - If a government entity legally responsible to provide services to protect life, public health, and safety enters into an agreement with a PNP to provide those services (e.g., sheltering or food distribution). In these cases, Public Assistance funding is provided to the legally responsible government entity, which then pays the PNP.
  - In limited cases, PNPs that own or operate an eligible facility and perform eligible work to save lives or protect health and safety in response to the COVID-19 incident, such as providing emergency, medical or custodial care services for which they are legally responsible, may be eligible for reimbursement of costs as a Public Assistance applicant.

- For PNPs, operating costs (such as patient care and administrative activities) are generally not eligible even if the services are emergency services, unless the PNP performs an emergency service at the request of and certified by the legally responsible government entity.

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## FEMA Public Assistance: Simplified Application

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- FEMA is simplifying the Public Assistance application and funding process to address the magnitude of the COVID-19 event and allow local officials to receive eligible funding more quickly.
  - FEMA is developing a simplified online form that applicants can complete, and on which they may explain work activities, answer basic questions, provide limited supporting documentation, and provide a cost estimate.
  - FEMA and the recipient will review this information, follow up with limited requests for additional information if necessary, and award assistance. Recipients will have access to all projects in PA Grants Portal, consistent with the traditional PA process.
- Eligibility guidance on what FEMA can fund will be updated on the [Public Assistance Policy, Guidance, and Factsheets page on FEMA.gov](#) and the COVID-19 page on [FEMA.gov](#). Application support and tutorials are available on the resource tab in PA Grants Portal.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,866 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## FEMA Suspends Rent Collection for Three Months

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- On April 8, FEMA announced suspension of rent payment for disaster survivors living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas due to the coronavirus (COVID-19) pandemic.
  - The suspension applies to April, May and June rent only. Rent collection is expected to resume July 1.
  - FEMA will mail a letter to all affected survivors about their rent suspension.
- To prevent a duplication of benefits, survivors with insurance that covers additional living expenses must pay FEMA either the fair market rental value, or the amount of the insurance benefits, whichever is less. Fair market value is established by the U.S. Department of Housing and Urban Development.



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## Flood Insurance Grace Period for Policy Renewals

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- To help serve National Flood Insurance Program (NFIP) customers who may be experiencing financial hardships due to impacts of the COVID-19 pandemic, [FEMA is extending the grace period to renew flood insurance policies](#) from 30 to 120 days.
  - This extension applies to NFIP flood insurance policies with an expiration date between February 13 and June 15, 2020.
  - For more information about renewing flood insurance policies or resolving an underpayment, policyholders can contact their insurance carriers or call the National Flood Insurance Program Call Center at 1-877-336-2627.

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## Help for Businesses

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- On April 3, the Small Business Administration Paycheck Protection Program began offering nearly \$350 billion in loans to small businesses. More than 17,500 loans valued at over \$5.4 billion were approved on the first day of the Paycheck Protection Program.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first eight weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

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## Help for Individuals and Families

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- Coping with stress: CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.
- [The Substance Abuse and Mental Health Services Administration's National Disaster Distress Line](#) is available to anyone experiencing emotional distress related to a disaster, including COVID-19. Those in need of emotional support can call 1-800-985-5990 or text TalkWithUs to 66746 to be connected to a trained, caring counselor. The deaf or hard of hearing can access the helpline by text or using their preferred relay service. Spanish Speakers can call 1-800-985-5990 and press "2". From the 50 states, text Hablanos to 66746, those in Puerto Rico, text Hablanos to 1-787-339-2663.
- For anyone affected by domestic abuse, call the National Domestic Violence Hotline at 800-799-7233 or 800-787-3224 for TTY. If you're unable to speak safely, visit [thehotline.org](#), or text LOVEIS to 22522. Chat en Español esta disponible cada cuando el botón de chat está en rojo. Para información en español, visita la página "En Español."
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.

## CORONAVIRUS (COVID-19) MESSAGING AND RESOURCES

- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.

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## How to Help the Whole-of-America Response

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- FEMA has information on how both the public and private sector can help. For more information, visit the page: [fema.gov/coronavirus/how-to-help](https://www.fema.gov/coronavirus/how-to-help)
- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](https://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation](#).
- Licensed medical volunteers can offer their services by registering with [the Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through [fema.gov](https://www.fema.gov).
- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [www.aabb.org/giveblood](https://www.aabb.org/giveblood).

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## Hydroxychloroquine/Chloroquine

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- HHS continues to speed the development of therapies derived from human blood that have the potential to lessen the severity or shorten the length of the illness.
- FDA issued fact sheets [Emergency Use Authorization of hydroxychloroquine sulfate](#) and [Emergency Use Authorization of chloroquine phosphate](#) to treat certain hospitalized patients
  - Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
- [HHS accepted](#) 30 million doses of hydroxychloroquine sulfate donated by Sandoz and one million doses of chloroquine phosphate donated by Bayer Pharmaceuticals for possible use in treating patients hospitalized with COVID-19 or for use in clinical trials.

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## National Guard Activation Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states’ use of their National Guard forces.

## CORONAVIRUS (COVID-19) MESSAGING AND RESOURCES

- Federally funded under Title 32, governors command their National Guard forces, enabling states to use the additional resources to meet missions necessary in the COVID-19 response.
- Each state's National Guard is still under the authority of the governor, while working in concert with the Department of Defense.
- The President will consider Title 32 requests from states and territories based on the following:
  - A state or territory must have been approved for a Major Disaster or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - Requests for reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These duty orders must be effective no later than two weeks from the date of the authorizing Presidential Memorandum on April 6.
  - This approach allows National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - To implement this change, FEMA will work with the Department of Defense to modify all of the existing mission assignments to include this language, and to extend the end date appropriately.
  - The Administration will continue to work with states approved for 100 percent cost share to assess whether an extension of this level of support is needed.

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## Procurement Under Grants: Exigent or Emergency Circumstances

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- FEMA recognizes that Recipients and Subrecipients of financial assistance may face exigencies or emergencies when carrying out a FEMA award during the COVID-19 pandemic.
- This [fact sheet](#) provides key information for SLTTs to consider when utilizing contracted resources under exigent or emergency circumstances.

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## Project Airbridge

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- To efficiently maintain the country's existing medical supply chain infrastructure, FEMA is supplementing – not supplanting – the supply chain through a variety of strategies, including Project Airbridge.
- Project Airbridge was created to shorten the amount of time it takes for U.S. medical supply distributors to get commercially sourced and procured Personal Protective Equipment and other critical supplies into the country for their respective customers.

- FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.
- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies.
  - These areas are determined by HHS and FEMA based on CDC data.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers in other areas across the U.S.

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## Strategic National Stockpile

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- FEMA planning assumptions acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at state and tribal levels.
  - H.R. 748, "the Coronavirus Aid, Relief, and Economic Security Act" (CARES Act) allocates \$27 billion for vaccine development, to include \$16 billion designated to replenish the SNS.
- Under joint direction of FEMA and HHS, the SNS is in the process of deploying remaining personal protective equipment in its inventory.
  - Shipments are being sent nationwide with prioritization given to areas in greatest need.

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## Supply Chain Task Force

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- Project Airbridge has completed 26 flights with an additional 30 scheduled for an approximate total of 56 flights as of April 10.
- FEMA has awarded a contract with a manufacturer in South Korea to provide approximately 750,000 test kits. Flights carrying the test kits are expected to begin in the next couple of weeks. The test kits will be distributed to states that can process them and have a need to augment their existing testing capability. Urgent needs will be given priority based on medical hot spot analysis.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.

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## Tribal Information

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- A tribal government may choose to receive assistance under the national emergency declaration:
  - As a Subrecipient under a state: All states are Recipients for Public Assistance; tribes have the option of working with the state(s) that they are located in and requesting assistance as a Subrecipient; or

## CORONAVIRUS (COVID-19) MESSAGING AND RESOURCES

- As a Recipient: Each tribe has the option of signing a FEMA-Tribe Agreement and becoming a Recipient.
- Tribes that are Recipients will have a direct relationship with FEMA and will receive assistance autonomously from the state or states in which they are located.
- Tribal governments can express their intent to seek FEMA Public Assistance by notifying the FEMA Regional Administrator in the FEMA regional office in which the tribal government seat is located. More information may be found in the [COVID-19 FEMA Assistance for Tribal Governments fact sheet](#).

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  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
- Most U.S. states now report some community spread of COVID-19.
  - See [CDC's map](#) to stay up to date on what is happening in your state.
- On April 8, the U.S. government announced [new guidance](#) to help the most critical workers serving on the front lines to quickly return to work after potential exposure to someone with COVID-19, provided those workers are symptom-free.
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  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include respirator use approved under international standards, similar to NIOSH-approved N95 respirators.
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## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

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## Community-Based Testing Sites

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- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- The CBTS program was created to bring testing capabilities to vulnerable areas across the country.
  - CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.
  - As state and local public health departments increase testing capacity, the federal role will diminish.
  - The federal government is poised to ensure states are fully supported until they are ready to take over management of the CBTS program.
  - Now that the FDA has given approval for individuals to self-administer COVID-19 nasal swab tests at testing sites, the demand for PPE and trained health care providers will be significantly reduced.
- CBTS are focused on testing test healthcare facility workers, first responders and Americans who need it most first.
  - To date, federal Community-Based Testing Sites (CBTS) across 12 states have screened more than 80,000 individuals.
  - People without symptoms who have not been exposed to COVID-19 should not be tested.

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## Defense Production Act

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- On April 8, the Department of Health and Human Services [announced the first contract for ventilator production rated under the Defense Production Act](#), to General Motors.
  - The rating of this contract under the DPA follows President Trump's direction to HHS Secretary Alex Azar to invoke the Defense Production Act with regard to GM's production of ventilators on March 27.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
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- Personal Protective Equipment (PPE) subject to this policy includes a variety of respirators including N95 respirators, surgical masks and surgical gloves.
- Customs and Border Patrol is supporting FEMA to temporarily detain export shipments of PPE.
- CPB will hold identified export shipments, and FEMA will determine whether to:
  - Return the PPE for use within the United States;
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## FDA Ventilator Guidance

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- On **March 24**, the FDA issued an Emergency Use Authorization (EUA) for Ventilators, which allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
  - Assists health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- FDA provides information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during COVID-19 pandemic.

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## FEMA Public Assistance: Eligible Emergency Protective Measures

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- Under the nationwide emergency declaration, FEMA may reimburse eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials. Some examples of eligible expenses outlined in the [fact sheet](#) include:
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- FEMA has outlined criteria must be considered before setting up non-congregate sheltering and support services in an [online fact sheet](#) and [Q&A document](#).

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- Under the nationwide emergency declaration and subsequent major disaster declarations, [certain private non-profit \(PNP\) organizations](#) are eligible to apply for funding through FEMA's Public Assistance program.
  - If a government entity legally responsible to provide services to protect life, public health, and safety enters into an agreement with a PNP to provide those services (e.g., sheltering or food distribution). In these cases, Public Assistance funding is provided to the legally responsible government entity, which then pays the PNP.
  - In limited cases, PNPs that own or operate an eligible facility and perform eligible work to save lives or protect health and safety in response to the COVID-19 incident, such as providing emergency, medical or custodial care services for which they are legally responsible, may be eligible for reimbursement of costs as a Public Assistance applicant.
- For PNPs, operating costs (such as patient care and administrative activities) are generally not eligible even if the services are emergency services, unless the PNP performs an emergency service at the request of and certified by the legally responsible government entity.

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## FEMA Public Assistance: Simplified Application

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- FEMA is [simplifying the Public Assistance application and funding process](#) to address the magnitude of the COVID-19 event and allow local officials to receive eligible funding more quickly.
  - FEMA is developing a simplified online form that applicants can complete, and on which they may explain work activities, answer basic questions, provide limited supporting documentation, and provide a cost estimate.
  - FEMA and the recipient will review this information, follow up with limited requests for additional information if necessary, and award assistance. Recipients will have access to all projects in [PA Grants Portal](#), consistent with the traditional PA process.
- Eligibility guidance on what FEMA can fund will be updated on the [Public Assistance Policy, Guidance, and Factsheets page on FEMA.gov](#) and the COVID-19 page on [FEMA.gov](#). Application support and tutorials are available on the resource tab in PA Grants Portal.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,637 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## FEMA Suspends Rent Collection for Three Months

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- On April 8, FEMA announced suspension of rent payment for disaster survivors living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas due to the coronavirus (COVID-19) pandemic.
  - The suspension applies to April, May and June rent only. Rent collection is expected to resume July 1.
  - FEMA will mail a letter to all affected survivors about their rent suspension.
- To prevent a duplication of benefits, survivors with insurance that covers additional living expenses must pay FEMA either the fair market rental value, or the amount of the insurance benefits, whichever is less. Fair market value is established by the U.S. Department of Housing and Urban Development.

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## Flood Insurance Grace Period for Policy Renewals

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- To help serve National Flood Insurance Program (NFIP) customers who may be experiencing financial hardships due to impacts of the COVID-19 pandemic, [FEMA is extending the grace period to renew flood insurance policies](#) from 30 to 120 days.
  - This extension applies to NFIP flood insurance policies with an expiration date between February 13 and June 15, 2020.
  - For more information about renewing flood insurance policies or resolving an underpayment, policyholders can contact their insurance carriers or call the National Flood Insurance Program Call Center at 1-877-336-2627.

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## Help for Businesses

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- On April 3, the Small Business Administration Paycheck Protection Program began offering nearly \$350 billion in loans to small businesses. More than 17,500 loans valued at over \$5.4 billion were approved on the first day of the Paycheck Protection Program.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first eight weeks of payroll and certain other expenses.

- In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

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## Help for Individuals and Families

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- Coping with stress: CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.
- The Substance Abuse and Mental Health Services Administration's National Disaster Distress Line is available to anyone experiencing emotional distress related to a disaster, including COVID-19. Those in need of emotional support can call 1-800-985-5990 or text TalkWithUs to 66746 to be connected to a trained, caring counselor. The deaf or hard of hearing can access the helpline by text or using their preferred relay service. Spanish Speakers can call 1-800-985-5990 and press "2". From the 50 states, text Hablanos to 66746, those in Puerto Rico, text Hablanos to 1-787-339-2663.
- If you or a loved one need help, call the National Domestic Violence Hotline at 1-800-799-7233.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.

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## How to Help the Whole-of-America Response

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- How to help: FEMA has information on how both the public and private sector can help. For more information, visit the page: [fema.gov/coronavirus/how-to-help](https://www.fema.gov/coronavirus/how-to-help)
- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](https://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation](#).
- Licensed medical volunteers can offer their services by registering with [the Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through [fema.gov](https://www.fema.gov).



- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [www.aabb.org/giveblood](http://www.aabb.org/giveblood).

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## Hydroxychloroquine/Chloroquine

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- HHS continues to speed the development of therapies derived from human blood that have the potential to lessen the severity or shorten the length of the illness.
- FDA issued fact sheets [Emergency Use Authorization of hydroxychloroquine sulfate](#) and [Emergency Use Authorization of chloroquine phosphate](#) to treat certain hospitalized patients
  - Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
- [HHS accepted](#) 30 million doses of hydroxychloroquine sulfate donated by Sandoz and one million doses of chloroquine phosphate donated by Bayer Pharmaceuticals for possible use in treating patients hospitalized with COVID-19 or for use in clinical trials.

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## National Guard Activation Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - Federally funded under Title 32, governors command their National Guard forces, enabling states to use the additional resources to meet missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor, while working in concert with the Department of Defense.
- The President will consider Title 32 requests from states and territories based on the following:
  - A state or territory must have been approved for a Major Disaster or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - Requests for reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These duty orders must be effective no later than two weeks from the date of the authorizing Presidential Memorandum on April 6.

- This approach allows National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
- To implement this change, FEMA will work with the Department of Defense to modify all of the existing mission assignments to include this language, and to extend the end date appropriately.
- The Administration will continue to work with states approved for 100 percent cost share to assess whether an extension of this level of support is needed.

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## Procurement Under Grants: Exigent or Emergency Circumstances

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- FEMA recognizes that Recipients and Subrecipients of financial assistance may face exigencies or emergencies when carrying out a FEMA award during the COVID-19 pandemic.
- This [fact sheet](#) provides key information for SLTTs to consider when utilizing contracted resources under exigent or emergency circumstances.

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## Project Airbridge

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- To efficiently maintain the country's existing medical supply chain infrastructure, FEMA is supplementing – not supplanting – the supply chain through a variety of strategies, including Project Airbridge.
- Project Airbridge was created to shorten the amount of time it takes for U.S. medical supply distributors to get Personal Protective Equipment and other critical supplies into the country for their respective customers.
- FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.
- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies.
  - These areas are determined by HHS and FEMA based on CDC data.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers in other areas across the U.S.

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## Strategic National Stockpile

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- FEMA planning assumptions acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at state and tribal levels.
  - H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act) allocates \$27 billion for vaccine development, to include \$16 billion designated to replenish the SNS.
- Under joint direction of FEMA and HHS, the SNS is in the process of deploying remaining personal protective equipment in its inventory.
  - Shipments are being sent nationwide with prioritization given to areas in greatest need.

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## Supply Chain Task Force

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- The Supply Chain Stabilization Task Force is executing a whole-of-America approach to address limited supply of critical protective and life-saving equipment.
- The task force's primary effort is to increase the supply of medical supplies and equipment to healthcare workers on the front line.
- Through the National Response Coordination Center, the task force is working to find critical resources to meet urgent demand as well as increase the overall level of surge support to "hot spots" as they arise.
- In addition, the task force is engaging manufacturers, distributors and healthcare networks to increase supply chain long-term.
- Supply is executed through a four-pronged approach to rapidly increase supply today and expand domestic production of critical resources to increase supply long-term:
  - Preservation through guidance on how to preserve supplies when possible, to reduce impact on the medical supply chain.
  - Acceleration of industrial manufacturing and distribution.
  - Expansion via increased production capacity by private sector of critical supplies through retooling of assembly lines and partnerships where manufacturing capacity exists.
  - Allocation of supplies to get to the right place at the right time using data-informed prioritization recommendations for private industry to inform supply distribution network.

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## Tribal Information

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- A tribal government may choose to receive assistance under the national emergency declaration:
  - As a Subrecipient under a state: All states are Recipients for Public Assistance; tribes have the option of working with the state(s) that they are located in and requesting assistance as a Subrecipient; or
  - As a Recipient: Each tribe has the option of signing a FEMA-Tribe Agreement and becoming a Recipient.
- Tribes that are Recipients will have a direct relationship with FEMA and will receive assistance autonomously from the state or states in which they are located.
- Tribal governments can express their intent to seek FEMA Public Assistance by notifying the FEMA Regional Administrator in the FEMA regional office in which the tribal government seat is located. More information may be found in the [COVID-19 FEMA Assistance for Tribal Governments fact sheet](#).

# Coronavirus (COVID-19) Pandemic Messaging and Resource Links

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
- Most U.S. states now report some community spread of COVID-19.
  - See [CDC's map](#) to stay up to date on what is happening in your state.
- On April 8, the U.S. government announced [new guidance](#) to help the most critical workers serving on the front lines to quickly return to work after potential exposure to someone with COVID-19, provided those workers are symptom-free.
- CDC has [recommendations](#) for things you can do to support anxiety and stress management

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- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- Many states have indicated that they want to fully transition the CBTS to state control, allowing more flexibility in testing and reporting. Many states have already begun transitioning these programs, and other states have implemented testing sites based on the CBTS model.
- The federal CBTS Task Force is working with states to clarify whether sites want to continue as they are now, or transition to full state control. Under state control, CBTS sites would still receive technical assistance from the federal government, and be able to request supplies through the normal FEMA systems.
- A formal decision should be sent to the CBTS Task Force, by either the state's Governor or his/her representative, no later than April 9, 2020 at 5 p.m. ET, regarding whether the site will continue as is current, or transition to full state control.
- The CBTS Task Force will continue to work closely with the states and FEMA Regions to ensure a successful transition and ensure that each state has the flexibility and autonomy to manage and operate testing sites within the needs of their specific community.
- The federal government will continue supporting each site through the transition process to ensure that the states can fully manage and operate their CBTS program independently. This includes providing each site with enough supplies to continue to operate for 7-14 days after the agreed upon transition date.

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  - 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.

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- Under the nationwide emergency declaration and subsequent major disaster declarations, [certain private non-profit \(PNP\) organizations](#) are eligible to apply for funding through FEMA's Public Assistance program.
  - If a government entity legally responsible to provide services to protect life, public health, and safety enters into an agreement with a PNP to provide those services (e.g., sheltering or food distribution). In these cases, Public Assistance funding is provided to the legally responsible government entity, which then pays the PNP.
  - In limited cases, PNPs that own or operate an eligible facility and perform eligible work to save lives or protect health and safety in response to the COVID-19 incident, such as providing emergency, medical or custodial care services for which they are legally responsible, may be eligible for reimbursement of costs as a Public Assistance applicant.

- For PNPs, operating costs (such as patient care and administrative activities) are generally not eligible even if the services are emergency services, unless the PNP performs an emergency service at the request of and certified by the legally responsible government entity.

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## FEMA Public Assistance: Simplified Application

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- FEMA is simplifying the Public Assistance application and funding process to address the magnitude of the COVID-19 event and allow local officials to receive eligible funding more quickly.
  - FEMA is developing a simplified online form that applicants can complete, and on which they may explain work activities, answer basic questions, provide limited supporting documentation, and provide a cost estimate.
  - FEMA and the recipient will review this information, follow up with limited requests for additional information if necessary, and award assistance. Recipients will have access to all projects in PA Grants Portal, consistent with the traditional PA process.
- Eligibility guidance on what FEMA can fund will be updated on the [Public Assistance Policy, Guidance, and Factsheets page on FEMA.gov](#) and the COVID-19 page on [FEMA.gov](#). Application support and tutorials are available on the resource tab in PA Grants Portal.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,804 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## FEMA Suspends Rent Collection for Three Months

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- On April 8, FEMA announced suspension of rent payment for disaster survivors living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas due to the coronavirus (COVID-19) pandemic.
  - The suspension applies to April, May and June rent only. Rent collection is expected to resume July 1.
  - FEMA will mail a letter to all affected survivors about their rent suspension.
- To prevent a duplication of benefits, survivors with insurance that covers additional living expenses must pay FEMA either the fair market rental value, or the amount of the insurance benefits, whichever is less. Fair market value is established by the U.S. Department of Housing and Urban Development.

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## Flood Insurance Grace Period for Policy Renewals

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- To help serve National Flood Insurance Program (NFIP) customers who may be experiencing financial hardships due to impacts of the COVID-19 pandemic, [FEMA is extending the grace period to renew flood insurance policies](#) from 30 to 120 days.
  - This extension applies to NFIP flood insurance policies with an expiration date between February 13 and June 15, 2020.
  - For more information about renewing flood insurance policies or resolving an underpayment, policyholders can contact their insurance carriers or call the National Flood Insurance Program Call Center at 1-877-336-2627.

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## Help for Businesses

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- On April 3, the Small Business Administration Paycheck Protection Program began offering nearly \$350 billion in loans to small businesses. More than 17,500 loans valued at over \$5.4 billion were approved on the first day of the Paycheck Protection Program.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first eight weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

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## Help for Individuals and Families

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- Coping with stress: CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.
- The Substance Abuse and Mental Health Services Administration's National Disaster Distress Line is available to anyone experiencing emotional distress related to a disaster, including COVID-19. Those in need of emotional support can call 1-800-985-5990 or text TalkWithUs to 66746 to be connected to a trained, caring counselor. The deaf or hard of hearing can access the helpline by text or using their preferred relay service. Spanish Speakers can call 1-800-985-5990 and press "2". From the 50 states, text Hablanos to 66746, those in Puerto Rico, text Hablanos to 1-787-339-2663.
- If you or a loved one need help, call the National Domestic Violence Hotline at 1-800-799-7233.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.

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## How to Help the Whole-of-America Response

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- How to help: FEMA has information on how both the public and private sector can help. For more information, visit the page: [fema.gov/coronavirus/how-to-help](https://www.fema.gov/coronavirus/how-to-help)
- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](https://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation](#).
- Licensed medical volunteers can offer their services by registering with [the Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through [fema.gov](https://fema.gov).
- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [www.aabb.org/giveblood](https://www.aabb.org/giveblood).

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## Hydroxychloroquine/Chloroquine

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- HHS continues to speed the development of therapies derived from human blood that have the potential to lessen the severity or shorten the length of the illness.
- FDA issued fact sheets [Emergency Use Authorization of hydroxychloroquine sulfate](#) and [Emergency Use Authorization of chloroquine phosphate](#) to treat certain hospitalized patients
  - Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
- [HHS accepted](#) 30 million doses of hydroxychloroquine sulfate donated by Sandoz and one million doses of chloroquine phosphate donated by Bayer Pharmaceuticals for possible use in treating patients hospitalized with COVID-19 or for use in clinical trials.

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## National Guard Activation Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states’ use of their National Guard forces.
  - Federally funded under Title 32, governors command their National Guard forces, enabling states to use the additional resources to meet missions necessary in the COVID-19 response.

- Each state's National Guard is still under the authority of the governor, while working in concert with the Department of Defense.
- The President will consider Title 32 requests from states and territories based on the following:
  - A state or territory must have been approved for a Major Disaster or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - Requests for reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These duty orders must be effective no later than two weeks from the date of the authorizing Presidential Memorandum on April 6.
  - This approach allows National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - To implement this change, FEMA will work with the Department of Defense to modify all of the existing mission assignments to include this language, and to extend the end date appropriately.
  - The Administration will continue to work with states approved for 100 percent cost share to assess whether an extension of this level of support is needed.

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## Procurement Under Grants: Exigent or Emergency Circumstances

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- FEMA recognizes that Recipients and Subrecipients of financial assistance may face exigencies or emergencies when carrying out a FEMA award during the COVID-19 pandemic.
- This [fact sheet](#) provides key information for SLTTs to consider when utilizing contracted resources under exigent or emergency circumstances.

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## Project Airbridge

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- To efficiently maintain the country's existing medical supply chain infrastructure, FEMA is supplementing – not supplanting – the supply chain through a variety of strategies, including Project Airbridge.
- Project Airbridge was created to shorten the amount of time it takes for U.S. medical supply distributors to get commercially sourced and procured Personal Protective Equipment and other critical supplies into the country for their respective customers.
- FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.



## CORONAVIRUS (COVID-19) MESSAGING AND RESOURCES

- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies.
  - These areas are determined by HHS and FEMA based on CDC data.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers in other areas across the U.S.

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## Strategic National Stockpile

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- FEMA planning assumptions acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at state and tribal levels.
  - H.R. 748, "the Coronavirus Aid, Relief, and Economic Security Act" (CARES Act) allocates \$27 billion for vaccine development, to include \$16 billion designated to replenish the SNS.
- Under joint direction of FEMA and HHS, the SNS is in the process of deploying remaining personal protective equipment in its inventory.
  - Shipments are being sent nationwide with prioritization given to areas in greatest need.

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## Tribal Information

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- A tribal government may choose to receive assistance under the national emergency declaration:
  - As a Subrecipient under a state: All states are Recipients for Public Assistance; tribes have the option of working with the state(s) that they are located in and requesting assistance as a Subrecipient; or
  - As a Recipient: Each tribe has the option of signing a FEMA-Tribe Agreement and becoming a Recipient.
- Tribes that are Recipients will have a direct relationship with FEMA and will receive assistance autonomously from the state or states in which they are located.
- Tribal governments can express their intent to seek FEMA Public Assistance by notifying the FEMA Regional Administrator in the FEMA regional office in which the tribal government seat is located. More information may be found in the [COVID-19 FEMA Assistance for Tribal Governments fact sheet](#).

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Friday, April 3, 2020

**"I AM GRATEFUL TO THESE AND OTHER DOMESTIC MANUFACTURERS FOR RAMPING UP THEIR PRODUCTION OF VENTILATORS DURING THIS DIFFICULT TIME. TODAY'S ORDER WILL SAVE LIVES BY REMOVING OBSTACLES IN THE SUPPLY CHAIN THAT THREATEN THE RAPID PRODUCTION OF VENTILATORS."** - PRESIDENT DONALD J. TRUMP

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.
- On April 3, the Small Business Administration Paycheck Protection Program will begin offering nearly \$350 billion in loans to small businesses.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first 8 weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA continues to coordinate an air bridge for flights from Asia. The first flight landed Sunday, March 29, and delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.

- Additional flights landed in Chicago on March 30, Miami on March 31, Los Angeles on April 1, and Chicago and Columbus, Ohio, on April 3. FEMA has more flights scheduled and is adding more daily.
- Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
- Overseas flights are arriving at airports that are operational hubs. They are not indicators that the supplies will be distributed in those locations. All supplies are national supplies and will be distributed to hot spots and through the vendors regular supply chain to locations across the country.
- Upon arrival, PPE is provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 9,800 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 900 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- Since March 31, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (650), Illinois (150), Connecticut (50) and Louisiana (150).
- FEMA will notify direct housing occupants in the states of California, Florida, North Carolina and Texas that they would suspend rent payment requirements for the months of April, May and June as a result of the ongoing impacts of COVID-19.
- Thirty-one states and 12 tribes have issued stay at home orders.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 21 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, 33 states and territories have been approved for major disaster declarations to assist with additional needs identified.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Those with major declarations approved include: Alabama, California, Colorado, Connecticut, Florida, Hawaii, Illinois, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Montana, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.
- FEMA has obligated over \$3.3 billion in support of COVID-19 efforts, with major obligations in the last week including:
  - \$468 million to California on March 28 to reimburse expenses.
  - \$237 million to Texas on March 28 to reimburse expenses.
  - \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
- To date, 95 CDC, state and local public health labs have tested more than 1.3 million individuals.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
  - The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - FEMA issued a [request for quotation](#) on March 26, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between Feb. 13 and June 15 to 120 days.
  - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of April 2, 64 agencies across 23 states, the District of Columbia, one tribe and one U.S. territory have sent a total of 120 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 33 messages to broadcast stations via the Emergency Alert System.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The U.S. Public Health Service has deployed more than 1,500 officers in support of nation-wide efforts to prepare for mitigating the virus's potential spread in the United States.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the U.S., monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,468 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- To date, President Trump approved a total of 26 requests from California, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, Ohio, Puerto Rico, Rhode Island, Tennessee, Texas, Washington, Washington, D.C., and the U.S. Virgin Islands.
  - Twenty-six requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with States approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

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## Community-Based Testing Sites

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- To date, 41 federal Community-Based Testing Sites (CBTS) have screened more than 46,600 individuals.
- The Federal Community-Based Testing Sites (CBTS) Task Force will be working with states that have federally supported CBTS locations to transition these sites by April 10.
  - The transition will ensure each state has the flexibility and autonomy to manage and operate within the needs of their community, allowing the federal government to focus on other sectors that also require federal assistance.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.



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## Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of April 2, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26.3 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22.4 million gloves, 144,000 coveralls, 7,640 ventilators and 8,450 federal medical station beds.
- In the past 72 hours, FEMA and HHS have delivered ventilators from the Strategic National Stockpile (SNS) to Michigan (400), New Jersey (650), Illinois (150), Connecticut (50) and Louisiana (150).

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## FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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## CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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### Defense Production Act

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- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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### Other Federal Agencies

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- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)". This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.
  - The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- DOJ and HHS have partnered to distribute medical supplies [confiscated from price gougers](#) to those on the frontline of the COVID-19 response in New York and New Jersey.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.
  - After the FBI discovered the supplies, HHS used its authority under the Defense Production Act to order that the supplies be immediately furnished to the United States.
  - HHS will pay the owner pre-COVID-19 fair market value for the supplies and has already begun distributing the supplies.
  - After inspecting the supplies, HHS arranged for the delivery of the PPE to the New Jersey Department of Health, the New York State Department of Health and the New York City Department of Health and Mental Hygiene.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
  - To date, more than 18,500 National Guard troops have activated to help with testing and other response efforts.
- The Coast Guard is currently tracking two cruise ships due to arrive in the U.S. on April 2 with a total of more than 2,300 passengers and crew.
  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 17 mission assignments totaling approximately \$1.2 billion to design and build alternate care sites Arizona, California, Colorado, Florida, Illinois, Michigan, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Washington and Wisconsin.
  - As of April 2, 1,592 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- The Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- The Small Business Administration is providing low-interest loans to small businesses and nonprofits severely impacted by the Coronavirus (COVID-19). The SBA also announced [deferments on all SBA disaster loans from previous disasters](#), effective through Dec. 31.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
- CDC's guidance regarding the use of facemasks remains the same.
  - **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
  - **If you are caring for someone who is sick:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them.

## Coping with Stress

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- Stress during an infectious disease outbreak, like the COVID-19 pandemic, can cause fear and worry. You may feel overwhelmed by strong emotions.
- Taking care of yourself, your friends, and your family can help you cope with stress.
- It's essential that during this time, as we make sure we are physically distancing ourselves from others, we keep up the social connection. This includes staying connected by phone, email, or chat in order to remain connected to family and friends.
- Helping others cope with their stress makes your community stronger.
- CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.

## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://www.fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

## How to Help

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- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](http://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation](#). Full details can be found in the solicitation ([Notice ID 70FA2020R000000011](#)).
- Licensed medical volunteers can offer their services by registering with [the Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through [fema.gov](http://fema.gov).
- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [www.aabb.org/giveblood](http://www.aabb.org/giveblood).

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Saturday, April 4, 2020

**"WE WILL TAKE EVERY ACTION AND WE'LL SPARE NO RESOURCE — FINANCIAL, MEDICAL, SCIENTIFIC. WE WILL NOT SPARE ANYTHING."**  
**- PRESIDENT DONALD J. TRUMP**

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
  - On April 3, CDC issued a recommendation to the public to use cloth face coverings in community settings to help prevent the spread of COVID-19 by people who are infected and do not know it.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On April 3, the Small Business Administration Paycheck Protection Program began offering nearly \$350 billion in loans to small businesses.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first 8 weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA continues to coordinate an air bridge for flights from Asia. The first flight landed Sunday, March 29, and delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - Additional flights landed in Chicago on March 30, Miami on March 31, Los Angeles on April 1, and Chicago and Columbus, Ohio, on April 3. FEMA has more flights scheduled and is adding more daily.



- Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA does not have detailed visibility on the amount of PPE until the flights are loaded overseas.
- Overseas flights are arriving at airports that are operational hubs. They are not indicators that the supplies will be distributed in those locations. All supplies are national supplies and will be distributed to hot spots and through the vendors regular supply chain to locations across the country.
- Upon arrival, PPE is provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 9,800 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 900 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- As of April 3, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to California (170), Connecticut (50), Illinois (450), Louisiana (150), Maryland (120), Michigan (400), New Jersey (850), New York (4,400), Oregon (140) and Washington (500).
  - Additional allocations in process include a 250 bed Federal Medical Station, a Public Health strike team and 300 ventilators for Michigan; a 50 bed Federal Medical Station for the Metro DC area; 200 ventilators for Louisiana; and 100 ventilators for Massachusetts.
- On April 3, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
  - The report provides CDC expert summaries and interpretations of important and timely surveillance data to track the COVID-19 pandemic in the United States.
  - COVIDView includes information related to COVID-19 outpatient visits, emergency department visits, and hospitalizations and deaths, as well as laboratory data.
  - The report will be updated every Friday.
- Forty states, four territories and 12 tribes have issued stay at home orders.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 23 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, 39 states and territories have been approved for major disaster declarations to assist with additional needs identified.
  - Those with major declarations approved include: Alabama, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Montana, New Hampshire, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, West Virginia and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.
- FEMA has obligated over \$3.3 billion in support of COVID-19 efforts, with major obligations in the last week including:
  - \$468 million to California on March 28 to reimburse expenses.
  - \$237 million to Texas on March 28 to reimburse expenses.
  - \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
- To date, 95 CDC, state and local public health labs have tested more than 1.4 million individuals.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
  - The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - FEMA issued a [request for quotation](#) on March 26, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between Feb. 13 and June 15 to 120 days.
  - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of April 2, 64 agencies across 23 states, the District of Columbia, one tribe and one U.S. territory have sent a total of 120 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 33 messages to broadcast stations via the Emergency Alert System.
- The U.S. Public Health Service has deployed more than 1,500 officers in support of nation-wide efforts to prepare for mitigating the virus's potential spread in the United States.
- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the U.S., monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,475 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved a total of 26 requests from California, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, Ohio, Puerto Rico, Rhode Island, Tennessee, Texas, Washington, Washington, D.C., and the U.S. Virgin Islands.
  - Nineteen requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with States approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

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## Community-Based Testing Sites

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- To date, 41 federal Community-Based Testing Sites (CBTS) have screened more than 52,008 individuals.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

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### Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of April 2, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26.3 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22.4 million gloves, 144,000 coveralls, 7,640 ventilators and 8,450 federal medical station beds.

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### FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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### CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
  - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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## Defense Production Act

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- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.
- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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## Other Federal Agencies

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- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)". This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- DOJ and HHS have partnered to distribute medical supplies [confiscated from price gougers](#) to those on the frontline of the COVID-19 response in New York and New Jersey.
  - This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.
  - After the FBI discovered the supplies, HHS used its authority under the Defense Production Act to order that the supplies be immediately furnished to the United States.
  - HHS will pay the owner pre-COVID-19 fair market value for the supplies and has already begun distributing the supplies.
  - After inspecting the supplies, HHS arranged for the delivery of the PPE to the New Jersey Department of Health, the New York State Department of Health and the New York City Department of Health and Mental Hygiene.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
  - To date, more than 18,500 National Guard troops have activated to help with testing and other response efforts.
- On April 2, the Coast Guard facilitated the arrival of 2 cruise ships in Florida; it is expected to take 2-3 days to process approximately 1,200 passengers.
  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 17 mission assignments totaling approximately \$1.2 billion to design and build alternate care sites Arizona, California, Colorado, Florida, Illinois, Michigan, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Washington and Wisconsin.
  - As of April 3, 1,592 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
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- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct.1, 2021

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
- CDC's guidance regarding the use of facemasks remains the same.
  - **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
  - **If you are caring for someone who is sick:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them.

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## Additional Resources

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- Coping with stress: CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.
- Combating Disinformation and Rumors: FEMA has created a Rumor Control page on FEMA.gov to help the American public distinguish between rumors and facts regarding the response to COVID-19. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://fema.gov/coronavirus).
- How to help: FEMA has information on how both the public and private sector can help. For more information, visit the page: [fema.gov/coronavirus/how-to-help](https://fema.gov/coronavirus/how-to-help)

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Sunday, April 5, 2020

**“OUR SUPPLY CHAIN LOGISTICS TASK FORCE LED BY ADM. JOHN POLOWCZYK – WHO’S DOING A FANTASTIC JOB – WILL ENSURE THEY’RE DISTRIBUTED TO THE HEALTHCARE AND CRITICAL INFRASTRUCTURE WORKERS IN THE AREAS WITH THE MOST PRESSING REQUIREMENTS.”**      **- PRESIDENT DONALD J. TRUMP**

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation’s [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus’ spread and keep our most high-risk populations safe.
  - On April 3, CDC issued a recommendation to the public to use cloth face coverings in community settings to help prevent the spread of COVID-19 by people who are infected and do not know it.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- HHS will be providing state, territory and tribal Public Health departments with a one-time shipment of Abbott COVID-19 rapid tests.
  - Shipments are expected to arrive at the 70 identified locations by April .
  - The tests allow for immediate, on-site testing at the point-of-care.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA continues to coordinate an air bridge for flights from Asia. The first flight landed Sunday, March 29, and delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - Additional flights landed in Chicago on March 30, Miami on March 31, Los Angeles on April 1, and Chicago and Columbus, Ohio, on April 3. FEMA has more flights scheduled and is adding more daily.
  - Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA does not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Overseas flights are arriving at airports that are operational hubs. They are not indicators that the supplies will be distributed in those locations. All supplies are national supplies

- and will be distributed to hot spots and through the vendors regular supply chain to locations across the country.
  - Upon arrival, PPE is provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 9,800 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 900 available from the Department of Defense.
  - DOD will deliver 300 ventilators from its supply to New Jersey today, April 5.
- As of April 4, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Alaska (60), California (170), Connecticut (50), Florida (200), Georgia (150), Illinois (450), Louisiana (150), Maryland (120), Michigan (400), New Jersey (850), New York (4,400), Oregon (140) and Washington (500).
  - Additional allocations in process include a 250 bed Federal Medical Station, a Public Health strike team and an additional 300 ventilators for Michigan; a 50 bed Federal Medical Station for the Metro DC area; 30 ventilators for Guam; an additional 200 ventilators for Louisiana; an additional 200 ventilators to New Jersey; and 100 ventilators for Massachusetts.
- Forty states, four territories and 12 tribes have issued stay at home orders.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 23 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, 45 states and territories have been approved for major disaster declarations to assist with additional needs identified.
  - Those with major declarations approved include: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, New Hampshire, Nebraska, Nevada, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, West Virginia, Washington and Wisconsin, as well as Washington, D.C., the

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.

- FEMA has obligated \$3.9 billion in support of COVID-19 efforts, with major obligations in the last week including:
  - \$71.8 million in support to Ohio on April 4 to provide DOD personnel and equipment to assist the state in executing emergency protective measures.
  - \$44.3 million on April 4 to Iowa to reimburse expenses.
  - \$27.5 million on April 4 in surge to activate DOD Joint Headquarters to provide command, control, and sustainment of DOD assets engaged in COVID-19 response for Washington, D.C.
- To date, 95 CDC, state and local public health labs have tested more than 1.5 million individuals.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - FEMA issued a [request for quotation](#) on March 26, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between Feb. 13 and June 15 to 120 days.
  - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of April 4, 66 agencies across 24 states, the District of Columbia, one tribe and one U.S. territory have sent a total of 132 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 36 messages to broadcast stations via the Emergency Alert System.
- The U.S. Public Health Service has deployed more than 1,500 officers in support of nation-wide efforts to prepare for mitigating the virus's potential spread in the United States.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- On April 3, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the U.S., monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,533 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved a total of 26 requests from California, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, Ohio, Puerto Rico, Rhode Island, Tennessee, Texas, Washington, Washington, D.C., and the U.S. Virgin Islands.
  - Twenty-two requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with states approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

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## Community-Based Testing Sites

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- To date, 41 federal Community-Based Testing Sites (CBTS) have screened more than 56,600 individuals.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

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## Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of April 2, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26.3 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22.4 million gloves, 144,000 coveralls, 7,640 ventilators and 8,450 federal medical station beds.

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## FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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## CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
  - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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## Defense Production Act

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- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.
- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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## Other Federal Agencies

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- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- On April 3, the Small Business Administration Paycheck Protection Program began offering nearly \$350 billion in loans to small businesses. More than 17,500 loans valued at over \$5.4 billion were approved on the first day of the Paycheck Protection Program.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first eight weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.
  - The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- DOJ and HHS partnered to distribute medical supplies [confiscated from price gougers](#) to those on the frontline of the COVID-19 response in New York and New Jersey.
  - This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
  - To date, more than 18,500 National Guard troops have activated to help with testing and other response efforts.
- On April 2, the Coast Guard facilitated the arrival of two cruise ships in Florida; it is expected to take 2-3 days to process approximately 1,200 passengers.
  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 21 mission assignments totaling approximately \$1.2 billion to design and build alternate care sites Arizona, California, Colorado, Florida, Illinois, Michigan, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Washington and Wisconsin.
  - As of April 3, 1,712 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- The Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct.1, 2021

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
- Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
- Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.
- People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.

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## Additional Resources

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- Coping with stress: CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.
- Combating Disinformation and Rumors: FEMA has created a Rumor Control page on FEMA.gov to help the American public distinguish between rumors and facts regarding the response to COVID-19. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://fema.gov/coronavirus).
- How to help: FEMA has information on how both the public and private sector can help. For more information, visit the page: [fema.gov/coronavirus/how-to-help](https://fema.gov/coronavirus/how-to-help)

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Monday, April 6, 2020

**"WE HAVE THE BEST DOCTORS, THE BEST MILITARY LEADERS, AND THE BEST LOGISTICS PROFESSIONALS ANYWHERE IN THE WORLD AND WE'RE ORCHESTRATING A MASSIVE FEDERAL RESPONSE UNLIKE ANYTHING OUR COUNTRY HAS EVER SEEN OR DONE."**  
- PRESIDENT DONALD J. TRUMP

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole-of-America response to fight the COVID-19 pandemic and protect the public.
- The number one priority is the health and safety of the American people.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S. through Project Air Bridge. FEMA is scheduling flights daily but does not have detailed visibility on the amount of PPE until the cargo is loaded.
  - Since March 29, flights have landed in New York, Chicago, Miami, Los Angeles, and Columbus, Ohio. On April 5, four additional flights landed in Chicago, Los Angeles, Columbus, Ohio and Louisville, Kentucky.
  - Each flight contains critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks.
  - Overseas flights are arriving at operational hub airports for distribution to hotspots and locations across the country through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations.
- To efficiently maintain the country's existing medical supply chain infrastructure, FEMA is supplementing – not supplanting – the supply chain through a variety of strategies, including Project Airbridge.
  - The air bridge was created to shorten the amount of time it takes for U.S. medical supply distributors to get personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most



- critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers in other areas across the U.S.
- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots. These funds will be used to support areas hard-pressed by COVID-19 in their work to respond effectively to the worsening situation in their jurisdictions.
- The FDA issued an [Emergency Use Authorization of hydroxychloroquine sulfate](#) and an [Emergency Use Authorization of chloroquine phosphate](#) to treat certain patients hospitalized with COVID-19.
  - Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
  - The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to New York and Los Angeles County based on their requests.
- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 8,644 total ventilators available, which includes 8,044 in the Strategic National Stockpile and 600 available from the Department of Defense.
- As of April 4, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Alaska (60), California (170), Connecticut (50), Florida (200), Georgia (150), Illinois (600), Louisiana (350), Maryland (120), Massachusetts (100), Michigan (700), New Jersey (850), New York (4,400), and Washington (500).
  - 140 ventilators that had previously been delivered to Oregon were donated to New York by Gov. Kate Brown.
  - Additional allocations in process include a 250-bed Federal Medical Station and a Public Health strike team for Michigan; a 50-bed Federal Medical Station for the Metro D.C. area; 30 ventilators for Guam; and an 300 additional ventilators to New Jersey.
- Forty states, four territories and 23 tribes have issued stay at home orders.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 21 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, 50 states and territories have been approved for major disaster declarations to assist with additional needs identified.
  - Those with major declarations approved include: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, New Hampshire, New Mexico, Nebraska, Nevada, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Washington and Wisconsin, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.
- FEMA has obligated \$4.1 billion in support of COVID-19 efforts, with major obligations in the last week including:
  - \$60 million to Washington D.C. to acquire PPE decontamination equipment.
  - \$54 million to Illinois to provide facility assessments and construction to address medical facility shortages.
  - \$60 million to New York to provide equipment, supplies and temporary staff.
- To date, 95 CDC, state and local public health labs have tested more than 1.67 million individuals.
- The FEMA/HHS Supply Chain Stabilization Task Force is focused on increasing the supply of medical supplies and equipment to healthcare workers on the front line.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion and Allocation to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - As of April 5, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA issued a [request for quotation](#) on March 26, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
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- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- FDA has granted 30 Emergency Use Authorizations of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between Feb. 13 and June 15 to 120 days.
- As of April 5, 66 agencies across 24 states, the District of Columbia, one tribe and one U.S. territory have sent a total of 135 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 36 messages to broadcast stations via the Emergency Alert System.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA currently has 2,578 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved a total of 25 requests from California, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, Ohio, Puerto Rico, Rhode Island, Tennessee, Texas, Washington, Washington, D.C., and the U.S. Virgin Islands.
  - Twenty-three requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with states approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
- To date, more than 12,000 National Guard troops have activated to help with testing and other response efforts.

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### Community-Based Testing Sites

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- To date, 41 federal Community-Based Testing Sites (CBTS) have screened more than 60,000 individuals.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

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### Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of April 2, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26.3 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22.4 million gloves, 144,000 coveralls, 7,640 ventilators and 8,450 federal medical station beds.

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### Hydroxychloroquine/Chloroquine

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- HHS continues to speed the development of therapies derived from human blood that have the potential to lessen the severity or shorten the length of the illness.
- The FDA issued an [Emergency Use Authorization of hydroxychloroquine sulfate](#) and an [Emergency Use Authorization of chloroquine phosphate](#) to treat certain patients hospitalized with COVID-19.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- [HHS accepted](#) 30 million doses of hydroxychloroquine sulfate donated by Sandoz and one million doses of chloroquine phosphate donated by Bayer Pharmaceuticals for possible use in treating patients hospitalized with COVID-19 or for use in clinical trials.
- Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
  - Although there are no currently approved treatments for COVID-19, both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19).
  - Anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients. Clinical trials are needed to provide scientific evidence that these treatments are effective.
  - The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to New York and Los Angeles County based on their requests.

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## FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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## CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
  - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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## Defense Production Act

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- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an Executive Order on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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## Other Federal Agencies

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- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- On April 3, the [Small Business Administration Paycheck Protection Program](#) began offering nearly \$350 billion in loans to small businesses. More than 17,500 loans valued at over \$5.4 billion were approved on the first day of the Paycheck Protection Program.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first eight weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- DOJ and HHS partnered to distribute medical supplies [confiscated from price gougers](#) to those on the frontline of the COVID-19 response in New York and New Jersey.
  - This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.
- On April 5, the Coast Guard facilitated the arrival of a cruise ship in Florida; disembarkation continued through April 6.
  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On March 28, The Cybersecurity and Infrastructure Security Agency (CISA) published updated [guidance on essential critical infrastructure workers](#) during COVID-19 response.
- The U.S. Army Corps of Engineers received 25 mission assignments totaling approximately \$1.5 billion to design and build alternate care sites Arizona, California, Colorado, Florida, Illinois, Michigan, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Washington and Wisconsin.
  - As of April 6, more than 1,815 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- The Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.

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## Additional Resources

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- Coping with stress: CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.
- Combating Disinformation and Rumors: FEMA has created a Rumor Control page on FEMA.gov to help the American public distinguish between rumors and facts regarding the response to COVID-19. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://fema.gov/coronavirus).
- How to help: FEMA has information on how both the public and private sector can help. For more information, visit the page: [fema.gov/coronavirus/how-to-help](https://fema.gov/coronavirus/how-to-help)

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Wednesday, April 8, 2020

**"OUR MASSIVE AIRLIFT OPERATION FOR CRITICAL SUPPLIES – IT'S CALLED PROJECT AIRBRIDGE – CONTINUED TODAY AS FIVE MASSIVE PLANES, FLIGHTS, LANDED IN THE UNITED STATES PACKED WITH PERSONAL PROTECTIVE EQUIPMENT. AND OUR NATION'S HEALTH CARE WORKERS WILL BE THE BENEFICIARIES OF THAT.**

**- PRESIDENT DONALD TRUMP**

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### Topline Briefing Points and Messages

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- 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 Project Air Bridge expedites movement of critical supplies, in varying quantities, from the global market to medical distributors in various locations across the U.S.
  - The air bridge was created to reduce the time it takes for U.S. medical supply distributors to receive personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, reducing shipment time from weeks to days.
  - FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - **As of April 7**, 15 flights have landed, containing critical personal protective equipment (PPE): gloves, gowns, goggles, and masks.
  - Five flights are scheduled to arrive today, 4 in Chicago and 1 in New York.
  - An additional 52 flights are scheduled over the next three weeks.
  - Overseas flights arrive at operational hub airports for distribution to hotspots and nationwide locations through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - Per agreements with distributors, 50 percent of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50 percent is fed into distributors' normal supply chain to their customers in other areas nationwide.
  - HHS and FEMA determine hotspot areas based on CDC data.
- 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 federal ventilator resources to ensure the right amount of ventilators are shipped to the to the right states to manage the immediate crisis.
  - The federal government has 8,644 total ventilators available: 8,044 in the Strategic National Stockpile; 600 from the Department of Defense.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Emergency managers and public health officials must continue to report on the following data to FEMA and HHS:
  - Total medical/ hospital beds;
  - Total acute care (ICU) beds;
  - Normal occupancy;
  - Predicted surge occupancy; and
  - Number of ventilators available in your state.
- This morning, the Department of Health and Human Services [announced the first contract for ventilator production rated under the Defense Production Act](#), to General Motors.
  - 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 2020, with a production schedule allowing for the delivery of 6,132 ventilators by June 1, 2020.
  - The rating of this contract under the DPA follows President Trump's direction to HHS Secretary Alex Azar to invoke the Defense Production Act with regard to GM's production of ventilators on March 27.
  - By rating contracts under the DPA, HHS is helping manufacturers like GM get the supplies they need to produce ventilators as quickly as possible, while also ensuring that these ventilators are routed through the Strategic National Stockpile to where they're needed most.

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## By the Numbers

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- Forty-two states, four territories and 24 tribes have issued stay-at-home orders.
- 51 states and territories have been approved for major disaster declarations to assist with additional needs identified.
  - Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Mexico, Nebraska, Nevada, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Washington and Wisconsin, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.
- As of **April 7**, FEMA and HHS have provided or are currently shipping 9,090 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), California (170), Connecticut (50), Delaware (50), Florida (200), Georgia (150), Guam (30), Illinois (600), Louisiana (350), Maryland (220), Massachusetts (100), Michigan (700), New Jersey (1,350), New York (4,400), Oregon (140), Washington (500) and the Federal Bureau of Prisons (20)..
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC).
  - Additional allocations in process include a 250-bed Federal Medical Station and a Public Health strike team for Michigan; and a 250-bed Federal Medical Station for D.C.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA obligated \$4.5 billion in support of COVID-19 efforts. This week, major obligations include:
  - \$55 million for Washington, D.C. for USACE to provide assessment and construction of alternate care facilities to support medical surge.
  - \$33.7 million for Nevada for DOD to provide Title 32 personnel and equipment to assist states to execute emergency protective measures.
  - \$26.1 million for New Jersey for the purchase of PPE and materials at the emergency operations center, and equipment purchases.
- To date, the President has approved 38 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status from: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Kentucky, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Island. Eleven requests are pending approval.
  - Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than 2 weeks from the date of the Presidential Memorandum on April 6.
  - This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - To implement this change, FEMA will work with the Department of Defense to modify all of the existing mission assignments to include this language, and to extend the end date appropriately.
  - Nearly 27,000 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 1.87 million samples.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- FEMA currently has 2,637 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 6**, 66 agencies across 24 states, the District of Columbia, one tribe and one U.S. territory have sent: 135 text messages via the Wireless Emergency Alert system; 36 messages to broadcast stations via the Emergency Alert System.
- The U.S. Army Corps of Engineers received 32 mission assignments totaling approximately \$1.6 billion to design and build alternate care sites in Alaska, Arizona, California, Colorado, Florida, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, Montana, the Navajo Nation, Nevada, New Jersey, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Utah, Virginia, Washington and Wisconsin.
  - As of **April 8**, more than 2,020 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.



- As of **April 7**, FEMA and HHS have coordinated the delivery of or are currently shipping: 47.8 million N95 respirators, 57.6 million surgical masks, 5.2 million face shields, 9 million surgical gowns, 62.6 million gloves, 144,000 coveralls, 8,920 ventilators and 8,450 federal medical station beds.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 23 tribes are working directly with FEMA
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- FEMA/HHS are delivering supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - FEMA issued a [request for quotation](#) on **March 26**, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
  - On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.
- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
  - As of **April 5**, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.

### U.S. Department of Health and Human Services Agencies and Offices

- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots for effective response to the worsening situation in their jurisdictions.
- On **March 24**, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS awarded \$100 million to support HHS health resources and services administration-funded

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.

- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.

### Centers for Disease Control and Prevention

- On **March 31**, the president extended the nation's [Slow the Spread](#) campaign until April 30.
- CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On **April 3**, CDC launched COVIDView, a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **April 4**, CDC issued an [updated recommendation](#) that requires cruise line companies to arrange for the private transport of travelers to their homes, without the use of commercial flights or public transportation.
- On **March 27**, CDC issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the U.S., monitor their health, and practice social distancing.
  - On **March 17**, CDC issued a Level 3 Travel Health Notice for cruise ship travel. CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

### Food and Drug Administration (FDA)

- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- FDA has granted [30 Emergency Use Authorizations](#) of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

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### Other Federal Agencies

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- On **March 27**, President Trump signed the CARES Act into law, allocating \$2 trillion.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 3**, the Small Business Administration [Paycheck Protection Program](#) offered nearly \$350 billion in loans to small businesses. More than 17,500 loans valued at over \$5.4 billion were approved on first day of the Paycheck Protection Program.
- On **April 7**, the U.S. Coast Guard continued to facilitate the disembarkation of 100 passengers and 881 crew members from one cruise ship in Florida.
  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
- On **March 28**, The Cybersecurity and Infrastructure Security Agency (CISA) published [updated guidance on essential critical infrastructure workers](#) during COVID-19 response.
- On **March 28**, the Office of Personnel Management announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
  - The task force is a result of the March 23 Executive Order and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
  - DOJ and HHS partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
- The Department of Homeland Security has extended the REAL ID enforcement deadline to Oct.1, 2021.
- American Red Cross is continuing to seek blood and convalescent plasma donations
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus.
  - The Red Cross has been asked by the U.S. Food and Drug Administration (FDA) to help identify prospective donors and manage the distribution of these products to hospitals treating patients in need. More information at RedCross.org.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The Internal Revenue Service (IRS) donated 58,400 N95 respirators to the states of California, Kentucky, Maryland, Massachusetts, New York, Pennsylvania, Tennessee, Texas, and Washington, D.C.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Thursday, April 9, 2020

"WHAT THE CDC HAS DONE IS THAT WE'VE REALLY LOOKED AT THE ESSENTIAL WORK FORCE, AND HOW TO MAINTAIN THAT WORK FORCE, PARTICULARLY AT THIS TIME AS WE BEGIN TO GET READY TO RE-OPEN, AND HAVE CONFIDENCE IN BRINGING OUR WORK FORCES BACK TO WORK." - CDC DIRECTOR DR. ROBERT REDFIELD.

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### Topline Briefing Points and Messages

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- 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 Project Air Bridge expedites movement of critical supplies, in varying quantities, from the global market to medical distributors in various locations across the U.S.
  - **As of April 8**, 21 flights have landed, containing critical personal protective equipment (PPE): gloves, gowns, goggles, and masks.
  - Three flights are scheduled to arrive today, 1 in Chicago, 1 in New York City, and 1 in Dallas/Ft. Worth.
  - An additional 49 flights are scheduled over the next three weeks.
  - Overseas flights arrive at operational hub airports for distribution to hotspots and nationwide locations through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - Per agreements with distributors, 50 percent of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50 percent is fed into distributors' normal supply chain to their customers in other areas nationwide.
  - HHS and FEMA determine hotspot areas based on CDC data.
- 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 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 your state.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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.
- The federal government has 8,324 total ventilators available: 7,724 in the Strategic National Stockpile; 600 from the Department of Defense.
- On **April 8**, the Department of Health and Human Services announced the first contract for ventilator production rated under the Defense Production Act, to General Motors.
  - 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.
- On **April 8**, CDC issued additional guidance to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
  - The guidance covers essential health care workers who've been exposed to the coronavirus.
  - Essential workers can, under certain circumstances, go back to work, if they're asymptomatic and take the recommended actions of taking their temperature before they go to work, wearing a face mask at all times, and practicing social distancing when they're at work.

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## By the Numbers

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- Forty-two states, four territories and 24 tribes have issued stay-at-home orders.
- 52 states and territories have been approved for major disaster declarations to assist with additional needs identified.
  - Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Mexico, Nebraska, Nevada, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Washington and Wisconsin, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territories of Guam, the Northern Mariana Islands and the U.S. Virgin Islands.
- As of **April 8**, FEMA and HHS have provided or are currently shipping 9,240 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), California (170), Colorado (100), Connecticut (50), Delaware (50), Florida (200), Georgia (150), Guam (30), Illinois (600), Louisiana (350), Maryland (220), Massachusetts (100), Michigan (700), the Navajo Nation (50), New Jersey (1,350), New York (4,400), Oregon (140), Washington (500) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC).
  - Additional allocations in process include a 250-bed Federal Medical Station and a Public Health strike team for Michigan; and a 50-bed Federal Medical Station for D.C.
- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- FEMA obligated \$4.7 billion in support of COVID-19 efforts. This week, major obligations include:
  - \$55 million for Washington, D.C. for USACE to provide assessment and construction of alternate care facilities to support medical surge.
  - \$50 million for Colorado to provide construction of alternate care facilities.
  - \$33.7 million for Nevada for DOD to provide Title 32 personnel and equipment to assist states to execute emergency protective measures.
  - \$26.1 million for New Jersey for the purchase of PPE and materials at the emergency operations center, and equipment purchases.
- To date, the President has approved 38 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Kentucky, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
  - Eleven requests are pending approval.
  - Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than 2 weeks from the date of the Presidential Memorandum on April 6.
  - This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - Nearly than 23,000 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 1.95 million samples.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- FEMA currently has 2,800 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 8**, 68 agencies across 24 states, the District of Columbia, one tribe and one U.S. territory have sent: 144 text messages via the Wireless Emergency Alert system; 38 messages to broadcast stations via the Emergency Alert System.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The U.S. Army Corps of Engineers received 40 mission assignments totaling approximately \$1.7 billion to design and build alternate care sites in Alaska, American Samoa, Arizona, California, Colorado, Commonwealth of the Northern Mariana Islands, Florida, Guam, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, Montana, the Navajo Nation, Nevada, New Jersey, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Utah, Virginia, Washington and Wisconsin.
  - As of **April 8**, more than 2,078 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.
- As of April 8, FEMA and HHS have coordinated the delivery of or are currently shipping: 48.6 million N95 respirators, 57.6 million surgical masks, 5.5 million face shields, 9 million surgical gowns, 105 million gloves, 212,000 coveralls, 9,090 ventilators and 8,500 federal medical station beds.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 26 tribes are working directly with FEMA
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- FEMA/HHS are delivering supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - FEMA established an air bridge to reduce the time it takes for U.S. medical supply distributors to receive personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, reducing shipment time from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - FEMA issued a [request for quotation](#) on **March 26**, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
  - On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
  - As of **April 5**, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.

## U.S. Department of Health and Human Services Agencies and Offices

- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots for effective response to the worsening situation in their jurisdictions.
- On **March 24**, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS awarded \$100 million to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.

## Centers for Disease Control and Prevention

- On **March 31**, the president extended the nation's [Slow the Spread](#) campaign until April 30.
- CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **April 4**, CDC issued an [updated recommendation](#) that requires cruise line companies to arrange for the private transport of travelers to their homes, without the use of commercial flights or public transportation.
- On **March 27**, CDC issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the U.S., monitor their health, and practice social distancing.
  - On **March 17**, CDC issued a Level 3 Travel Health Notice for cruise ship travel. CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

## Food and Drug Administration (FDA)

- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- FDA has granted [30 Emergency Use Authorizations](#) of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

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## Other Federal Agencies

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- On **March 27**, President Trump signed the CARES Act into law, allocating \$2 trillion.
- As of **April 7**, the Small Business Administration's [Paycheck Protection Program](#) has processed more than \$70 billion in loans for qualifying small businesses.
- On **April 7**, the U.S. Coast Guard continued to facilitate the disembarkation of 100 passengers and 881 crew members from one cruise ship in Florida.
- On **March 28**, The Cybersecurity and Infrastructure Security Agency (CISA) published [updated guidance on essential critical infrastructure workers](#) during COVID-19 response.
- On **March 28**, the Office of Personnel Management announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
  - The task force is a result of the March 23 Executive Order and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
  - DOJ and HHS partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
- The Department of Homeland Security has extended the REAL ID enforcement deadline to Oct. 1, 2021.
- American Red Cross is continuing to seek blood and convalescent plasma donations
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus.
  - The Red Cross has been asked by the U.S. Food and Drug Administration (FDA) to help identify prospective donors and manage the distribution of these products to hospitals treating patients in need. More information at [RedCross.org](#).
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The Internal Revenue Service (IRS) donated 58,400 N95 respirators to the states of California, Kentucky, Maryland, Massachusetts, New York, Pennsylvania, Tennessee, Texas and Washington, D.C.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Friday, April 10, 2020

“JUST THIS WEEK, FEMA AND THE U.S. PUBLIC HEALTH SERVICE ANNOUNCED THAT WE WILL GIVE AN OPTION TO STATES TO TRANSITION FROM A FEDERAL TESTING SITE, DOZENS OF WHICH HAVE BEEN ASSEMBLED AROUND THE COUNTRY TO A STATE-MANAGED SITE. I WANT TO EMPHASIZE THAT THIS IS AN ‘OPTION.’ WE BELIEVE IT GIVES STATES GREATER FLEXIBILITY TO STYLE SITES OR MANAGE SITES IN AREAS THEY THINK ARE MOST IMPORTANT.”

- VICE PRESIDENT MIKE PENCE

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### Topline Briefing Points and Messages

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- 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](#).
- Beginning **April 10**, HHS and FEMA will work with states with federal Community-Based Testing Sites to clarify whether sites want to continue as they are now, or transition to full state control.
  - Under state control, CBTS sites would still receive technical assistance from the federal government and be able to request supplies through the normal FEMA systems.
  - Leadership at both HHS and FEMA will consider approving extension requests by states that need additional federal assistance to manage and operate sites. A formal notice to continue must be submitted to the CBTS Task Force Leader, by either the state's Governor or his or her representative, no later than April 9.
  - The federal government will continue supporting each site through the transition process to ensure that the states can fully manage and operate their CBTS program independently. This includes providing each site with enough supplies to continue to operate for 7-14 days after the agreed upon transition date.
  - After transition, states can choose to source testing kits and supplies through their standard ordering process or to request assistance from FEMA using the standard Resource Request Process through the appropriate FEMA Region.
  - States may also seek reimbursement for eligible expenses associated with running their sites through FEMA's Public Assistance program. In general, activities local and state governments are conducting at CBTS are eligible for reimbursement under the Public Assistance program, subject to a cost share.
  - To date, Community Based Testing Sites have screened over 85,000 individuals.
- 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.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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.
- 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.
- On **April 8**, HHS, through the Health Resources and Services Administration awarded more than \$1.3 billion to 1,387 health centers. These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- 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.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 9**, Project Airbridge has completed 26 flights with an additional 54 scheduled for a total of approximately 80.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 9:
  - 370,000 N95 masks
    - 240,000 N95 masks into private sector supply chains, and
    - 130,000 N95 masks were purchased by FEMA from the first Airbridge flight, which landed at JFK March 29
  - 250.6 million gloves
  - 25.1 million surgical masks
  - 3.5 million gowns



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 24,000 face shields
- Recent flights:
  - Three flights landed in Chicago on April 8 with a total of 34.4 million gloves, 8.7 million protective masks and 195,000 medical gowns.
  - Three flights landed April 9 in Chicago (1), New York City (1) and Dallas (1) today, April 9, with a total of approximately 54.7 million gloves.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays or cancellations.
- FEMA established the air bridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- To date, 8.5 million N95 masks from the Department of Defense were distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- FEMA has awarded a contract with a manufacturer in South Korea to provide approximately 750,000 test kits. Flights carrying the test kits are expected to begin in the next couple of weeks.
  - The test kits will be distributed to states that can process them and have a need to augment their existing testing capability. Urgent needs will be given priority based on medical hot spot analysis.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- Since Monday night, two shipments of critical Hydroxychloroquine medicine have departed the Strategic National Stockpile.
  - The first shipment of 9 million tablets is in support of New York City, Chicago, New Orleans and Detroit.
  - The second shipment of 10.1 million tablets is intended for St. Louis, Philadelphia, Pittsburg, Baltimore, Washington D.C., Milwaukee, Miami, Houston, Indianapolis, and Baton Rouge. A portion of this shipment will also support the Veterans Affairs Consolidated Mail Outpatient Pharmacy and the Department of Defense.

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## By the Numbers

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- Forty-two states, four territories and more than 30 tribes have issued stay-at-home orders.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 49 states, 4 territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 8**, FEMA and HHS have provided or are currently shipping 10,540 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), California/LA County (170), Colorado (100), Connecticut (150), Delaware (50), Florida (200), Georgia (150), Guam (30), Illinois (400), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,858), New York (4,400), Oregon (140), Washington (500) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 7,159 total ventilators available: 6,860 in the Strategic National Stockpile; 299 from the Department of Defense.
- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- As of April 9, FEMA and HHS have coordinated the delivery of or are currently shipping: 48.6 million N95 respirators, 57.6 million surgical masks, 5.5 million face shields, 9 million surgical gowns, 105 million gloves, 212,000 coveralls, 9,090 ventilators and 8,500 federal medical station beds.
- FEMA obligated \$5.02 billion in support of COVID-19 efforts. This week, major obligations include:
  - \$55 million for Washington, D.C. for USACE to provide assessment and construction of alternate care facilities to support medical surge.
  - \$50 million for Colorado to provide construction of alternate care facilities.
  - \$33.7 million for Nevada for DOD to provide Title 32 personnel and equipment to assist states to execute emergency protective measures.
  - \$26.1 million for New Jersey for the purchase of PPE and materials at the emergency operations center, and equipment purchases.
- FEMA currently has 2,852 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 8**, 69 agencies across 24 states, the District of Columbia, one tribe and one U.S. territory have sent: 152 text messages via the Wireless Emergency Alert system; 40 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 38 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status. Eleven requests are pending approval.
  - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Kentucky, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Carolina, Tennessee, Texas, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
- Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than two weeks from the date of the Presidential Memorandum on April 6.
- This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
- More than 23,000 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 2.07 million samples.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers received 40 mission assignments totaling approximately \$1.7 billion to design and build alternate care sites in Alaska, American Samoa, Arizona, California, Colorado, Commonwealth of the Northern Mariana Islands, Florida, Guam, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, Montana, the Navajo Nation, Nevada, New Jersey, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Utah, Virginia, Washington and Wisconsin.
  - As of **April 9**, more than 2,078 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 26 tribes are working directly with FEMA
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- FEMA/HHS are delivering supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA issued a [request for quotation](#) on **March 26**, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.
- As of **April 5**, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.
- On April 9, FEMA announced that it is suspending rent for disaster survivors who are living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.

## U.S. Department of Health and Human Services Agencies and Offices

- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots for effective response to the worsening situation in their jurisdictions.
- On **March 24**, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS awarded \$100 million to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.

## Centers for Disease Control and Prevention

- On **March 31**, the president extended the nation's [Slow the Spread](#) campaign until April 30.
- CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
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- On **April 8**, CDC issued additional guidance to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
  - The guidance covers essential health care workers who've been exposed to the coronavirus.
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- On **March 17**, CDC issued a Level 3 Travel Health Notice for cruise ship travel. CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

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- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- FDA has granted [30 Emergency Use Authorizations](#) of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

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### Other Federal Agencies

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- President Donald J. Trump signed the bipartisan CARES Act to provide relief to American families, workers, and the heroic healthcare workers on the frontline of this outbreak.
  - \$100 billion will go to healthcare providers, including hospitals on the front lines of the COVID-19 pandemic.
  - To expedite providers getting money as quickly as possible, \$30 billion is being distributed immediately proportionate to providers' share of Medicare fee-for-service reimbursements in 2019.
  - These initial payments will begin being delivered on April 10, with \$26 of the \$30 billion expected to be delivered to providers' bank accounts that day.
  - As a condition to receiving these funds, providers must agree not to seek collection of out-of-pocket payments from a COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.
  - 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.
- As of **April 7**, the Small Business Administration's [Paycheck Protection Program](#) has processed more than \$70 billion in loans for qualifying small businesses.
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- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The task force is a result of the March 23 Executive Order and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
  - DOJ and HHS partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
- The Department of Homeland Security has extended the REAL ID enforcement deadline to Oct. 1, 2021.
- American Red Cross is continuing to seek blood and convalescent plasma donations
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus.
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# Coronavirus (COVID-19) Pandemic Whole-of-America Response

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Saturday, April 11, 2020

**"IN SHORT, THE AMERICAN PEOPLE HAVE LAUNCHED THE GREATEST MOBILIZATION OF OUR SOCIETY SINCE WORLD WAR TWO, DEPLOYING EVERY SCIENTIFIC, GOVERNMENTAL, MEDICAL, AND MILITARY RESOURCE TO DEFEAT THE VIRUS."**  
- PRESIDENT DONALD J. TRUMP

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## Topline Briefing Points and Messages

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- 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.
  - 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.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 10**, Project Airbridge has completed 26 flights with an additional 30 scheduled for a total of 56 flights.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 10:
  - 445,000 N95 masks
    - 130,000 of the N95 masks were purchased by FEMA from the first Airbridge flight, which landed at JFK March 29
  - 257.6 million gloves

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 25.1 million surgical masks
  - 3.8 million gowns
  - 24,000 face shields
- Three flights landed on April 10: one in NYC, one in Los Angeles and one in Columbus, OH. Cargo included approximately 7 million gloves, 70,000 N95 masks and 306,000 medical gowns.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- FEMA established the air bridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- To date, 8.5 million N95 masks from the Department of Defense were distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- FEMA has awarded a contract with a manufacturer in South Korea to provide approximately 750,000 test kits. Flights carrying the test kits are expected to begin in the next couple of weeks.
  - The test kits will be distributed to states that can process them and have a need to augment their existing testing capability. Urgent needs will be given priority based on medical hot spot analysis.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
- Since April 6, two shipments of critical Hydroxychloroquine medicine have departed the Strategic National Stockpile.
  - The first shipment of nine million tablets is in support of New York City, Chicago, New Orleans and Detroit.
  - The second shipment of 10.1 million tablets is intended for St. Louis, Philadelphia, Pittsburg, Baltimore, Washington D.C., Milwaukee, Miami, Houston, Indianapolis, and Baton Rouge. A portion of this shipment will also support the Veterans Affairs Consolidated Mail Outpatient Pharmacy and the Department of Defense.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- 49 states, 4 territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 10**, FEMA and HHS have provided or are currently shipping 10,648 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Connecticut (150), Delaware (50), Florida (200), Georgia (150), Guam (30), Illinois (400), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,858), New York (4,400), Oregon (140), Washington (500) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 7,159 total ventilators available: 6,860 in the Strategic National Stockpile; 299 from the Department of Defense.
- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- As of April 9, FEMA and HHS have coordinated the delivery of or are currently shipping: 48.6 million N95 respirators, 57.6 million surgical masks, 5.5 million face shields, 9 million surgical gowns, 105 million gloves, 212,000 coveralls, 11,148 ventilators and 8,500 federal medical station beds.
- FEMA obligated \$5.1 billion in support of COVID-19 efforts. This week, major obligations include:
  - \$55 million for Washington, D.C. for USACE to provide assessment and construction of alternate care facilities to support medical surge.
  - \$50 million for Colorado to provide construction of alternate care facilities.
  - \$33.7 million for Nevada for DOD to provide Title 32 personnel and equipment to assist states to execute emergency protective measures.
  - \$26.1 million for New Jersey for the purchase of PPE and materials at the emergency operations center, and equipment purchases.
- FEMA currently has 2,902 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 10**, 69 agencies across 24 states, the District of Columbia, one tribe and one U.S. territory have sent: 156 text messages via the Wireless Emergency Alert system; 42 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 38 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status. Eleven requests are pending approval.
  - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Kentucky, Indiana, Louisiana, Massachusetts, Maryland, Michigan,

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
- Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than two weeks from the date of the Presidential Memorandum on April 6.
  - This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - More than 28,000 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 2.18 million samples.
    - To date, the federal Community Based Testing Sites have screened over 85,000 individuals.
  - The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
  - The U.S. Army Corps of Engineers received 40 mission assignments totaling approximately \$1.7 billion to design and build alternate care sites in Alaska, American Samoa, Arizona, California, Colorado, Commonwealth of the Northern Mariana Islands, Florida, Guam, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, Montana, the Navajo Nation, Nevada, New Jersey, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Utah, Virginia, Washington and Wisconsin.
    - As of **April 9**, 2,143 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 28 tribes are working directly with FEMA
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.

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- Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
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## U.S. Department of Health and Human Services Agencies and Offices

- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots for effective response to the worsening situation in their jurisdictions.
- Beginning **April 10**, HHS and FEMA are working with states with federal Community-Based Testing Sites to clarify whether sites want to continue as they are now, or transition to full state control.
- On **April 8**, HHS, through the Health Resources and Services Administration awarded more than \$1.3 billion to 1,387 health centers. These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **March 24**, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS awarded \$100 million to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
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Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.

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# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Sunday, April 12, 2020

“THANKS TO RAPID WORK BY THE MEN AND WOMEN OF THE FDA AND PRESIDENT TRUMP’S VISION FOR AN ALL-OF-AMERICA RESPONSE, INNOVATORS ARE GIVING OUR HEALTHCARE WARRIORS NEW TOOLS NEARLY EVERY DAY TO FIGHT THE COVID-19 PANDEMIC.”  
- HHS SECRETARY ALEX AZAR

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### Topline Briefing Points and Messages

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### Supply Chain Task Force

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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Two flights landed on April 11 in Chicago. Cargo included approximately 41 million gloves.
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    - 130,000 of the N95 masks were purchased by FEMA from the first Airbridge flight, which landed at JFK March 29
  - 257.6 million gloves
  - 25.1 million surgical masks
  - 3.8 million gowns
  - 24,000 face shields
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- FEMA established the airbridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially pre-sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- To date, 8.5 million N95 masks from the Department of Defense were distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- FEMA has awarded a contract with a manufacturer in South Korea to provide approximately 750,000 test kits. Flights carrying the test kits are expected to begin in the next couple of weeks.
  - The test kits will be distributed to states that can process them and have a need to augment their existing testing capability. Urgent needs will be given priority based on medical hot spot analysis.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
- Since **April 6**, two shipments of critical Hydroxychloroquine medicine have departed the Strategic National Stockpile.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The first shipment of nine million tablets is in support of New York City, Chicago, New Orleans and Detroit.
- The second shipment of 10.1 million tablets is intended for St. Louis, Philadelphia, Pittsburgh, Baltimore, Washington D.C., Milwaukee, Miami, Houston, Indianapolis, and Baton Rouge. A portion of this shipment will also support the Veterans Affairs Consolidated Mail Outpatient Pharmacy and the Department of Defense.

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### By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, 4 territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 11**, FEMA and HHS have provided or are currently shipping 10,448 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Connecticut (150), Delaware (50), Florida (200), Georgia (150), Guam (30), Illinois (400), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,658), New York (4,400), Oregon (140), Washington (500) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 6,924 total ventilators available: 6,724 in the Strategic National Stockpile; 200 from the Department of Defense.
- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- As of **April 9**, FEMA and HHS have coordinated the delivery of or are currently shipping: 38 million N95 respirators, 32.6 million surgical masks, 5.5 million face shields, 4.7 million surgical gowns, 30.3million gloves, 212,000 coveralls, 10,448 ventilators and 8,600 federal medical station beds.
- FEMA obligated \$5.2 billion in support of COVID-19 efforts.
  - Obligations on April 11 included \$77.2M for New York to provide a scalable medical capability to include staff, equipment, and supplies to assist with medical care at alternate care facilities.
- FEMA currently has 2,901 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 11**, 72 agencies across 25 states, the District of Columbia, one tribe and one U.S. territory have sent: 164 text messages via the Wireless Emergency Alert system; 42 messages to broadcast stations via the Emergency Alert System.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- To date, the President has approved 38 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status. Thirteen requests are pending approval.
  - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Kentucky, Indiana, Louisiana, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
  - Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than two weeks from the date of the Presidential Memorandum on April 6.
  - This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - Nearly 24,400 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 2.29 million samples.
  - To date, the federal Community Based Testing Sites have screened more than 84,500 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers received 28 mission assignments totaling approximately \$1.7 billion to design and build alternate care sites in Alaska, American Samoa, Arizona, California, Colorado, Commonwealth of the Northern Mariana Islands, District of Columbia, Florida, Guam, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, Montana, the Navajo Nation, Nevada, New Jersey, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Utah, Virginia, Washington and Wisconsin.
  - As of **April 12**, 2,163 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 29 tribes are working directly with FEMA
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
- Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- FEMA/HHS are delivering supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - FEMA issued a [request for quotation](#) on **March 26**, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
  - On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.
  - As of **April 5**, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.
- On **April 11**, FEMA issued guidance on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.

## U.S. Department of Health and Human Services Agencies and Offices

- HHS is releasing \$160 million dollars in additional CDC funding to dozens of regional hotspots for effective response to the worsening situation in their jurisdictions.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
  - 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.
  - 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 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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 **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.

## Centers for Disease Control and Prevention

- On **March 31**, the president extended the nation's [Slow the Spread](#) campaign until April 30.
- CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide. On April 10, CDC extended guidelines for an additional 100 days.

## Food and Drug Administration (FDA)

- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FDA has granted [30 Emergency Use Authorizations](#) of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

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## Other Federal Agencies

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- President Donald J. Trump signed the bipartisan CARES Act to provide relief to American families, workers, and the heroic healthcare workers on the frontline of this outbreak.
- As of **April 11**, the Department of Defense has deployed more than 320 medical area personnel from the United States Navy and United States Air Force to support New York City and Philadelphia hospitals.
- As of **April 7**, the Small Business Administration's [Paycheck Protection Program](#) has processed more than \$70 billion in loans for qualifying small businesses.
- On **April 9**, the U.S. Coast Guard was tracking one remaining cruise ship (Pacific Princess) to arrive in US port with 125 passengers.
- 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.
- The Cybersecurity and Infrastructure Security Agency (CISA) published [updated guidance on essential critical infrastructure workers](#) during COVID-19 response and a quick reference of the [Do's and Don'ts](#) for employers and employees related to COVID-19 exposures.
- On **April 8**, CISA and United Kingdom's National Cyber Security Centre issued an activity alert titled, [COVID-19 Exploited by Malicious Cyber Actors](#). This joint alert seeks to address the growing use of COVID-19-related themes by malicious cyber actors and provides resources to help detect and prevent COVID-19 malicious activity on networks.
- On **March 28**, the Office of Personnel Management announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
  - The task force is a result of the March 23 Executive Order and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
  - DOJ and HHS partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
- The Department of Homeland Security has extended the REAL ID enforcement deadline to Oct. 1, 2021.
- American Red Cross and Advancing Transfusion and Cellular Therapies Worldwide (AABB) continue to seek blood and convalescent plasma donations.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus.
- The Red Cross has been asked by the U.S. Food and Drug Administration (FDA) to help identify prospective donors and manage the distribution of these products to hospitals treating patients in need. More information at [RedCross.org](https://www.RedCross.org).
- To find where you can donate blood, visit [aabb.org](https://aabb.org).
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The Internal Revenue Service (IRS) donated 58,400 N95 respirators to the states of California, Kentucky, Maryland, Massachusetts, New York, Pennsylvania, Tennessee, Texas and Washington, D.C.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

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

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Monday, April 13, 2020

“COUNTLESS AMERICANS HAVE SELFLESSLY ANSWERED THE CALLS FOR HELP IN THEIR COMMUNITIES AND HAVE PERFORMED EXTRAORDINARY ACTS TO HELP THEIR NEIGHBORS IN TIMES OF NEED. HEALTHCARE WORKERS AND MEDICAL PROFESSIONALS HAVE WORKED TIRELESSLY TO HEAL THE SICK, AND THOUSANDS OF VOLUNTEERS, FIRST RESPONDERS, CRITICAL WORKERS, AND BUSINESSES HAVE CONTRIBUTED THEIR TIME AND RESOURCES TO HELP DEFEAT THIS VIRUS.”

- PRESIDENT DONALD TRUMP

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## Topline Briefing Points and Messages

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- 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 Airbridge](#).
- 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 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.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- As of **April 13**, [Project Airbridge](#) has completed 37 flights with an additional 43 scheduled for a total of approximately 80 flights.
  - Eight flights landed on April 12 at distribution hubs in New York, Los Angeles, Chicago and Columbus, OH.
  - Anticipated cargo includes 7 million gloves (NY), 19 million gloves (Chicago) and 13 million gloves, 97,000 gowns and 106,000 shoe covers (Columbus).
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Shipments of approximately 10 million FEMA-procured N95 masks from 3M began over the weekend. The first flight carrying approximately 600,000 masks arrived yesterday, **April 12**. This is the first in a sequence of flights scheduled over the next four weeks.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 12:
  - 550,000 N95 masks
    - 130,000 of the N95 masks were purchased by FEMA from the first Airbridge flight, which landed at JFK March 29
  - 377.2 million gloves
  - 25.1 million surgical masks
  - 4.9 million surgical gowns
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- FEMA established the airbridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially pre-sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- To date, 8.5 million N95 masks from the Department of Defense were distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- Another 3.4 million DoD N95 masks were shipped to states including:
  - Approximately 500,000 in transit to Illinois
  - Approximately 1 million delivered to Pennsylvania
  - Approximately 500,000 delivered to West Virginia
  - Approximately 400,000 delivered to NYC
  - Approximately 1 million in transit to Florida



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA has awarded a contract with a manufacturer in South Korea to provide approximately 750,000 test kits. Flights carrying the test kits are expected to begin April 14.
  - The test kits will be distributed to states that can process them and have a need to augment their existing testing capability. Urgent needs will be given priority based on medical hot spot analysis.
- The Supply Chain Task Force participated in a cross-sector coordination call hosted by DHS' Cybersecurity and Infrastructure Agency Friday, April 10 and is developing guidance in conjunction with manufacturers and sharing with non-medical sectors mask alternatives to reduce N95 demand as well as coordinating on PPE preservation techniques.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
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  - To date, the federal Community Based Testing Sites have screened more than 86,678 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Military working with HHS has deployed thousands of personnel to build and staff 62 temporary hospitals and alternate care facilities with 27,363 projected beds in 22 states, 2 territories, and the District of Columbia.
- The U.S. Army Corps of Engineers received 53 mission assignments totaling approximately \$1.7 billion to include 22 for the design and build alternate care sites in Alaska, American Samoa,

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

Arizona, California, Colorado, Commonwealth of the Northern Mariana Islands, District of Columbia, Florida, Guam, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, Montana, the Navajo Nation, Nevada, New Jersey, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Utah, Virginia, Washington and Wisconsin.

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## FEMA and HHS Response

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## U.S. Department of Health and Human Services Agencies and Offices

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- 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.
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- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

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- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
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- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

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  - To find where you can donate blood, visit [aabb.org](#).
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The Internal Revenue Service (IRS) donated 58,400 N95 respirators to the states of California, Kentucky, Maryland, Massachusetts, New York, Pennsylvania, Tennessee, Texas and Washington, D.C.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.



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

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Tuesday, April 14, 2020

"I THINK EVERY AMERICAN WOULD BE PROUD TO SEE THE PARTNERSHIP THAT THIS PRESIDENT HAS FORGED WITH GOVERNORS ACROSS THE COUNTRY [...] THE FLOW OF RESOURCES FROM AROUND THE WORLD THAT WE 'VE MOVED INTO AREAS THAT HAVE FACED CHALLENGES , I MEAN THIS PRESIDENT HAS DIRECTED US TO ENSURE THAT EVERY STATE HAS WHAT THEY NEED WHEN THEY NEED IT ."

- VICE PRESIDENT PENCE

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## Topline Briefing Points and Messages

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- 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 Airbridge](#).
- HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - In total, combined with contracts with [General Motors](#) and [Philips](#) rated under the DPA issued last week, HHS has finalized contracts to supply 6,190 ventilators for the Strategic National Stockpile by May 8 and 29,510 by June 1.
  - The seven new ventilator contracts announced by HHS this month will provide a total of 137,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives."
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states and territories as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](https://www.grants.gov) by April 28.
- HHS and FEMA have expanded the items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access diagnostics supplies and reagents for COVID-19 testing free of charge.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs of the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.
  - The expanded list of diagnostic supplies will include supplies to support the three components needed for COVID-19 testing: sample kits, extraction kits and test kits.
- FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
  - State, local, tribal, and territorial governments with the legal responsibility for protecting life, public health and safety are eligible applicants under emergency and major disaster declarations for the COVID-19 pandemic.
  - Applicants may enter into formal agreements or contracts with private organizations, including private nonprofit organizations such as food banks, to purchase and distribute food when necessary as an emergency protective measure in response to the pandemic.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 13**, [Project Airbridge](#) has completed 42 flights with an additional 57 scheduled for a total of approximately 99 flights.
  - Five flights landed on **April 13** at distribution hubs in Chicago, Los Angeles and New York.
  - Today, **April 14**, three flights are currently scheduled to land: two in Chicago and one in Rockford, Illinois.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 13:
  - 400,000 N95 masks
    - An additional 130,000 N95 respirators were brought in via the airbridge then moved through FEMA's distribution network to meet an immediate need in New York.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 375 million gloves
  - 25.7 million surgical masks
  - 5.1 million surgical gowns
  - 80,000 thermometers
  - 24,000 face shields
- FEMA established the airbridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially pre-sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- As of **April 13**, 3 flights have been completed to expedite federal government-procured supplies and additional flights are being scheduled.
  - Shipments of approximately 10 million FEMA-procured N95 masks from 3M began over the weekend with the first two flights landing on **April 12**. An additional flight was scheduled to land on **April 13** with a total of 800,000 respirators.
- FEMA has awarded a contract with a manufacturer in South Korea to provide approximately 7,500 test kits. Each kit can test 100 people. Flights carrying the test kits are expected to begin arriving this week.
  - The test kits will be distributed to states that can process them and have a need to augment their existing testing capability. Urgent needs will be given priority based on medical hot spot analysis.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle Critical Care Decontamination Systems for sixty (60) N95 decontamination system units for the sanitation and reuse of N95 respirators.
  - 6 systems have been deployed: two to New York and one each to Washington, Massachusetts, Illinois and Ohio.
  - Additional units are planned for deployment across the U.S. by early May. HHS will fulfill state requests through the NRCC.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
- Since **April 6**, two shipments of critical Hydroxychloroquine medicine have departed the Strategic National Stockpile.
  - The first shipment of nine million tablets is in support of New York City, Chicago, New Orleans and Detroit.
  - The second shipment of 10.1 million tablets is intended for St. Louis, Philadelphia, Pittsburg, Baltimore, Washington D.C., Milwaukee, Miami, Houston, Indianapolis, and Baton Rouge. A portion of this shipment will also support the Veterans Affairs Consolidated Mail Outpatient Pharmacy and the Department of Defense.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, 4 territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 13**, FEMA and HHS have provided or are currently shipping 10,898 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (50), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (500) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 6,924 total ventilators available: 6,724 in the Strategic National Stockpile; 200 from the Department of Defense.
- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- As of **April 13**, FEMA and HHS have coordinated the delivery of or are currently shipping: 38 million N95 respirators, 32 million surgical masks, 5.5 million face shields, 4.7 million surgical gowns, 31 million gloves, 212,000 coveralls, 10,898 ventilators and 8,600 federal medical station beds.
- FEMA obligated \$5.2 billion in support of COVID-19 efforts.
  - Obligations on April 11 included \$77.2 million for New York to provide a scalable medical capability to include staff, equipment, and supplies to assist with medical care at alternate care facilities.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA currently has 2,952 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 13**, 74 agencies across 26 states, the District of Columbia, one tribe and one U.S. territory have sent: 172 text messages via the Wireless Emergency Alert system; 44 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 44 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status, with 7 requests pending approval.
  - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Iowa, Illinois, Kansas, Kentucky, Indiana, Louisiana, Maine, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
  - Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than two weeks from the date of the Presidential Memorandum on April 6.
  - This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - More than 24,400 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 2.54 million samples.
  - To date, the federal Community Based Testing Sites have screened more than 95,842 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Military working with HHS has deployed thousands of personnel to build and staff 62 temporary hospitals and alternate care facilities with 27,363 projected beds in 22 states, 2 territories, and the District of Columbia.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 26 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Tennessee, and Wisconsin.
  - As of **April 14**, 1,876 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 30 tribes are working directly with FEMA

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- FEMA/HHS are delivering supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - FEMA issued a [request for quotation](#) on **March 26**, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
  - On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.
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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- To find where you can donate blood, visit [aabb.org](https://aabb.org).
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The Internal Revenue Service (IRS) donated 58,400 N95 respirators to the states of California, Kentucky, Maryland, Massachusetts, New York, Pennsylvania, Tennessee, Texas and Washington, D.C.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.
- On **April 9**, the [U.S. Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - Grants to students cover expenses such as course materials and technology, food, housing, health care and childcare.
  - In order to access the funds, higher education institutions must provide a signed certification to the department confirming they will distribute the funds in accordance with applicable law. The college or university will then determine which students will receive the cash grants.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Wednesday, April 15, 2020

**"THE AMERICAN PEOPLE CAN BE CONFIDENT PRESIDENT DONALD TRUMP IS GOING TO CONTINUE TO MARSHAL ALL OF THE RESOURCES OF THE FEDERAL GOVERNMENT, WE'LL PARTNER WITH OUR STATE AND LOCAL GOVERNMENTS AND WE'LL ALWAYS PUT THE HEALTH OF AMERICA FIRST. - VICE PRESIDENT PENCE**

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### Topline Briefing Points and Messages

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- 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 Airbridge](#).
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.
  - The seven new ventilator contracts announced by HHS this month will supply 6,190 ventilators for the Strategic National Stockpile by May 8 and 29,510 by June 1.
- HHS and FEMA have expanded the items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access diagnostics supplies and reagents for COVID-19 testing free of charge.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs of the need to work with separate, individual suppliers for swabs, reagents and other diagnostic testing supplies.
  - The expanded list of diagnostic supplies will include supplies to support the three components needed for COVID-19 testing: sample kits, extraction kits and test kits.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 13**, [Project Airbridge](#) has completed 45 flights with an additional 57 scheduled for a total of approximately 102 flights.
  - On **April 14**, two flights landed: one in Chicago and one in Rockford, Illinois.
  - Eight flights are tentatively scheduled to land on **April 15**: six in Chicago, one in Rockford, Illinois, and one in Los Angeles.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 14:
  - 400,000 N95 masks
    - An additional 130,000 N95 respirators were brought in via the airbridge then moved through FEMA's distribution network to meet an immediate need in New York.
  - 400 million gloves
  - 25 million surgical masks
  - 5.5 million surgical gowns
  - 81,000 thermometers
  - 24,000 face shields
- FEMA established the airbridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially pre-sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- As of **April 13**, three flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M. The first 2 million have arrived in the U.S. and additional flights are being scheduled for the balance.
- 6,000 FEMA-procured test kits are scheduled to arrive in the U.S. from manufacturers in South Korea on **April 15**. Each kit contains 100 tests for a total of 600,000 tests.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The test kits will be distributed to states that can process them and have a need to augment their existing testing capability. Urgent needs will be given priority based on medical hot spot analysis.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle Critical Care Decontamination Systems for 60 N95 decontamination system units for the sanitation and reuse of N95 respirators.
  - Six systems were deployed: two to New York and one each to Illinois, Massachusetts, Ohio and Washington.
  - Additional units are planned for deployment across the U.S. by early May. HHS will fulfill state requests through the NRCC.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
- Since **April 6**, two shipments of critical Hydroxychloroquine medicine have departed the Strategic National Stockpile.
  - The first shipment of nine million tablets is in support of New York City, Chicago, New Orleans and Detroit.
  - The second shipment of 10.1 million tablets is intended for St. Louis, Philadelphia, Pittsburg, Baltimore, Washington D.C., Milwaukee, Miami, Houston, Indianapolis, and Baton Rouge. A portion of this shipment will also support the Veterans Affairs Consolidated Mail Outpatient Pharmacy and the Department of Defense.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, 4 territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 14**, FEMA and HHS have provided or are currently shipping 10,848 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (50), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (500) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 6,924 total ventilators available: 6,724 in the Strategic National Stockpile; 200 from the Department of Defense.
- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- As of **April 13**, FEMA and HHS have ordered, coordinated the delivery of or are currently shipping: 39 million N95 respirators, 32 million surgical masks, 5.5 million face shields, 4.7 million surgical gowns, 31 million gloves, 212,000 coveralls, 10,898 ventilators and 8,600 federal medical station beds.
- FEMA obligated \$5.3 billion in support of COVID-19 efforts.
  - Obligations on April 11 included \$77.2 million for New York to provide a scalable medical capability to include staff, equipment, and supplies to assist with medical care at alternate care facilities.
- FEMA currently has 2,983 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 14**, 77 agencies across 26 states, the District of Columbia, one tribe and one U.S. territory have sent: 177 text messages via the Wireless Emergency Alert system; 44 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 44 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status, with 7 requests pending approval.
  - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Iowa, Illinois, Kansas, Kentucky, Indiana, Louisiana, Maine, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than two weeks from the date of the Presidential Memorandum on April 6.
  - This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - More than 25,000 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 2.71 million samples.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- To date, the federal Community Based Testing Sites have screened more than 95,842 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Military working with HHS has deployed thousands of personnel to build and staff 62 temporary hospitals and alternate care facilities with 27,363 projected beds in 22 states, 2 territories, and the District of Columbia.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 26 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Tennessee, and Wisconsin.
  - As of **April 15**, 1,960 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 32 tribes are working directly with FEMA
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states and territories as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](https://www.fema.gov/grants) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA/HHS are delivering supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - FEMA issued a [request for quotation](#) on **March 26**, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
  - On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.
  - As of **April 5**, the FEMA/HHS Supply Chain Stabilization Task Force is validating responses from 11 manufacturers to identify viable supply sources for additional PPE.

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#) and [Philips](#) rated under the DPA issued last week, the contracts will provide a total of 137,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
  - 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.
  - 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 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.

## Centers for Disease Control and Prevention

- On **March 31**, the president extended the nation's [Slow the Spread](#) campaign until April 30.
- CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide. On April 10, CDC extended guidelines for an additional 100 days.

## Food and Drug Administration (FDA)

- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On **April 3**, the U.S. [Food and Drug Administration announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - The U.S. Department of Health and Human Services and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
  - These treatments would use SARS-CoV-2 antibodies COVID-19 survivors and are intended to stimulate the immune systems of people currently ill from the virus.
  - If you have fully recovered from COVID-19, [you may be able to help patients](#) currently fighting the infection by donating your plasma.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- FDA has granted [30 Emergency Use Authorizations](#) of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations.
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
  - The Red Cross has been asked by the FDA to help identify prospective donors and manage the distribution of these products to hospitals treating patients in need. More information at [RedCross.org](#).
  - To find where you can donate blood, visit [aabb.org](#).
- As of **April 13**, the Small Business Administration's [Paycheck Protection Program](#) has approved 880,000 Paycheck Protection Program loans for \$217 billion. More than 4,400 lending institutions have participated in making these SBA-backed loans.
- On **April 13**, the U.S. Coast Guard was tracking one remaining cruise ship to arrive in a U.S. port, the Pacific Princess, with a total of 115 passengers and 368 crew.
- As of **April 11**, the Department of Defense has deployed more than 320 medical area personnel from the United States Navy and United States Air Force to support New York City and Philadelphia hospitals.
- On **April 9**, the [U.S. Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - Grants to students cover expenses such as course materials and technology, food, housing, health care and childcare.
- On **April 8**, CISA and United Kingdom's National Cyber Security Centre issued an activity alert titled, [COVID-19 Exploited by Malicious Cyber Actors](#). This joint alert seeks to address the growing use of COVID-19-related themes by malicious cyber actors and provides resources to help detect and prevent COVID-19 malicious activity on networks.
- 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.
- The Cybersecurity and Infrastructure Security Agency (CISA) published [updated guidance on essential critical infrastructure workers](#) during COVID-19 response and a quick reference of the [Do's and Don'ts](#) for employers and employees related to COVID-19 exposures.
- On **March 28**, the Office of Personnel Management announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The task force is a result of the March 23 Executive Order and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
  - DOJ and HHS partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
- The Department of Homeland Security has extended the REAL ID enforcement deadline to Oct. 1, 2021.
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected.](#)” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The Internal Revenue Service (IRS) donated 58,400 N95 respirators to the states of California, Kentucky, Maryland, Massachusetts, New York, Pennsylvania, Tennessee, Texas and Washington, D.C.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days.](#) Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.



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

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Thursday, April 16, 2020

“THIS WEEK MARKS COMPLETION OF FEMA’S FIRST MONTH LEADING THE WHOLE-OF-AMERICA CORONAVIRUS (COVID-19) PANDEMIC RESPONSE. WHILE WE HAVE A WAY TO GO, I HAVE NO DOUBT THAT WE WILL BE SUCCESSFUL IN PROTECTING OUR COMMUNITIES BY SLOWING THE SPREAD OF THE VIRUS.”

- FEMA ADMINISTRATOR PETE GAYNOR

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## Topline Briefing Points and Messages

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- 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 Airbridge](#).
- Last night, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the “Whole-of-America” response to the coronavirus (COVID-19) pandemic.
  - Specifically, the letter addresses preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator’s [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- The White House announced [a new collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance and the most relevant information on testing facilities in their communities.
  - Standard tags were created that can be [added to any website's code](#), making it easier to find COVID-19 prevention measures, disease spread statistics, quarantine rules and travel guidance, and testing information through online search engine results.
  - All federal websites will incorporate these new Schema.org standard tags. The private sector, state and local governments, and the academic community are encouraged to do the same.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- As of **April 15**, [Project Airbridge](#) has completed 52 flights with an additional 50 scheduled for a total of approximately 102 flights.
  - On **April 15**, six flights landed: four in Chicago, one in Rockford, Illinois, and one in Los Angeles.
  - Six flights are tentatively scheduled to land on **April 16**: four in Chicago, one in Atlanta, and one in Seattle.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 15:
  - More than 400,000 N95 masks
    - An additional 130,000 N95 respirators were brought in via the airbridge then moved through FEMA's distribution network to meet an immediate need in New York for a total of 530,000 N95 respirators.
  - More than 451 million gloves
  - 25 million surgical masks
  - More than 5 million surgical gowns
  - Nearly 81,000 thermometers
  - 74,000 face shields
- FEMA established the airbridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially pre-sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- On April 16, a flight carrying 6,000 FEMA-procured test kits from South Korea is scheduled to land in Washington, D.C.
  - The test kits will be moved to a cold storage facility in Louisville, KY from where they will ultimately be distributed to states to augment their existing testing capability.
  - Each kit contains 100 tests for a total of 600,000 tests.
- As of **April 13**, three flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M. The first 2 million have arrived in the U.S. and additional flights are being scheduled for the balance.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle Critical Care Decontamination Systems for 60 N95 decontamination system units for the sanitation and reuse of N95 respirators.
  - Six systems were deployed: two to New York and one each to Illinois, Massachusetts, Ohio and Washington.
  - Additional units are planned for deployment across the U.S. by early May. HHS will fulfill state requests through the NRCC.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
- Since **April 6**, two shipments of critical Hydroxychloroquine medicine have departed the Strategic National Stockpile.
  - The first shipment of nine million tablets is in support of New York City, Chicago, New Orleans and Detroit.
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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, 4 territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 14**, FEMA and HHS have provided or are currently shipping 10,848 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (50), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (500) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The federal government has approximately 8,739 total ventilators available: 8,539 in the Strategic National Stockpile; 200 from the Department of Defense.
- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
- As of **April 15**, FEMA and HHS have ordered, coordinated the delivery of or are currently shipping: 42.1 million N95 respirators, 32.6 million surgical masks, 5.5 million face shields, 4.8 million surgical gowns, 36.9 million gloves, 212,000 coveralls, 10,898 ventilators and 8,600 federal medical station beds.
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- FEMA currently has 2,991 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 15**, 78 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent: 182 text messages via the Wireless Emergency Alert system; 45 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 44 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status, with seven requests pending approval.
  - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Iowa, Illinois, Kansas, Kentucky, Indiana, Louisiana, Maine, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than two weeks from the date of the Presidential Memorandum on April 6.
  - This approach will allow National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - More than 26,300 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 2.91 million samples.
  - To date, the federal Community Based Testing Sites have screened more than 94,598 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Military working with HHS has deployed thousands of personnel to build and staff 62 temporary hospitals and alternate care facilities with 27,363 projected beds in 22 states, two territories, and the District of Columbia.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 27 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Tennessee, and Wisconsin.

- As of **April 16**, 1,929 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 34 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents for COVID-19 testing.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states and territories as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](https://www.grants.gov) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](https://www.sam.gov).

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#) and [Philips](#) rated under the DPA issued last week, the contracts will provide a total of 137,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
  - 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.
  - 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 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase encourages manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide. On April 10, CDC extended guidelines for an additional 100 days.

## Food and Drug Administration (FDA)

- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - The U.S. Department of Health and Human Services and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- These treatments would use SARS-CoV-2 antibodies COVID-19 survivors and are intended to stimulate the immune systems of people currently ill from the virus.
- If you have fully recovered from COVID-19, [you may be able to help patients](#) currently fighting the infection by donating your plasma.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- FDA has granted [30 Emergency Use Authorizations](#) of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations.
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
  - The [Red Cross has been asked by the FDA](#) to help identify prospective donors and manage the distribution of these products to hospitals treating patients in need.
  - To find where you can donate blood, visit [aabb.org](#).
- As of **April 13**, the Small Business Administration's [Paycheck Protection Program](#) has approved 880,000 Paycheck Protection Program loans for \$217 billion. More than 4,400 lending institutions have participated in making these SBA-backed loans.
- As of **April 15**, the U.S. Coast Guard was tracking 124 cruise ships moored, at anchor, or underway in vicinity of a U.S. port with approximately 9,500 crew members onboard.
- As of **April 11**, the Department of Defense has deployed more than 320 medical area personnel from the United States Navy and United States Air Force to support New York City and Philadelphia hospitals.
- On **April 9**, the [U.S. Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - Grants to students cover expenses such as course materials and technology, food, housing, health care and childcare.
- On **April 8**, CISA and United Kingdom's National Cyber Security Centre issued an activity alert titled, [COVID-19 Exploited by Malicious Cyber Actors](#). This joint alert seeks to address the growing use of COVID-19-related themes by malicious cyber actors and provides resources to help detect and prevent COVID-19 malicious activity on networks.
- 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.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 2**, the U.S. Department of Housing and Urban Development allocated \$3 billion in CARES Act funding to communities to address COVID-19. The CARES Act provided a total of \$12 billion to HUD.
  - Additional HUD efforts include [a moratorium](#) issued on March 18 on foreclosures and evictions for single family homeowners with FHA-insured mortgages for 60 days.
- On **March 28**, Cybersecurity and Infrastructure Security Agency (CISA) published [updated guidance on essential critical infrastructure workers](#) during COVID-19 response and a quick reference of the [Do's and Don'ts](#) for employers and employees related to COVID-19 exposures.
- Also on **March 28**, the Office of Personnel Management announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
  - The task force is a result of the March 23 Executive Order and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
  - DOJ and HHS partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
- The Department of Homeland Security has extended the REAL ID enforcement deadline to Oct.1, 2021.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The Internal Revenue Service (IRS) donated 58,400 N95 respirators to the states of California, Kentucky, Maryland, Massachusetts, New York, Pennsylvania, Tennessee, Texas and Washington, D.C.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Friday, April 17, 2020

**"MY ADMINISTRATION IS DEVOTING EVERY OUNCE OF OUR ENERGY AND EVERY FIBER IN OUR BODIES TO ...CREATE A BORDER, CREATE SOMETHING VERY POWERFUL AGAINST THIS VIRUS, THIS HORRIBLE VIRUS — TO HEAL THE SICK, RESTORE THE FULL FORCE OF THE U.S. ECONOMY, AND DO ALL OF THE THINGS THAT WE'RE DOING."**

**- PRESIDENT DONALD TRUMP**

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### Topline Briefing Points and Messages

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- 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.
- On April 16, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The guidelines were developed by top healthcare experts in government, including at the U.S. Department of Health and Human Services and the Center for Disease Control and Prevention.
- Core state preparedness responsibilities include testing & contact tracing, healthcare system capacity, and plans.
  - State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID-19 outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild).
  - Where appropriate, governors can work on a regional basis to satisfy these criteria and to progress through the phases outlined.
- Governors will continue to manage the situation in each state and develop robust reopening plans, working in close coordination with medical experts and key industries.
  - Fully assessing and leveraging the state's entire testing capacity will be important, including roadmap to all locations and types of testing available in the states, and the capacity of state and local labs, hospitals and universities, and private labs.
  - A robust and strategic testing strategy should include a plan to immediately test individuals if there is an outbreak in a community with a focus on vulnerable populations.
- 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 Airbridge](#).

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 17**, [Project Airbridge](#) has completed 55 flights with an additional 45 scheduled for a total of approximately 100 flights.
  - On **April 16**, five flights landed: three in Chicago, one in Atlanta, and one in Seattle.
  - Four flights are tentatively scheduled to land on **April 17**: two in Chicago and two in Los Angeles.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 15:
  - More than 550,000 N95 masks
  - More than 487 million gloves
  - More than 31 million surgical masks
  - More than 5 million surgical gowns
  - Nearly 81,000 thermometers
  - More than 120,000 face shields
- FEMA established the airbridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially pre-sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- As of **April 13**, three flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M. The first 2 million have arrived in the U.S. and additional flights are being scheduled for the balance.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The Defense Logistics Agency awarded a contract to Battelle Critical Care Decontamination Systems for sixty (60) N95 decontamination system units for the sanitation and reuse of N95 respirators.
  - Six systems were deployed: two to New York and one each to Illinois, Massachusetts, Ohio and Washington.
  - Additional units are planned for deployment across the U.S. by early May. HHS will fulfill state requests through the NRCC.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
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## By the Numbers

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  - Governor Inslee of Washington is returning 400 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 8,739 total ventilators available: 8,539 in the Strategic National Stockpile; 200 from the Department of Defense.



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- Department of Defense deployed 70 ventilators with USNS Mercy, 52 ventilators with USNS Comfort, and 36 ventilators with three Army field hospital personnel supporting Seattle and New York City.
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- As of April 16, FEMA has obligated \$5.4 billion in support of COVID-19 efforts.
- FEMA currently has 3,010 employees supporting COVID-19 pandemic response out of a total 20,550 agency employees ready to respond to other emergencies should they occur.
- As of **April 16**, 80 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent: 186 text messages via the Wireless Emergency Alert system; 46 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 44 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status, with seven requests pending approval.
  - Requests approved include: Arizona, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Iowa, Illinois, Kansas, Kentucky, Indiana, Louisiana, Maine, Massachusetts, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, and the U.S. Virgin Islands.
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- The U.S. Military working with HHS has deployed thousands of personnel to build and staff 62 temporary hospitals and alternate care facilities with 27,363 projected beds in 22 states, two territories, and the District of Columbia.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 28 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Tennessee, and Wisconsin.
  - As of **April 17**, 1,901 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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### FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 35 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
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- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

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## U.S. Department of Health and Human Services Agencies and Offices

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  - Combined with contracts with [General Motors](#) and [Philips](#) rated under the DPA issued last week, the contracts will provide a total of 137,431 ventilators by the end of 2020.
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- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
  - 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.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
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- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - The U.S. Department of Health and Human Services and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
  - These treatments would use SARS-CoV-2 antibodies COVID-19 survivors and are intended to stimulate the immune systems of people currently ill from the virus.
  - If you have fully recovered from COVID-19, [you may be able to help patients](#) currently fighting the infection by donating your plasma.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective COVID-19 countermeasures, including diagnostics, vaccines, and treatments.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations.
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
  - The [Red Cross has been asked by the FDA](#) to help identify prospective donors and manage the distribution of these products to hospitals treating patients in need.
  - To find where you can donate blood, visit [aabb.org](#).
- As of **April 16**, the U.S. Coast Guard was tracking one cruise ship due to arrive in Los Angeles on April 20 with 111 passengers and 378 crew members onboard. USCG is also tracking 124 cruise ships moored, at anchor, or underway in vicinity of a U.S. port with approximately 9,500 crew members onboard.
- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
- As of **April 13**, the Small Business Administration's [Paycheck Protection Program](#) has approved 880,000 Paycheck Protection Program loans for \$217 billion. More than 4,400 lending institutions have participated in making these SBA-backed loans.
- As of **April 11**, the Department of Defense has deployed more than 320 medical area personnel from the United States Navy and United States Air Force to support New York City and Philadelphia hospitals.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 9**, the [U.S Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
- On **April 8**, CISA and United Kingdom's National Cyber Security Centre issued an activity alert titled, [COVID-19 Exploited by Malicious Cyber Actors](#). This joint alert seeks to address the growing use of COVID-19-related themes by malicious cyber actors and provides resources to help detect and prevent COVID-19 malicious activity on networks.
- 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.
- On **April 2**, the U.S. Department of Housing and Urban Development allocated \$3 billion in CARES Act funding to communities to address COVID-19. The CARES Act provided a total of \$12 billion to HUD.
  - Additional HUD efforts include [a moratorium](#) issued on March 18 on foreclosures and evictions for single family homeowners with FHA-insured mortgages for 60 days.
- On **March 28**, Cybersecurity and Infrastructure Security Agency (CISA) published [updated guidance on essential critical infrastructure workers](#) during COVID-19 response and a quick reference of the [Do's and Don'ts](#) for employers and employees related to COVID-19 exposures.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
  - The task force is a result of the March 23 Executive Order and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
  - DOJ and HHS partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.



# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Saturday, April 18, 2020

**"WE'RE CONTINUING TO BRING AT THE PRESIDENT'S DIRECTION THE FULL RESOURCES OF THE FEDERAL GOVERNMENT TO BEAR. TODAY, THE PRESIDENT DECLARED A MAJOR DISASTER DECLARATION FOR AMERICAN SAMOA, AND NOW ALL 50 STATES AND ALL TERRITORIES ARE UNDER MAJOR DISASTER DECLARATIONS FOR THE FIRST TIME IN AMERICAN HISTORY."**

**- VICE PRESIDENT PENCE**

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### Topline Briefing Points and Messages

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- On April 16, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The guidelines also outline state responsibilities to have in place before moving into a reopening plan: protecting workers in critical industry, particularly protecting the most vulnerable, those who live and work in senior care facilities, and having a plan for testing symptomatic individuals with a focus on vulnerable populations.
  - The federal government will continue to work with governors across the country to ensure that they have the equipment and the supplies and the testing resources to reopen safely and responsibly.
- As of **April 17**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 55 million N95 respirators, 69 million surgical masks, 5.9 million face shields, 10.5 million surgical gowns, 523 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
  - On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing all the medical equipment and supplies that have been distributed to each state from FEMA between the first of this month and April 14th through Project Airbridge and through the commercial supply network.
- On April 17, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose. The option was developed through a partnership with United Health Group, Quantigen, the Gates Foundation and U.S. Cotton.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 17**, [Project Airbridge](#) has completed 59 flights with an additional 55 scheduled for a total of approximately 114 flights.
  - On **April 17**, four flights landed: two in Chicago and two in Los Angeles.
  - Five flights are tentatively scheduled to land on **April 18** in Chicago.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 17:
  - More than 580,000 N95 masks
  - More than 487 million gloves
  - More than 36.5 million surgical masks
  - More than 5.5 million surgical gowns
  - Nearly 81,000 thermometers
  - More than 420,000 face shields
- FEMA established the airbridge to shorten the amount of time it takes for U.S. medical supply distributors to get commercially pre-sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until the cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- As of **April 13**, three flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M. The first 2 million have arrived in the U.S. and additional flights are being scheduled for the balance.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The Defense Logistics Agency awarded a contract to Battelle Critical Care Decontamination Systems for sixty (60) N95 decontamination system units for the sanitation and reuse of N95 respirators.
  - Nine systems have been deployed: two to New York and one each to Connecticut, Illinois, Massachusetts, New Jersey, Ohio, Rhode Island, and Washington. Systems are en route to California, Colorado, District of Columbia, Georgia, Maryland, and Pennsylvania.
  - Additional units are planned for deployment across the U.S. by early May.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association; these partnerships will allow Medline to continue hand sanitizer production.
- Since **April 6**, two shipments of critical Hydroxychloroquine medicine have departed the Strategic National Stockpile.
  - The first shipment of nine million tablets is in support of New York City, Chicago, New Orleans and Detroit.
  - The second shipment of 10.1 million tablets is intended for St. Louis, Philadelphia, Pittsburg, Baltimore, Washington D.C., Milwaukee, Miami, Houston, Indianapolis, and Baton Rouge. A portion of this shipment will also support the Veterans Affairs Consolidated Mail Outpatient Pharmacy and the Department of Defense.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 18**, FEMA and HHS have provided or are currently shipping 10,471 ventilators from the Strategic National Stockpile (SNS) and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (200), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (73) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington returned 427 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 9,055 total ventilators available: 8,855 in the Strategic National Stockpile; 200 from the Department of Defense.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- of **April 18**, FEMA and HHS have ordered, coordinated the delivery of or are currently shipping: 54.8 million N95 respirators, 32.8 million surgical masks, 5.5 million face shields, 5 million surgical gowns, 36.7 million gloves, 210,000 coveralls, 10,998 ventilators and 8,600 federal medical station beds.
- As of **April 17**, FEMA has obligated \$5.5 billion in support of COVID-19 efforts.
- FEMA currently has 3,037 employees supporting COVID-19 pandemic response out of a total 20,443 agency employees ready to respond to other emergencies should they occur.
- As of **April 17**, 80 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent: 187 text messages via the Wireless Emergency Alert system; 46 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 44 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status, with seven requests pending approval.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than April 20.
  - This approach allows National Guard members to receive additional benefits associated with 31-day deployments and allow states additional time to issue new orders.
  - More than 24,977 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 3.7 million samples.
  - To date, the federal Community Based Testing Sites have screened more than 96,850 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Military working with HHS has deployed thousands of personnel to design and build 79 temporary hospitals and alternate care facilities with 33,786 projected beds in 22 states, two territories, and the District of Columbia.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 30 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Tennessee, and Wisconsin.
  - As of **April 18**, 1,815 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- 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

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 45 tribes are working directly with FEMA.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
- As of **April 16**, the U.S. Coast Guard was tracking one cruise ship due to arrive in Los Angeles on April 20 with 111 passengers and 378 crew members onboard. USCG is also tracking 124 cruise

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

ships moored, at anchor, or underway in vicinity of a U.S. port with approximately 9,500 crew members onboard.

- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
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- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Sunday, April 19, 2020

**"AS THE AMERICAN PEOPLE ALWAYS SHOW IN CHALLENGING TIMES, WHEN HARDSHIP COMES, AMERICANS COME TOGETHER. WE RISE TO THE CHALLENGE."**  
- VICE PRESIDENT PENCE

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### Topline Briefing Points and Messages

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- On April 16, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The guidelines also outline state responsibilities to have in place before moving into a reopening plan: protecting workers in critical industry, particularly protecting the most vulnerable, those who live and work in senior care facilities, and having a plan for testing symptomatic individuals with a focus on vulnerable populations.
  - The federal government will continue to work with governors across the country to ensure that they have the equipment and the supplies and the testing resources to reopen safely and responsibly.
- As of **April 18**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 55.8 million N95 respirators, 77.1 million surgical masks, 6.1 million face shields, 11.4 million surgical gowns, 564 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
  - On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing all the medical equipment and supplies that have been distributed to each state from FEMA between the first of this month and April 14th through Project Airbridge and through the commercial supply network.
- The U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program \(CFAP\)](#), an immediate relief program that provides \$19 billion in support to farmers and ranchers, maintains the integrity of our food supply chain and ensures access to food for those in need.
  - Direct support to farmers and ranchers provides \$16 billion based on actual losses for agricultural producers.
  - USDA will partner with regional and local distributors to purchase \$3 billion in fresh produce, dairy and meat products. The distributors and wholesalers will provide these items to food banks, community and faith-based organizations and other non-profits serving people in need.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion, and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 18**, [Project Airbridge](#) has completed 64 flights with an additional 50 scheduled for a total of approximately 114 flights.
  - On **April 18**, four flights landed in Chicago.
  - Two flights are tentatively scheduled to land today (**April 19**) in Chicago.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 18:
  - More than 760,000 N95 masks
  - More than 527 million gloves
  - More than 43.5 million surgical masks
  - More than 6.3 million surgical gowns
  - Nearly 1.9 million thermometers
  - More than 562,000 face shields
- FEMA established the airbridge to shorten the time it takes for U.S. medical supply distributors to get commercially pre-sourced and procured personal protective equipment and other critical supplies into the country for their respective customers.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the time it takes to ship supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96-hours to ensure resource prioritization recommendations are driven by the best available or most current data.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Since **April 12**, three flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M. The first 2 million have arrived in the U.S. and additional flights are being scheduled for the balance.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to New York, Michigan, and Illinois.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle for sixty N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Nine systems have been deployed: two to New York and one each to California, Connecticut, Illinois, Massachusetts, New Jersey, Ohio, Rhode Island, and Washington. Systems are en route to Colorado, District of Columbia, Georgia, Maryland, and Pennsylvania.
  - Additional units are planned for deployment across the U.S. by early May.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association. These partnerships will allow Medline to continue hand sanitizer production.
- The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to locations in New York State, California, Michigan, Mississippi, Nevada, North Carolina, Ohio, Kentucky, Louisiana, Florida, Missouri, South Dakota, Texas, the Seminole Tribe of Florida, the U.S. Virgin Islands, West Virginia, and the Department of Veterans Affairs by request.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C., have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 18**, FEMA and HHS have provided or are currently shipping 10,571 ventilators from the Strategic National Stockpile and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (200), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (73) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington returned 427 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive these ventilators include New York (100), New Jersey

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

(100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).

- The federal government has approximately 9,055 total ventilators available: 8,855 in the Strategic National Stockpile; 200 from the Department of Defense.
- As of **April 18**, FEMA has obligated \$5.7 billion in support of COVID-19 efforts.
- FEMA currently has 3,038 employees supporting COVID-19 pandemic response out of a total 20,443 agency employees ready to respond to other emergencies should they occur.
- As of **April 18**, 80 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent 189 text messages via the Wireless Emergency Alert system; 48 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 44 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status, with seven requests pending approval.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These orders of duty must be effective no later than April 20.
  - This approach allows National Guard members to receive additional benefits associated with 31-day deployments and allow states additional time to issue new orders.
  - More than 28,748 National Guard troops have activated to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than four million samples.
  - To date, the federal Community Based Testing Sites have screened more than 100,088 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Military working with HHS has deployed thousands of personnel to design and build 79 temporary hospitals and alternate care facilities with 33,786 projected beds in 22 states, two territories, and the District of Columbia.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 30 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Tennessee, and Wisconsin.
  - As of **April 18**, 1,815 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

## FEMA and HHS Response

- 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

- On **March 13**, President Trump declared a nationwide emergency pursuant to Stafford Act
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents for COVID-19 testing.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.
- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.
- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states, territories and the District of Columbia as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](#) by April 28.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyair, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide. On April 10, CDC extended guidelines for an additional 100 days.

## Food and Drug Administration (FDA)

- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- FDA has granted [30 Emergency Use Authorizations](#) of commercially available diagnostic tests, including one antibody test to be used in hospital laboratories.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
- On **April 17**, the Department of Homeland Security distributed a guide on COVID-19 funding available to law enforcement to stakeholders. This document includes descriptions of programs, eligibility requirements, applications, and application deadlines.
- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- As of **April 16**, the U.S. Coast Guard was tracking one cruise ship due to arrive in Los Angeles on April 20 with 111 passengers and 378 crew members onboard. USCG is also tracking 124 cruise ships moored, at anchor, or underway in vicinity of a U.S. port with approximately 9,500 crew members onboard.
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# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Monday, April 20, 2020

**"WHAT WE HAVE DONE THROUGH FEMA AND THROUGH U.S. PUBLIC HEALTH SERVICE IS LITERALLY MARSHAL THE FULL RESOURCES OF THE AMERICAN ECONOMY. WE HAVE BEEN BRINGING MEDICAL SUPPLIES, INCLUDING TESTING SUPPLIES, IN FROM ALL OVER THE WORLD. WE'LL CONTINUE TO DO THAT."** - VICE PRESIDENT PENCE

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- As of **April 19**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 57.4 million N95 respirators, 77.9 million surgical masks, 6.2 million face shields, 11.9 million surgical gowns, 587 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
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  - On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing all the medical equipment and supplies that have been distributed to each state from FEMA from April 1<sup>st</sup> – 14<sup>th</sup> through Project Airbridge and the commercial supply network.
- The U.S. has now tested 4.18 million people, which is more total tests than the following nations combined: France, the United Kingdom, South Korea, Japan, Singapore, India, Austria, Australia, Sweden, and Canada.
  - As conveyed by Dr. Anthony Fauci and Admiral Brett Giroir, there is enough testing capacity for states to move into phase one of reopening when they choose to do so.
  - States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - President Trump and Vice President Pence are working closely with Governors to review what more they can do to develop locally tailored testing strategies.
- HHS and FEMA continue to provide federal support to state run testing.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA and HHS have centralized best practices and lessons learned to help medical practitioners, emergency managers, and other stakeholders learn from each other's approaches.
  - The [FEMA Coronavirus Emergency Management Best Practices](#) page contains resources for all levels of government, private sector, academic institutions, professional associations, and other organizations responding to the pandemic.
  - HHS has a comprehensive [Novel Coronavirus Resources](#) page that highlights technical resources and information for the medical community and emergency responders.

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## Supply Chain Task Force

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  - More than 550 million gloves
  - More than 44.5 million surgical masks
  - More than 7.1 million surgical gowns
  - Nearly 2.1 million thermometers
  - More than 562,000 face shields
- The airbridge program delivers personal protective equipment (PPE) to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the time it takes to ship commercially pre-sourced and procured supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until cargo is loaded.
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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- Since **April 12**, three flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M. The first 2 million N95 masks have arrived in the U.S. and two additional flights are scheduled to land in Chicago on **April 20**.
  - The masks will be distributed to prioritized areas as determined by FEMA and HHS.
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  - Additional units are planned for deployment across the U.S. by early May.
- The Supply Chain Task Force is working with private sector companies to help augment the supply chain by facilitating conversion of their manufacturing lines to produce PPE such as masks, gowns and other items in need.
- The Task Force is also connecting companies with suppliers of high demand materials required to produce PPE. For instance, the Task Force connected Medline, a company that manufactures hand sanitizer, with the Renewable Fuels Association and Plastic Industry Association. These partnerships will allow Medline to continue hand sanitizer production.
- The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to locations in New York State, California, Michigan, Mississippi, Nevada, North Carolina, Ohio, Kentucky, Louisiana, Florida, Missouri, South Dakota, Texas, the Seminole Tribe of Florida, the U.S. Virgin Islands, West Virginia, and the Department of Veterans Affairs by request.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
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- As of **April 19**, FEMA and HHS have provided or are currently shipping 10,571 ventilators from the Strategic National Stockpile and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (200), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400),

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (73) and the Federal Bureau of Prisons (20).

- Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington returned 427 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
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- The federal government has approximately 9,055 total ventilators available: 8,855 in the Strategic National Stockpile; 200 from the Department of Defense.
- As of **April 19**, FEMA has obligated \$5.7 billion in support of COVID-19 efforts.
- FEMA currently has 3,035 employees supporting COVID-19 pandemic response out of a total 20,443 agency employees ready to respond to other emergencies should they occur.
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  - As of **April 20**, 1,812 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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## FEMA

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  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
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  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
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- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
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## U.S. Department of Health and Human Services Agencies and Offices

- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyair, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

## Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- FDA has granted [37 Emergency Use Authorizations](#) of commercially available diagnostic tests, including the first diagnostic test using saliva from patients in health care settings, and four antibody tests to be used in hospital laboratories.
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](http://aabb.org).
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
- On **April 17**, the Department of Homeland Security distributed a guide on COVID-19 funding available to law enforcement to stakeholders. This document includes descriptions of programs, eligibility requirements, applications, and application deadlines.
- On **April 17**, U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program \(CFAP\)](#), an immediate relief program that provides \$19 billion in support to farmers and ranchers.
  - The funding includes \$16 billion in direct support to farmers and ranchers based on actual losses as well as funding to purchase and distribute \$3 billion in fresh produce, dairy and meat products to food banks, community and faith-based organizations and other non-profits serving people in need.
- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- As of **April 19**, the U.S. Coast Guard is tracking one cruise ship due to arrive in Los Angeles on April 20 with 111 passengers and 378 crew members onboard. USCG is also tracking 124 cruise ships moored, at anchor, or underway in vicinity of a U.S. port with more than 8,900 crew members onboard.
- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
- As of **April 13**, the Small Business Administration's [Paycheck Protection Program](#) has approved 880,000 Paycheck Protection Program loans for \$217 billion. More than 4,400 lending institutions have participated in making these SBA-backed loans.
- On **April 9**, the [U.S. Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
- 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.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.



# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Tuesday, April 21, 2020

**“WITH YOUR HELP, WITH THE CONTINUED SUPPORT OF LEADERS AND STATES ACROSS THE COUNTRY, CONTINUED COOPERATION AND STRENGTH OF THE AMERICAN PEOPLE, WE WILL GET THROUGH THIS. WE ARE GETTING THROUGH THIS. WE WILL CONTINUE TO SLOW THE SPREAD. WE WILL CONTINUE TO SAVE LIVES, AND WE WILL HEAL OUR LAND.”**  
- VICE PRESIDENT PENCE

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country’s economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- As of **April 20**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 57.4 million N95 respirators, 85.3million surgical masks, 6.4 million face shields, 12.3 million surgical gowns, 638 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
  - On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing the medical equipment and supplies that have been distributed to each state from FEMA from April 1 – 14 through Project Airbridge and the commercial supply network.
- The U.S. has now processed 4.3 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 20**, [Project Airbridge](#) has completed 68 flights with an additional 46 scheduled for a total of approximately 114 flights.
  - Two flights landed on **April 20**: one in Chicago and one in Los Angeles.
  - Two flights are scheduled to land in Chicago today (**April 21**).
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 18:
  - More than 760,000 N95 masks
  - More than 600 million gloves
  - More than 52 million surgical masks
  - More than 7.1 million surgical gowns
  - Nearly 2.1 million thermometers
  - More than 562,000 face shields
- The airbridge program delivers personal protective equipment (PPE) to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the time it takes to ship commercially pre-sourced and procured supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

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- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
  - On **April 20**, Immigration and Customs Enforcement Homeland Security Investigations, with assistance from Customs and Border Protection Field Intelligence Group, seized 5,300 potentially fraudulent COVID 19 test kits.
- On **April 9**, the [U.S Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - On April 21, the Department of Education is planning to announce an additional \$6.28 billion in funding for institutions to cover costs associated with significant changes to the delivery of instruction due to COVID-19.
- 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.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)." This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Wednesday, April 22, 2020

**"WE REALLY NEED TO CONTINUE TO UNITE AND REALLY, REALLY SUPPORT OUR HEALTH-CARE PROVIDERS WHO ARE STILL ON THE FRONTLINE."**  
- DR. DEBORAH BIRX, WHITE HOUSE CORONAVIRUS ADVISOR

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening America Up Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- As of **April 21**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 56.9 million N95 respirators, 82.5 million surgical masks, 5.9 million face shields, 12.3 million surgical gowns, 643 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
- The U.S. has now processed 4.4 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
  - On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 21**, [New York Gov. Andrew Cuomo announced](#) that the state would no longer need the USNS Comfort because of declining cases in New York City.
  - The USNS Comfort arrived in Manhattan on March 30 and has treated 182 patients.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. This funding is part of the CARES Act.
  - The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of April 21, Project Air Bridge has completed 70 flights with an additional 46 scheduled, or in transit, for a total of approximately 116 flights.
  - 2 flights landed in Chicago yesterday, April 21.
  - 4 flights are scheduled to land today, April 22: two in Chicago, one at JFK and one at LAX.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- The Air Bridge program delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29, 2020 to April 21, 2020 (1400):
  - More than 760,000 N95 respirators
  - More than 608 million gloves
  - More than 50 million surgical masks
  - More than 7.4 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
- On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing the medical equipment and supplies that have been distributed to each state from FEMA from April 1 – 14 through Project Airbridge and the commercial supply network.
- The airbridge program delivers personal protective equipment (PPE) to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the time it takes to ship commercially pre-sourced and procured supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until cargo is loaded.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- Since **April 12**, five flights have been completed to expedite shipments of approximately 10 million FEMA-procured N95 masks from 3M.
  - The masks will be distributed to prioritized areas as determined by FEMA and HHS.
  - Additional flights are being scheduled for the balance.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to Illinois, Michigan and New York.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Eleven systems have been deployed: two to New York and one each to California, Connecticut, Georgia, Illinois, Maryland, Massachusetts, New Jersey, Ohio, and Washington. Systems are en route to California (second unit), Colorado, District of Columbia, Louisiana, Michigan, Missouri, Pennsylvania, Rhode Island, and Texas (two units).
  - Additional units are planned for deployment across the U.S. by early May.
- The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to locations in California, Florida, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nevada, New York, North Carolina, Ohio, the Seminole Tribe of Florida, South Dakota, Texas, the U.S. Virgin Islands, Virginia, and the Department of Veterans Affairs by request.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 22**, FEMA and HHS have provided or are currently shipping 10,571 ventilators from the Strategic National Stockpile and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (200), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,558), New York (4,400), Oregon (140), Rhode Island (100), Washington (73) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Governor Inslee of Washington returned 427 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 10,568 total ventilators available: 9,486 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of **April 21**, FEMA has obligated \$5.5 billion in support of COVID-19 efforts.
- FEMA currently has 3,071 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 21**, 80 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent 193 text messages via the Wireless Emergency Alert system; 48 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 28,390 National Guard troops have activated in T-32 duty status, along with 2,725 State Active Duty, to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 4.4 million samples.
  - To date, the federal Community Based Testing Sites have screened more than 116,234 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers has awarded contracts for the design and build of 32 alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 22**, 1,676 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- 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

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.
- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states, territories and the District of Columbia as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](#) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.

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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Thursday, April 23, 2020

“THE AMERICAN PEOPLE CAN BE ASSURED THAT FROM PHASE 1 FORWARD, ALL THE WAY THROUGH PHASE 3 AND REOPENING, WE’RE GOING TO BE HELPING TO GUIDE THE STATES TO FOCUS ON THE MOST VULNERABLE, BEGINNING WITH OUR SENIORS WITH SERIOUS UNDERLYING HEALTH CONDITIONS.”

- VICE PRESIDENT PENCE

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country’s economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- In order to help Americans return to work, the federal government will distribute cloth facial coverings for critical infrastructure workers who do not need medical-grade personal protective equipment (PPE) for their daily work.
  - The facial coverings will be delivered in a phased approach for infrastructure workers, first responders and food producers. Prioritization will also be to areas with the highest COVID-19 infection rates.
  - Distribution will be based on the Cybersecurity and Infrastructure Security Agency’s analysis of priority infrastructure sectors and will include food production and distribution, energy, water and wastewater treatment, essential transportation and logistics, first responders, communications, hazardous materials management, manufacturing of medical supplies, and sanitation and disinfection supplies.
  - The first phase includes distribution of more than 19 million facial coverings.
  - HHS anticipates production of 6.5 million facial coverings each week for the next month.
- As of **April 22**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 66.9 million N95 respirators, 96.9 million surgical masks, 6.6 million face shields, 13.8 million surgical gowns, 727 million gloves, 10,998 ventilators and 8,450 federal medical station beds.
  - 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 Airbridge](#).
- The U.S. has now processed 4.69 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- States should be making full use of the vast testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
- HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
- Consolidating testing supplies under the IRR simplifies the resource request process for states and territories and alleviates the burden on public health labs on needing to work with separate suppliers for swabs, reagents and other diagnostic testing supplies.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.

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## Supply Chain Task Force

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- The FEMA/HHS Supply Chain Stabilization Task Force increases supply of medical supplies and equipment to front line healthcare workers.
  - Supply is executed through a four-pronged approach: Preservation, Acceleration, Expansion and Allocation, to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term.
- As of **April 22**, Project Airbridge has completed 74 flights with an additional 40 scheduled, or in transit, for a total of approximately 114 flights.
  - Three flights landed yesterday, **April 22**: two in Chicago and one in New York City.
  - Four flights are scheduled to land today, **April 23**: three in Chicago and one in Los Angeles.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- The Airbridge program delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
- Through Project Airbridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 22:
  - More than 768,000 N95 respirators
  - More than 670 million gloves
  - More than 61 million surgical masks
  - More than 7.4 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
- On **April 17**, Vice President Pence issued a letter to the nation's governors summarizing the medical equipment and supplies that have been distributed to each state from FEMA from April 1 – 14 through the airbridge program and the commercial supply network.
- Project Airbridge delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the time it takes to ship commercially pre-sourced and procured supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until cargo is loaded.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
- As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- Since **April 20**, four flights carrying a total of 7.3M FEMA-procured N95 masks from 3M have landed in Chicago.
  - The masks will be distributed to prioritized areas as determined by FEMA and HHS.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to Illinois, Michigan and New York.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Eleven systems have been deployed: two to New York and one each to California, Connecticut, Georgia, Illinois, Maryland, Massachusetts, New Jersey, Ohio, and Washington. Systems are en route to Arkansas, California (second unit), Colorado, District of Columbia, Idaho, Kentucky, Louisiana, Michigan, Missouri, Pennsylvania, Rhode Island, and Texas (two units).
  - Additional units are planned for deployment across the U.S. by early May.
- The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to locations in California, Florida, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nevada, New York, North Carolina, Ohio, the Seminole Tribe of Florida, South Dakota, Texas, the U.S. Virgin Islands, Virginia, and the Department of Veterans Affairs by request.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- As of **April 22**, FEMA and HHS have provided or are currently shipping 10,563 ventilators from the Strategic National Stockpile and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (200), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,550), New York (4,400), Oregon (140), Rhode Island (100), Washington (73) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington returned 427 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).
- The federal government has approximately 10,568 total ventilators available: 9,486 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of **April 21**, FEMA has obligated \$5.5 billion in support of COVID-19 efforts.
- FEMA currently has 3,094 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 21**, 80 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent 193 text messages via the Wireless Emergency Alert system; 48 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 33,075 National Guard troops have activated in T-32 duty status, along with 2,699 State Active Duty, to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 4.69 million samples.
  - To date, the federal Community Based Testing Sites have screened more than 119,480 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers has awarded 32 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 23**, 1,648 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- 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

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.
- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The money is available to all 56 states, territories and the District of Columbia as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](https://www.grants.gov) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](https://www.sam.gov).

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.
- On **April 20**, the Substance Abuse and Mental Health Services Administration under HHS began releasing \$110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.
- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

## Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA published a [new blog post](#) on the [Coronavirus Treatment Acceleration Program](#). The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.
- FDA has granted [37 Emergency Use Authorizations](#) of commercially available diagnostic tests, including the first diagnostic test using saliva from patients in health care settings, and four antibody tests to be used in hospital laboratories.
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
- As of **April 21**, the U.S. Coast Guard tracked the arrival of one cruise ship in Los Angeles with 115 passengers and 378 crew members onboard. As part of a three-phased debarkation plan, the passengers are scheduled to disembark by April 24. USCG is currently monitoring 77 commercial vessels that have embarked from a coronavirus ports of interest and are scheduled to arrive in US ports in the next 96 hours.
- As of **April 20**, the Small Business Administration's [Paycheck Protection Program](#) has processed nearly \$350 billion in loans to 1.6 million small businesses. More than 4,900 lending institutions have participated in making these SBA-backed loans.
- On **April 17**, the Department of Homeland Security distributed a guide on COVID-19 funding available to law enforcement to stakeholders. This document includes descriptions of programs, eligibility requirements, applications, and application deadlines.
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# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Friday, April 24, 2020

“A SAFE AND PHASED REOPENING OF OUR ECONOMY IS VERY EXCITING BUT IT DOES NOT MEAN THAT WE ARE LETTING DOWN OUR GUARD AT ALL IN ANY WAY. ON THE CONTRARY, CONTINUED DILIGENCE IS AN ESSENTIAL PART OF OUR STRATEGY TO GET OUR COUNTRY BACK TO WORK, TO TAKE OUR COUNTRY BACK.”

- PRESIDENT DONALD TRUMP

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country's economy in several phases, depending on location.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources to reopen safely and responsibly.
- On **April 22**, HHS launched [Telehealth.hhs.gov](#). The site is a central source of information on telehealth resources and tools for patients and providers.
  - In his blog post “[Health Providers: Join the Telehealth Revolution](#),” the Surgeon General of the United States, Vice Admiral Jerome M. Adams M.D., M.P.H., outlines the benefits of using telemedicine tools.
  - Working from the safety of home, these tools allow clinicians to perform virtual visits, refill and adjust essential medications, and modify treatments that will preserve and improve conditions that if left untreated, put patients at risk.
- As of **April 23**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 66.9 million N95 respirators, 105 million surgical masks, 6.7 million face shields, 14.9 million surgical gowns, 747 million gloves, 10,563 ventilators and 8,450 federal medical station beds.
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### Supply Chain Task Force

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- As of April 23, Project Air Bridge has completed 78 flights with an additional 36 scheduled, or in transit, for a total of approximately 114 flights.
  - 4 flights landed yesterday, April 23: three in Chicago and one at LAX.
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  - More than 690 million gloves
  - 70.5 million surgical masks
  - 8.5 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
- Four flights of FEMA-procured N95 masks from 3M are scheduled to land on April 24: two at JFK, one in Chicago and one in Baltimore. Two flights landed on April 23 at JFK. The masks will be inventoried and then distributed to prioritized states.
- Since Monday April 20, six flights carrying a total of 7.9 FEMA-procured N95 masks from 3M have landed in Chicago and New York. The masks will be distributed to prioritized areas as determined by FEMA and HHS.
- Project Airbridge delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories, cutting the time it takes to ship commercially pre-sourced and procured supplies from weeks to days. FEMA does not have detailed visibility on PPE amounts until cargo is loaded.
  - The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to Illinois, Michigan and New York.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Eleven systems have been delivered: two to New York and one each to California, Connecticut, Georgia, Illinois, Maryland, Massachusetts, New Jersey, Ohio, Rhode Island Washington and the District of Columbia. Systems are en route to Arkansas, California (second unit), Colorado, District of Columbia, Idaho, Kentucky, Louisiana, Michigan, Missouri, New Mexico, Pennsylvania, Rhode Island, and Texas (two units).
  - Additional units are planned for deployment across the U.S. by early May.
- The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to locations in California, Florida, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nevada, New York, North Carolina, Ohio, the Seminole Tribe of Florida, South Dakota, Texas, the U.S. Virgin Islands, Virginia, and the Department of Veterans Affairs by request.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 23**, FEMA and HHS have provided or are currently shipping 10,563 ventilators from the Strategic National Stockpile and the Defense Department to: Alaska (60), Arizona (100), California/LA County (170), Colorado (100), Commonwealth of the Northern Mariana Islands (25), Connecticut (350), Delaware (50), District of Columbia (200), Florida (200), Georgia (150), Guam (55), Illinois (600), Indiana (100), Louisiana (350), Maryland (470), Massachusetts (400), Michigan (700), the Navajo Nation (50), Nevada (150), New Jersey (1,550), New York (4,400), Oregon (140), Rhode Island (100), Washington (73) and the Federal Bureau of Prisons (20).
  - Governor Brown of Oregon sent the state's 140 ventilators directly to New York; and,
  - Governor Inslee of Washington returned 427 of the state's 500 ventilators to the SNS to be deployed to areas of greatest need.
  - Governor Newsom of California is sending 500 state-owned ventilators to medical hotspots across the country through Emergency Management Assistance Compacts (EMAC). States that will receive ventilators include New York (100), New Jersey (100), Illinois (100), Maryland (100), Delaware (50), Washington, D.C. (50), and Nevada (50).

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The federal government has approximately 10,568 total ventilators available: 9,486 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of **April 21**, FEMA has obligated \$5.8 billion in support of COVID-19 efforts.
- FEMA currently has 3,103 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 21**, 81 agencies across 27 states, the District of Columbia, one tribe and one U.S. territory have sent 196 text messages via the Wireless Emergency Alert system; 48 messages to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 35,000 National Guard troops have activated in T-32 duty status and 2,324 troops have activated in State Active Duty status to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 4.93 million samples.
  - To date, the federal Community Based Testing Sites have screened more than 122,853 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers has awarded 32 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 24**, 1,647 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- 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.
- In order to help Americans return to work, the federal government will distribute cloth facial coverings for critical infrastructure workers who do not need medical-grade personal protective equipment (PPE) for their daily work.
  - The facial coverings will be delivered in a phased approach for infrastructure workers, first responders and food producers. Prioritization will also be to areas with the highest COVID-19 infection rates.
  - The first phase includes distribution of more than 19 million facial coverings, with anticipated production of 6.5 million facial coverings each week for the next month.

## FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
- A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
- All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.
- On **April 23**, FEMA announced an additional \$100 million in funding for the Assistance to Firefighters Grant Program. This supplemental funding will provide financial assistance directly to eligible fire departments, non-affiliated emergency medical service organizations and State Fire Training Academies for critical PPE and supplies needed to respond to COVID-19. The application period begins April 28.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states, territories and the District of Columbia as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](https://www.grants.gov) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](https://www.sam.gov).

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.
- On **April 20**, the Substance Abuse and Mental Health Services Administration under HHS began releasing \$110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.
- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.
- On **March 21**, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

## Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA published a [new blog post](#) on the [Coronavirus Treatment Acceleration Program](#). The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.
- FDA has granted [43 Emergency Use Authorizations](#) of commercially available diagnostic tests, including the first diagnostic test using saliva from patients in health care settings, and four antibody tests to be used in hospital laboratories.
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).
- On April 21, the FDA issued an emergency use authorization for IntelliVue Patient monitors intended to be used by healthcare professionals in the hospital environment for remote

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

monitoring of adult, pediatric and neonate patients having or suspected of having COVID-19 to reduce healthcare provider exposure.

- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
- As of **April 23**, the USCG has facilitated the safe discharge of over 275,000 passengers from more than 125 cruise ships as a result of the orderly shutdown of the cruise industry. The Coast Guard will continue to work with CDC, state and local authorities to manage the cruise ships in US waters carrying crew only.
- As of **April 20**, the Small Business Administration's [Paycheck Protection Program](#) has processed nearly \$350 billion in loans to 1.6 million small businesses. More than 4,900 lending institutions have participated in making these SBA-backed loans.
- On **April 17**, the Department of Homeland Security distributed a guide on COVID-19 funding available to law enforcement to stakeholders. This document includes descriptions of programs, eligibility requirements, applications, and application deadlines.
- On **April 17**, U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program \(CFAP\)](#), an immediate relief program that provides \$19 billion in support to farmers and ranchers.
  - The funding includes \$16 billion in direct support to farmers and ranchers based on actual losses as well as funding to purchase and distribute \$3 billion in fresh produce, dairy and meat products to food banks, community and faith-based organizations and other non-profits serving people in need.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
  - On **April 20**, Immigration and Customs Enforcement Homeland Security Investigations, with assistance from Customs and Border Protection Field Intelligence Group, seized 5,300 potentially fraudulent COVID 19 test kits.
- On **April 9**, the [U.S Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - On April 21, the Department of Education is planning to announce an additional \$6.28 billion in funding for institutions to cover costs associated with significant changes to the delivery of instruction due to COVID-19.
- 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.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected.](#)” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Saturday, April 25, 2020

“AS STATES PREPARE TO BEGIN REOPENING THEIR ECONOMIES, WE NOW HAVE BILLIONS IN NEW RESOURCES TO SUPPLEMENT THE EXPERTISE, STAFF, AND FUNDING WE’VE ALREADY SENT TO STATES TO TRACK AND EVENTUALLY CONTAIN THE SPREAD OF THE VIRUS.”  
- HHS SECRETARY ALEX AZAR

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country’s economy in several phases, depending on location.
  - Vice President Pence spoke with the Nation’s governors on **April 24**, reinforcing the partnership between the federal and state governments and the continued progress to expand and implement testing to be able to reopen safely and responsibly under the phased approach.
  - Under the guidelines, states will need to meet six metrics that include demonstrating a downward trajectory of COVID-19 cases over a 14-day period and a robust system for testing health care workers before they can proceed to a phased opening.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources.
- During the **April 24** White House Press Briefing, Food and Drug Administration (FDA) Commissioner Dr. Stephen Hahn announced that the FDA had [approved the first COVID-19 home collection test kit](#).
  - The FDA continues to facilitate test development to ensure access to accurate diagnostics, working with over 350 test developers and authorizing 63 types of tests to date.
- On **April 24**, President Trump signed the [Paycheck Protection Program and Health Care Enhancement Act](#) to replenish the Small Business Administration’s small business loan program while also providing crucial support for America’s frontline medical workers.
  - The act provides \$320 billion in additional funding for the Paycheck Protection Program, along with \$75 billion for hospitals and healthcare providers to fight coronavirus and \$25 billion for ongoing testing across the country.
  - The [Paycheck Protection Program](#) processed nearly \$350 billion in loans to 1.6 million small businesses from funding provided in the CARES Act. More than 4,900 lending institutions participated in making these SBA-backed loans.
- As of **April 24**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 70.5 million N95 respirators, 104.5 million surgical masks, 7 million face shields, 14.8 million surgical gowns, 779.1 million gloves, 10,563 ventilators and 8,450 federal medical station beds.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The U.S. has now processed 5.1 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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## Supply Chain Task Force

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- 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 Airbridge](#).
- As of April 24, Project Air Bridge has completed 82 flights with an additional 32 scheduled, or in transit, for a total of approximately 114 flights.
  - Four flights landed in Chicago yesterday, April 24.
  - Four flights are scheduled to land today, April 25: three in Chicago and one at JFK.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 24:
  - More than 768,000 N95 respirators
  - More than 717 million gloves
  - 70.5 million surgical masks
  - 8.5 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
- Five flights of FEMA-procured N95 masks from 3M are scheduled to land today: three at JFK, one in Chicago and one in Columbus, Ohio. Four flights landed yesterday at JFK, Chicago and Baltimore. Upon arrival, the masks are transported to a warehouse where they are inventoried before distribution to prioritized states.
- Since Monday April 20, eight flights carrying a total of 12 million FEMA-procured masks and respirators from 3M have landed in Chicago, New York and Baltimore. The masks will be distributed to prioritized areas as determined by FEMA and HHS.
- Project Airbridge delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories. The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
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  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 36,000 National Guard troops have activated in T-32 duty status and 2,054 troops have activated in State Active Duty status to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 5.1 million samples.
  - As of **April 24**, the federal Community Based Testing Sites have screened more than 122,287 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers has awarded 32 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 25**, 1,573 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- FEMA and HHS have obligated \$51.1 billion to support COVID-19 response efforts from the first three emergency supplemental appropriations.
- 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.
- In order to help Americans return to work, the federal government will distribute cloth facial coverings for critical infrastructure workers who do not need medical-grade personal protective equipment (PPE) for their daily work.
  - The facial coverings will be delivered in a phased approach for infrastructure workers, first responders and food producers. Prioritization will also be to areas with the highest COVID-19 infection rates.
  - The first phase includes distribution of more than 19 million facial coverings, with anticipated production of 6.5 million facial coverings each week for the next month.

## FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

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detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.

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## Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA published a [new blog post](#) on the [Coronavirus Treatment Acceleration Program](#). The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.
- FDA has granted [43 Emergency Use Authorizations](#) of commercially available diagnostic tests, including the first diagnostic test using saliva from patients in health care settings, and four antibody tests to be used in hospital laboratories.
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 21**, the FDA issued an emergency use authorization for IntelliVue Patient monitors intended to be used by healthcare professionals in the hospital environment for remote monitoring of adult, pediatric and neonate patients having or suspected of having COVID-19 to reduce healthcare provider exposure.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).
  - People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
- As of **April 23**, the USCG has facilitated the safe discharge of over 275,000 passengers from more than 125 cruise ships as a result of the orderly shutdown of the cruise industry. The Coast Guard will continue to work with CDC, state and local authorities to manage the cruise ships in US waters carrying crew only.
- On **April 17**, the Department of Homeland Security distributed a guide on COVID-19 funding available to law enforcement to stakeholders. This document includes descriptions of programs, eligibility requirements, applications, and application deadlines.
- On **April 17**, U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program](#), an immediate relief program that provides \$19 billion in support to farmers and ranchers.
  - The funding includes \$16 billion in direct support to farmers and ranchers based on actual losses as well as funding to purchase and distribute \$3 billion in fresh produce, dairy and meat products to food banks, community and faith-based organizations and other non-profits serving people in need.
- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
  - On **April 20**, Immigration and Customs Enforcement Homeland Security Investigations, with assistance from Customs and Border Protection Field Intelligence Group, seized 5,300 potentially fraudulent COVID 19 test kits.
- On **April 9**, the [U.S Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - On April 21, the Department of Education is planning to announce an additional \$6.28 billion in funding for institutions to cover costs associated with significant changes to the delivery of instruction due to COVID-19.
- 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.
- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Sunday, April 26, 2020

**“AS STATES PREPARE TO BEGIN REOPENING THEIR ECONOMIES, WE NOW HAVE BILLIONS IN NEW RESOURCES TO SUPPLEMENT THE EXPERTISE, STAFF, AND FUNDING WE’VE ALREADY SENT TO STATES TO TRACK AND EVENTUALLY CONTAIN THE SPREAD OF THE VIRUS.”**  
**- HHS SECRETARY ALEX AZAR**

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country’s economy in several phases, depending on location.
  - Vice President Pence spoke with the Nation’s governors on **April 24**, reinforcing the partnership between the federal and state governments and the continued progress to expand and implement testing to be able to reopen safely and responsibly under the phased approach.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources.
- On **April 25**, FEMA announced that more than \$5.1 million dollars in crisis counseling service grants have been made available to five states.
  - The grants, made to Massachusetts, Michigan, New Jersey, New York and Washington, will support programs providing free, confidential counseling to assist individuals through community-based outreach and educational services.
  - Due to the COVID-19 nationwide emergency and the need to protect the safety and health of all Americans, the crisis counseling will be delivered by phone, internet and the media (including social media).
- As of **April 25**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 70.7 million N95 respirators, 104.5 million surgical masks, 7 million face shields, 14.7 million surgical gowns, 793.8 million gloves, 10,603 ventilators and 8,450 federal medical station beds.
- The U.S. has now processed 5.1 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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## Supply Chain Task Force

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- 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 Airbridge](#).
- As of April 26, Project Air Bridge has completed 84 flights with an additional 26 scheduled, or in transit, for a total of approximately 110 flights.
  - Two flights landed yesterday, one in Chicago and one at JFK, April 25.
  - One flight is scheduled to land at JFK today, April 26.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 25:
  - More than 768,000 N95 respirators
  - More than 724 million gloves
  - 70.5 million surgical masks
  - 8.5 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
- Three flights of FEMA-procured 3M masks are scheduled to land today, April 26: one in Chicago and two at JFK. The masks will be inventoried at a warehouse and then distributed to prioritized areas as determined by FEMA and HHS.
- Since Monday April 20, eight flights carrying a total of 12 million FEMA-procured masks and respirators from 3M have landed in Chicago, New York and Baltimore. The masks will be distributed to prioritized areas as determined by FEMA and HHS.
- Project Airbridge delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories. The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- To date, 8.5 million N95 masks from the Department of Defense have been distributed to cities prioritized by the White House Task Force; an additional 1.65 million were delivered to Illinois, Michigan and New York.
- Another 3.4 million DoD N95 masks were shipped to distribution centers in five states for further movement to Veterans Affairs medical centers across the nation.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Fifteen systems have been delivered: two to both New York and California and one each to Connecticut, Georgia, Illinois, Maryland, Massachusetts, Michigan, New Jersey, Ohio, Rhode Island, Washington and the District of Columbia. Systems are en route to Arkansas, Idaho, Kentucky, Missouri, New Mexico, Pennsylvania, and Texas (two units).
  - Additional units are planned for deployment across the U.S. by early May.
- The Strategic National Stockpile has begun shipping doses of hydroxychloroquine to locations in California, Florida, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nevada, New York, North Carolina, Ohio, the Seminole Tribe of Florida, South Dakota, Texas, the U.S. Virgin Islands, Virginia, and the Department of Veterans Affairs by request.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 25**, FEMA and HHS have provided or are currently shipping 10,603 ventilators from the Strategic National Stockpile and the Defense Department to states, tribes and territories.
- The federal government has approximately 10,920 total ventilators available: 9,838 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of **April 24**, FEMA has obligated \$6.1 billion in support of COVID-19 efforts.
- FEMA currently has 3,127 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 25**, 81 agencies across 28 states, the District of Columbia, one tribe and one U.S. territory have sent 204 alerts with information on COVID-19 via the Wireless Emergency Alert system; 51 alerts to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 36,000 National Guard troops have activated in T-32 duty status and 1,984 troops have activated in State Active Duty status to help with testing and other response efforts.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- To date, CDC, state, and local public health labs and other laboratories have tested more than 5.1 million samples.
  - As of **April 24**, the federal Community Based Testing Sites have screened more than 125,859 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers has awarded 32 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 25**, 1,573 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- FEMA and HHS have obligated \$51.1 billion to support COVID-19 response efforts from the first three emergency supplemental appropriations.
- 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.
- In order to help Americans return to work, the federal government will distribute cloth facial coverings for critical infrastructure workers who do not need medical-grade personal protective equipment (PPE) for their daily work.
  - The facial coverings will be delivered in a phased approach for infrastructure workers, first responders and food producers. Prioritization will also be to areas with the highest COVID-19 infection rates.
  - The first phase includes distribution of more than 19 million facial coverings, with anticipated production of 6.5 million facial coverings each week for the next month.

## FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
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- On **March 24**, the Department of Justice created a national task force to actively look for and act on hoarding and price gouging.
- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#).” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Monday, April 27, 2020

**“FEMA, HHS AND OUR FEDERAL PARTNERS ARE COMMITTED TO ENSURING GOVERNORS ACROSS THE COUNTRY HAVE EQUIPMENT, SUPPLIES AND TESTING RESOURCES TO REOPEN SAFELY AND RESPONSIBLY.”**

**- FEMA ADMINISTRATOR PETE GAYNOR**

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### Topline Briefing Points and Messages

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- On **April 16**, President Trump released [Guidelines for Opening Up America Again](#), providing a plan for rolling back social distancing measures and reopening the country’s economy in several phases, depending on location.
  - Vice President Pence spoke with the Nation’s governors on **April 24**, reinforcing the partnership between the federal and state governments and the continued progress to expand and implement testing to be able to reopen safely and responsibly under the phased approach.
  - The federal government will continue to work with governors across the country to ensure they have the equipment, supplies and testing resources.
- On **April 26**, CDC and the Occupational Safety and Health Administration (OSHA) [released targeted guidance](#) to help meat and poultry processing facilities implement infection control practices to reduce the risk of transmission and illness from COVID-19 in these facilities.
  - Meat and poultry processing facilities present unique challenges for the prevention and control of COVID-19 transmission among workers.
  - Meat and poultry processing employers should implement a combination of engineering controls, cleaning and disinfection, social distancing, work practice controls, administrative controls, and use of personal protective equipment.
  - Basic worker infection prevention information and training should be provided to all workers in a clear and accessible manner, including training on social distancing and ways to reduce the spread of infection. To ensure accessibility, multi-lingual materials should be considered and made available, as appropriate.
- FEMA, HHS and the Cybersecurity Infrastructure and Security Agency (CISA) along with other federal agencies are distributing cloth face coverings as part of a multi-prong approach to re-open American economic activity while continuing to limit spread of COVID-19.
  - As of **April 26**, 32.5 million cloth face coverings are being processed and distributed to state, local, tribal, private sector, and federal entities
  - The facial coverings are being delivered in a phased approach for infrastructure workers, first responders and food producers who do not need medical-grade personal protective equipment (PPE) for their daily work. Distribution is based on CISA’s analysis of priority infrastructure sectors.
  - The federal government will provide additional face coverings in production to states, territories and tribes for distribution, with priority to emergency services, food production and distribution, and other sectors that support community lifelines.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA and HHS are also providing face coverings to federal departments and agencies with mission essential functions to promote health and safety in the workplace and in their execution of public-facing missions
- As of **April 26**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 74.7 million N95 respirators, 104.8 million surgical masks, 7.2 million face shields, 15 million surgical gowns, 798 million gloves, 10,603 ventilators and 8,450 federal medical station beds.
- The U.S. has now processed 5.2 million samples, which is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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## Supply Chain Task Force

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- 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 Airbridge](#).
- As of **April 26**, Project Air Bridge has completed 85 flights with an additional 25 scheduled, or in transit, for a total of approximately 110 flights.
  - One flight landed in New York City (JFK) yesterday, **April 26**.
  - Five flights are scheduled to land today, **April 27**: three in Chicago and two in Los Angeles.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 26:
  - More than 768,000 N95 respirators
  - More than 746 million gloves
  - 70.5 million surgical masks
  - 9.7 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
- Since Monday April 20, nineteen flights carrying a total of 18.6 million FEMA-procured masks and respirators from 3M have landed in Chicago, New York and Baltimore. The masks will be distributed to prioritized areas as determined by FEMA and HHS.
- Project Airbridge delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA covers the cost to fly supplies into the U.S. from overseas factories. The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
- As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Fifteen systems have been delivered: two to both New York and California and one each to Connecticut, Georgia, Illinois, Maryland, Massachusetts, Michigan, New Jersey, Ohio, Rhode Island, Washington and the District of Columbia. Systems are en route to Arkansas, Idaho, Kentucky, Missouri, New Mexico, Pennsylvania, and Texas (two units).
  - Additional units are planned for deployment across the U.S. by early May.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- As of **April 26**, FEMA and HHS have provided or are currently shipping 10,603 ventilators from the Strategic National Stockpile and the Defense Department to states, tribes and territories.
- The federal government has approximately 11,327 total ventilators available: 10,245 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of **April 24**, FEMA has obligated \$5.8 billion in support of COVID-19 efforts.
- FEMA currently has 3,123 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 25**, 81 agencies across 28 states, the District of Columbia, one tribe and one U.S. territory have sent 204 alerts with information on COVID-19 via the Wireless Emergency Alert system; 51 alerts to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 36,000 National Guard troops have activated in T-32 duty status and 1,984 troops have activated in State Active Duty status to help with testing and other response efforts.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 5.2 million samples.
  - As of **April 24**, the federal Community Based Testing Sites have screened more than 128,252 individuals.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- The U.S. Army Corps of Engineers has awarded 32 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 27**, 1,573 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- FEMA and HHS have obligated \$51.1 billion to support COVID-19 response efforts from the first three emergency supplemental appropriations.
- 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

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.
- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The federal government adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.
- On **April 25**, FEMA announced that more than \$5.1 million dollars in crisis counseling service grants have been made available to five states to support programs providing free, confidential counseling through community-based outreach and educational services.
- On **April 23**, [FEMA announced](#) an additional \$100 million in funding for the Assistance to Firefighters Grant Program. This supplemental funding will provide financial assistance directly to eligible fire departments, non-affiliated emergency medical service organizations and State Fire Training Academies for critical PPE and supplies needed to respond to COVID-19. The application period begins April 28.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.
- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states, territories and the District of Columbia as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](#) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](#).

## U.S. Department of Health and Human Services Agencies and Offices

- As of **April 24**, the Biomedical Advanced Research and Development Authority (BARDA) within the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has a COVID-19 Medical Countermeasure Portfolio that includes development of 26 products supported under public-private partnerships.
  - Of these, 15 are diagnostics, seven are treatments, three are vaccines, and one is a rapidly deployable capability to help protect the American people from COVID-19.
  - To date, BARDA has obligated \$39.8 million for diagnostics, \$334.9 million for treatments, more than \$979.3 million for vaccines.
- On **April 23**, HHS, through the Health Resources and Services Administration, [awarded nearly \\$5 million to Poison Control Centers](#) across the country to improve their capacity to respond to increased calls due to the COVID-19 pandemic.
  - As more Americans heed cleaning recommendations to combat exposure to COVID-19, the nation's Poison Control Centers are seeing sharp increases in calls related to cleaners and disinfectants.
- On **April 22**, HHS launched [Telehealth.hhs.gov](https://telehealth.hhs.gov). The site is a central source of information on telehealth resources and tools for patients and providers.
- On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.
- On **April 20**, the [Substance Abuse and Mental Health Services Administration](#) under HHS began releasing \$110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.
- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyair, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
  - The thousands of ventilators delivered to the Strategic National Stockpile starting this month, continuing through the spring and summer, will provide more capacity to respond to the pandemic as it evolves.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- On **March 24**, ASPR [announced \\$100 million](#) in funding to aid U.S. healthcare systems in preparing quickly for a surge in COVID-19 patients. The support directly benefits the National Special Pathogen System, 10 regional Ebola and other special pathogen treatment centers; 62 HHS Hospital Preparedness Program cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers; and hospital associations for direct funding to hospitals.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

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# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Tuesday, April 28, 2020

“THANKS TO OUR COMPREHENSIVE STRATEGY AND EXTRAORDINARY DEVOTION TO OUR CITIZENS – WE HAVE HAD SUCH TREMENDOUS SUPPORT ALL OVER – WE CONTINUE TO SEE ENCOURAGING SIGNS OF PROGRESS... IT’S CLEAR THAT OUR AGGRESSIVE STRATEGY TO SLOW THE SPREAD HAS BEEN WORKING AND IS SAVING COUNTLESS LIVES.”

- PRESIDENT DONALD TRUMP

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### Topline Briefing Points and Messages

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- On **April 27**, President Trump unveiled the [Opening Up America Again Testing Overview](#) and [Testing Blueprint](#) designed to facilitate state development and implementation of the robust testing plans and rapid response programs described in the President’s [Guidelines for Opening Up America Again](#).
  - The President’s Testing Blueprint sets forth the partnership between federal, state, local, and tribal governments, along with the private-sector and professional associations, all of which will play important roles in meeting the Nation’s testing needs.
  - The federal government provides strategic guidance on the best use of available technologies, approves new tests to expand capacity, shares best practices with states, and more.
  - As different localities have different needs, states should each develop testing plans and rapid response programs that fit the needs of their communities.
- To support the Administration’s [Testing Blueprint](#), FEMA, at the direction of the White House Coronavirus Task Force, is working to source and procure testing material – specifically, testing swabs and transport media.
  - The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their individualized reopening and testing plans.
  - Once sourced and procured, the intent is to have this material shipped directly to a single location within each state, territory or tribe for their ultimate distribution. Each state, territory and tribal will develop its own distribution strategy to align with its testing plan and unique needs
- As of **April 27**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 76.5 million N95 respirators, 107.2 million surgical masks, 7.2 million face shields, 15.3 million surgical gowns, 811.9 million gloves, 10,603 ventilators and 8,450 federal medical station beds.
- As of **April 27**, CDC, state, and local public health labs and other laboratories have tested more than 5.4 million samples.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.

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## Supply Chain Task Force

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- 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 Airbridge](#).
- As of **April 27**, Project Air Bridge has completed 89 flights with an additional 21 scheduled, or in transit, for a total of approximately 110 flights.
  - Four flights landed on **April 27**: three in Chicago and one in Los Angeles.
  - Six flights are scheduled to land today, **April 28**: four in Chicago and two in Los Angeles.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 27:
  - More than 768,000 N95 respirators
  - More than 746 million gloves
  - 71.5 million surgical masks
  - 10 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
- Additionally, three flights of FEMA-procured 3M masks are scheduled to land today, April 28: one at JFK, one in Chicago and one near Washington D.C.
  - Since April 20, 24 flights carrying a total of 21.7 million FEMA-procured masks and respirators from 3M have landed in Chicago, New York and Baltimore. The masks will be distributed to prioritized areas as determined by FEMA and HHS.
- Project Airbridge delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
  - FEMA covers the cost to fly supplies into the U.S. from overseas factories. The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - Nineteen systems have been delivered: three to Texas, two to New York and California and one each to Colorado, Connecticut, Florida, Georgia, Illinois, Maryland, Massachusetts, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, Rhode Island, Washington and the District of Columbia. Systems are en route to Alabama, Arkansas, Idaho, Kansas, Kentucky, Louisiana, Montana, Nevada, New Mexico, North Dakota, Oregon, Pennsylvania, Texas, and Virginia.
  - Additional units are planned for deployment across the U.S. by early May.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 5.4 million samples.
  - As of **April 24**, 128,278 samples have been tested at Community Based Testing Sites.
- FEMA and HHS combined have obligated \$51.1 billion to support COVID-19 response efforts from the first three emergency supplemental appropriations.
- The federal government has approximately 11,327 total ventilators available: 10,245 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of **April 26**, FEMA and HHS have provided or are currently shipping 10,603 ventilators from the Strategic National Stockpile and the Defense Department to states, tribes and territories.
- In support of the U.S. Department of Veterans Affairs and our nation's veterans, FEMA has coordinated shipments of more than 4.3 million respirator masks, 1 million surgical masks, 1.5 million gloves, and 14,000 face shields to facilities across the country. An additional 1 million surgical masks and 28,000 gowns are shipping this week.
- FEMA currently has 3,143 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 24**, FEMA has obligated \$5.7 billion in support of COVID-19 efforts.
- As of **April 27**, 84 agencies across 28 states, the District of Columbia, one tribe and one U.S. territory have sent 209 alerts with information on COVID-19 via the Wireless Emergency Alert system; 51 alerts to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 36,900 National Guard troops have activated in T-32 duty status and 1,956 troops have activated in State Active Duty status to help with testing and other response efforts.
- The CDC has 3,977 personnel supporting the outbreak response.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- To date, the U.S. Department of Veterans Affairs has made more than 1,400 acute and intensive care hospital beds across the nation available to non-veteran patients, if necessary.
- The U.S. Army Corps of Engineers has awarded 34 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, the Navajo Nation, New Jersey, New Mexico, New York, Oklahoma, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 28**, 1,495 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- 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, HHS and the Cybersecurity Infrastructure and Security Agency (CISA) along with other federal agencies are distributing cloth face coverings for critical infrastructure workers as part of a multi-prong approach to re-open American economic activity while continuing to limit spread of COVID-19.
  - As of **April 27**, 37.6 million cloth face coverings are being processed and distributed to state, local, tribal, private sector, and federal entities
  - The federal government will provide additional face coverings in production to states, territories and tribes for distribution, with priority to emergency services, food production and distribution, and other sectors that support community lifelines.
  - FEMA and HHS are also providing face coverings to federal departments and agencies with mission essential functions to promote health and safety in the workplace and in their execution of public-facing missions

## FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to the FEMA NRCC in Washington, D.C. for fulfillment.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped 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.
- On **April 25**, FEMA announced that more than \$5.1 million dollars in crisis counseling service grants have been made available to five states to support programs providing free, confidential counseling through community-based outreach and educational services.
- On **April 23**, [FEMA announced](#) an additional \$100 million in funding for the Assistance to Firefighters Grant Program. This supplemental funding will provide financial assistance directly to eligible fire departments, non-affiliated emergency medical service organizations and State Fire Training Academies for critical PPE and supplies needed to respond to COVID-19. The application period begins April 28.
- On **April 20**, President Trump launched the Dynamic Ventilator Reserve Program, an innovative public-private partnership to access up to 65,000 additional ventilators in hospitals across the country that can be redeployed when not in use.
- On **April 15**, FEMA Administrator Pete Gaynor [issued a letter to the nation's emergency managers](#) outlining lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic.
  - Lessons learned addressed preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations and Large-Format Alternative Care Sites; mitigation efforts to flatten the curve; strengthening the supply chain; as well as the importance of busting myths.
  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.
- On **April 13**, The Department of Homeland Security and FEMA announced the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
  - The money is available to all 56 states, territories and the District of Columbia as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. All applications must be submitted on [Grants.gov](#) by April 28.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 27**, HHS, through the Health Resources and Services Administration (HRSA), launched a new [COVID-19 Uninsured Program Portal](#), allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after Feb. 4 to submit claims for reimbursement.
- On **April 24**, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced an additional \$250 million in emergency COVID-19 funding for the grants have been to increase access to and to improve the quality of community mental and substance use disorder (SUD) treatment services through the expansion of Certified Community Behavioral Health Clinics (CCBHC).
- As of **April 24**, the Biomedical Advanced Research and Development Authority (BARDA) within the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has a COVID-19 Medical Countermeasure Portfolio that includes development of 26 products supported under public-private partnerships.
  - Of these, 15 are diagnostics, seven are treatments, three are vaccines, and one is a rapidly deployable capability to help protect the American people from COVID-19.
  - To date, BARDA has obligated \$39.8 million for diagnostics, \$334.9 million for treatments, more than \$979.3 million for vaccines.
- On **April 23**, HHS, through the Health Resources and Services Administration, [awarded nearly \\$5 million to Poison Control Centers](#) across the country to improve their capacity to respond to increased calls due to the COVID-19 pandemic.
  - As more Americans heed cleaning recommendations to combat exposure to COVID-19, the nation's Poison Control Centers are seeing sharp increases in calls related to cleaners and disinfectants.
- On **April 22**, HHS launched [Telehealth.hhs.gov](http://Telehealth.hhs.gov). The site is a central source of information on telehealth resources and tools for patients and providers.
- On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.
- On **April 20**, the [Substance Abuse and Mental Health Services Administration](#) under HHS began releasing \$110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.
- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- On **March 24**, ASPR [announced \\$100 million](#) in funding to aid U.S. healthcare systems in preparing quickly for a surge in COVID-19 patients. The support directly benefits the National Special Pathogen System, 10 regional Ebola and other special pathogen treatment centers; 62 HHS Hospital Preparedness Program cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers; and hospital associations for direct funding to hospitals.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 26**, CDC and the Occupational Safety and Health Administration (OSHA) [released targeted guidance](#) to help meat and poultry processing facilities implement infection control practices to reduce the risk of transmission and illness from COVID-19 in these facilities.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
- On **March 28**, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to HHS, CDC, and the CDC's National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module.
- On **March 17**, CDC issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.

## Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA published a [new blog post](#) on the [Coronavirus Treatment Acceleration Program](#). The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.
- FDA has granted more than [71 Emergency Use Authorizations](#) of commercially available diagnostic tests, including 41 molecular diagnostic tests, 21 laboratory-developed tests, seven antibody tests, and two repurposed treatments (chloroquine, hydroxychloroquine).
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).
- On **April 27**, the [FDA released two new fact sheets](#) for the food and agriculture sector outlining guidelines on [use of disposable facemasks and cloth coverings](#), as well as summarizing [key steps employers and coworkers can take](#) to stay open, continue to slow the spread and support continuity of essential operations.
- During the **April 24** White House Press Briefing, FDA Commissioner Dr. Stephen Hahn announced [approval the first COVID-19 home collection test kit](#).
- On **April 21**, the FDA issued an emergency use authorization for IntelliVue Patient monitors intended to be used by healthcare professionals in the hospital environment for remote monitoring of adult, pediatric and neonate patients having or suspected of having COVID-19 to reduce healthcare provider exposure.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

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## Other Federal Agencies

- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- People who have fully recovered from COVID-19 have antibodies in their plasma that can attack the virus and may be able to help others fighting the infection [by donating plasma](#).
- On **April 24**, President Trump signed the [Paycheck Protection Program and Health Care Enhancement Act](#) to replenish the Small Business Administration's small business loan program while also providing crucial support for America's frontline medical workers.
  - The [Paycheck Protection Program](#) processed nearly \$350 billion in loans to 1.6 million small businesses from funding provided in the CARES Act. More than 4,900 lending institutions participated in making these SBA-backed loans.
- As of **April 23**, the USCG has facilitated the safe discharge of over 275,000 passengers from more than 125 cruise ships as a result of the orderly shutdown of the cruise industry. The Coast Guard will continue to work with CDC, state and local authorities to manage the cruise ships in US waters carrying crew only.
- On **April 17**, the Department of Homeland Security distributed a guide on COVID-19 funding available to law enforcement to stakeholders. This document includes descriptions of programs, eligibility requirements, applications, and application deadlines.
- On **April 17**, U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program](#), an immediate relief program that provides \$19 billion in support to farmers and ranchers.
  - The funding includes \$16 billion in direct support to farmers and ranchers based on actual losses as well as funding to purchase and distribute \$3 billion in fresh produce, dairy and meat products to food banks, community and faith-based organizations and other non-profits serving people in need.
- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- On **April 15**, the White House announced [a collaboration by Schema.org](#) to help Americans find the most up-to-date public health guidance through use of standard tags in website code to make webpages easier to find in online search engine results.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
  - On **April 20**, Immigration and Customs Enforcement Homeland Security Investigations, with assistance from Customs and Border Protection Field Intelligence Group, seized 5,300 potentially fraudulent COVID 19 test kits.
- On **April 9**, the [U.S Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - On April 21, the Department of Education is planning to announce an additional \$6.28 billion in funding for institutions to cover costs associated with significant changes to the delivery of instruction due to COVID-19.
- 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.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.



# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Wednesday, April 29, 2020

**"WE SUFFER WITH ONE HEART, BUT WE WILL PREVAIL. WE ARE COMING BACK, AND WE'RE COMING BACK STRONG. NOW THAT OUR EXPERTS BELIEVE THAT THE WORST DAYS OF THE PANDEMIC ARE BEHIND US, AMERICANS ARE LOOKING FORWARD TO THE SAFE AND RAPID REOPENING OF OUR COUNTRY."**

**- PRESIDENT DONALD TRUMP**

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### Topline Briefing Points and Messages

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- On **April 27**, President Trump unveiled the [Opening Up America Again Testing Overview](#) and [Testing Blueprint](#) designed to facilitate state development and implementation of the robust testing plans and rapid response programs described in the President's [Guidelines for Opening Up America Again](#).
  - The President's Testing Blueprint sets forth the partnership between federal, state, local, and tribal governments, along with the private-sector and professional associations, all of which will play important roles in meeting the Nation's testing needs.
- To support the Administration's [Testing Blueprint](#), FEMA, at the direction of the White House Coronavirus Task Force, is working to source and procure testing material – specifically, testing swabs and transport media.
  - The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their individualized reopening and testing plans.
  - Once sourced and procured, the intent is to have this material shipped directly to a single location within each state, territory or tribe for their ultimate distribution.
  - Each state, territory and tribal will develop its own distribution strategy to align with its testing plan and unique needs.
- As of **April 27**, CDC, state, and local public health labs and other laboratories have tested more than 5.6 million samples.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
- On **April 28**, the FDA issued a new [video resource](#) explaining Emergency Use Authorizations (EUAs), one of several tools FDA uses to help make important medical products available quickly during public health emergencies like the COVID-19 pandemic.
  - EUAs provide more timely access to drugs, diagnostic tests and/or other critical medical products that can help diagnose, treat and/or prevent COVID-19.
  - To date, the FDA has issued 50 individual [emergency use authorizations](#) for test kit manufacturers and laboratories.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- As of **April 28**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 75 million N95 respirators, 107.7 million surgical masks, 7.2 million face shields, 15.3 million surgical gowns, 814.8 million gloves, 10,153 ventilators and 8,450 federal medical station beds.
- On **April 27**, the [Small Business Administration relaunched](#) the Paycheck Protection Program after [distributing \\$350 billion in loans to 1.6 million businesses](#) earlier this month. Including last week's funding bill, more than \$670 billion is available for the loan program in total.

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## Supply Chain Task Force

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- 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 Airbridge](#).
- As of April 28, Project Air Bridge has completed 95 flights with an additional 22 scheduled, or in transit, for a total of approximately 117 flights.
  - Six flights landed yesterday, April 28: four in Chicago and two in Los Angeles.
  - Five flights are scheduled to land today, April 29: two in Chicago, one in Baltimore, one in Los Angeles and one in New York.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- The Air Bridge program delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 28:
  - More than 768,000 N95 respirators
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  - 10 million surgical gowns
  - More than 2.1 million thermometers
  - 562,000 face shields
  - More than 195,000 coveralls
  - 109,000 stethoscopes
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  - FEMA covers the cost to fly supplies into the U.S. from overseas factories. The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
  - As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
  - FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
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  - Since April 20, 24 flights carrying a total of more than 21.7 million FEMA-procured masks and respirators have landed. The masks are inventoried at a warehouse and then distributed to prioritized areas as determined by FEMA and HHS.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
- The Defense Logistics Agency awarded a contract to Battelle for 60 N95 Critical Care Decontamination System units for the sanitation and reuse of N95 respirators.
  - 22 systems have been delivered: three to Texas, two to New York and California and one each to Colorado, Connecticut, Florida, Georgia, Illinois, Maryland, Massachusetts, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, Rhode Island, Washington and the District of Columbia. Systems are en route to Alabama, Arizona, Arkansas, Idaho, Kansas, Kentucky, Louisiana, Montana, Nevada, New Mexico, North Dakota, Oregon, Pennsylvania, Tennessee, Texas, and Virginia.
  - Additional units are planned for deployment across the U.S. by early May.

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## By the Numbers

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- Forty-two states, four territories and more than 37 tribes have issued stay-at-home orders.
- All 50 states, five territories, and Washington, D.C. have been approved for major disaster declarations to assist with additional needs identified.
- To date, CDC, state, and local public health labs and other laboratories have tested more than 5.6 million samples.
  - As of **April 28**, 128,278 samples have been tested at Community Based Testing Sites.
- FEMA and HHS combined have obligated \$51.1 billion to support COVID-19 response efforts from the first three emergency supplemental appropriations.
- The federal government has approximately 11,681 total ventilators available: 10,599 in the Strategic National Stockpile; 1,082 from the Department of Defense.
- As of **April 26**, FEMA and HHS have provided or are currently shipping 10,653 ventilators from the Strategic National Stockpile and the Defense Department to states, tribes and territories.
- In support of the U.S. Department of Veterans Affairs and our nation's veterans, FEMA has coordinated shipments of more than 4.3 million respirator masks, 1 million surgical masks, 1.5 million gloves, and 14,000 face shields to facilities across the country. An additional 1 million surgical masks and 28,000 gowns are shipping this week.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA currently has 3,141 employees supporting COVID-19 pandemic response out of a total 20,605 agency employees ready to respond to other emergencies should they occur.
- As of **April 24**, FEMA has obligated \$5.8 billion in support of COVID-19 efforts.
- As of **April 27**, 84 agencies across 28 states, the District of Columbia, one tribe and one U.S. territory have sent 210 alerts with information on COVID-19 via the Wireless Emergency Alert system; 51 alerts to broadcast stations via the Emergency Alert System.
- To date, the President has approved 47 National Guard requests for federal support for the use of National Guard personnel in a Title 32 duty status.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for T-32 National Guard orders through May 31.
  - More than 36,900 National Guard troops have activated in T-32 duty status and 1,956 troops have activated in State Active Duty status to help with testing and other response efforts.
- The CDC has 3,977 personnel supporting the outbreak response.
- The U.S. Public Health Service deployed more than 1,500 officers in support of nation-wide efforts to mitigate the virus' potential spread.
- To date, the U.S. Department of Veterans Affairs has made more than 1,400 acute and intensive care hospital beds across the nation available to non-veteran patients, if necessary.
- The U.S. Army Corps of Engineers has awarded 34 contracts for the design and build of alternate care facilities in Alaska, Arizona, California, Colorado, District of Columbia, Florida, Illinois, Maryland, Michigan, Missouri, the Navajo Nation, New Jersey, New Mexico, New York, Oklahoma, Oregon, Tennessee, U.S. Virgin Islands, and Wisconsin.
  - As of **April 29**, 1,495 USACE personnel are activated to support the COVID-19 mission, with more than 15,000 personnel engaged in additional response efforts.

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## FEMA and HHS Response

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- 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, HHS and the Cybersecurity Infrastructure and Security Agency (CISA) along with other federal agencies are distributing cloth face coverings for critical infrastructure workers as part of a multi-prong approach to re-open American economic activity while continuing to limit spread of COVID-19.
  - As of **April 27**, 37.6 million cloth face coverings are being processed and distributed to state, local, tribal, private sector, and federal entities.
  - The federal government will provide additional face coverings in production to states, territories and tribes for distribution, with priority to emergency services, food production and distribution, and other sectors that support community lifelines.
  - FEMA and HHS are also providing face coverings to federal departments and agencies with mission essential functions to promote health and safety in the workplace and in their execution of public-facing missions.

## FEMA

- On **March 13**, President Trump declared a nationwide emergency pursuant to the Stafford Act.
  - 50 states, the District of Columbia, five territories, and 37 tribes are working directly with FEMA.
  - A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - All 10 Regional Response Coordination Centers and emergency operations centers in all states and territories are active and supporting response efforts across the country.
- Requests for assistance, especially for critical supplies, should be routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
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- HHS and FEMA deployment of ventilators from the stockpile have helped ensure that hospitals in states such as New York have not run out of ventilator capacity while working to save lives.
  - The federal government adopted a process to manage allocation of federal ventilator resources to ensure the right number of ventilators are shipped to the right states to sustain life within a 72-hour window.
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  - This guidance is a follow-on to the Administrator's [first letter to emergency managers](#) on March 27, which requested key actions and outlined critical steps for the initial COVID-19 response.
- On **April 15**, FEMA's Office of Equal Rights issued a [bulletin outlining best practices](#) to assist state, local, tribal and territorial partners in anticipating and attending to civil rights concerns during the COVID-19 response and recovery.

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- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 27**, HHS, through the Health Resources and Services Administration (HRSA), launched a new [COVID-19 Uninsured Program Portal](#), allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after Feb. 4 to submit claims for reimbursement.
- On **April 24**, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced an additional \$250 million in emergency COVID-19 funding for the grants have been to increase access to and to improve the quality of community mental and substance use disorder (SUD) treatment services through the expansion of Certified Community Behavioral Health Clinics (CCBHC).
- As of **April 24**, the Biomedical Advanced Research and Development Authority (BARDA) within the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has a COVID-19 Medical Countermeasure Portfolio that includes development of 26 products supported under public-private partnerships.
  - Of these, 15 are diagnostics, seven are treatments, three are vaccines, and one is a rapidly deployable capability to help protect the American people from COVID-19.
  - To date, BARDA has obligated \$39.8 million for diagnostics, \$334.9 million for treatments, more than \$979.3 million for vaccines.
- On **April 23**, HHS, through the through the Health Resources and Services Administration, [awarded nearly \\$5 million to Poison Control Centers](#) across the country to improve their capacity to respond to increased calls due to the COVID-19 pandemic.
  - As more Americans heed cleaning recommendations to combat exposure to COVID-19, the nation's Poison Control Centers are seeing sharp increases in calls related to cleaners and disinfectants.
- On **April 22**, HHS launched [Telehealth.hhs.gov](http://Telehealth.hhs.gov). The site is a central source of information on telehealth resources and tools for patients and providers.
- On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.
- On **April 20**, the [Substance Abuse and Mental Health Services Administration](#) under HHS began releasing \$110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- Also on **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- On **March 24**, ASPR [announced \\$100 million](#) in funding to aid U.S. healthcare systems in preparing quickly for a surge in COVID-19 patients. The support directly benefits the National Special Pathogen System, 10 regional Ebola and other special pathogen treatment centers; 62 HHS Hospital Preparedness Program cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers; and hospital associations for direct funding to hospitals.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.
- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 26**, CDC and the Occupational Safety and Health Administration (OSHA) [released targeted guidance](#) to help meat and poultry processing facilities implement infection control practices to reduce the risk of transmission and illness from COVID-19 in these facilities.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.

## Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA published a [new blog post](#) on the [Coronavirus Treatment Acceleration Program](#). The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.
- FDA has granted more than 71 Emergency Use Authorizations of commercially available diagnostic tests, including 41 molecular diagnostic tests, 21 laboratory-developed tests, seven antibody tests, and two repurposed treatments (chloroquine, hydroxychloroquine).
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).
- On **April 27**, the [FDA released two new fact sheets](#) for the food and agriculture sector outlining guidelines on [use of disposable facemasks and cloth coverings](#), as well as summarizing [key steps employers and coworkers can take](#) to stay open, continue to slow the spread and support continuity of essential operations.
- During the **April 24** White House Press Briefing, FDA Commissioner Dr. Stephen Hahn announced [approval the first COVID-19 home collection test kit](#).
- On **April 21**, the FDA issued an emergency use authorization for IntelliVue Patient monitors intended to be used by healthcare professionals in the hospital environment for remote monitoring of adult, pediatric and neonate patients having or suspected of having COVID-19 to reduce healthcare provider exposure.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.
- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response’s Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

- Learn more at [fema.gov/coronavirus](https://fema.gov/coronavirus)

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

Thursday, April 30, 2020

“TODAY’S PROMISING NEWS FROM THE NIH REMDESIVIR TRIAL IS A BEACON OF HOPE FOR ALL AMERICANS AND EVERYONE AROUND THE WORLD WAGING WAR ON THE COVID-19 PANDEMIC. ... THROUGH THE EFFORTS OF NIH, FDA, AND OTHER PARTS OF HHS, THE TRUMP ADMINISTRATION HAS BEEN WORKING RELENTLESSLY TO GET PROMISING TREATMENTS LIKE REMDESIVIR TO THE FRONTLINES AND SAVE LIVES.”

- HHS SECRETARY ALEX AZAR

## Topline Briefing Points and Messages

- On April 27, President Trump unveiled the [Opening Up America Again Testing Overview](#) and [Testing Blueprint](#) designed to facilitate state development and implementation of the robust testing plans and rapid response programs described in the President's [Guidelines for Opening Up America Again](#).
  - The President's Testing Blueprint sets forth the partnership between federal, state, local, and tribal governments, along with the private-sector and professional associations, all of which will play important roles in meeting the Nation's testing needs.
- To support the Administration's [Testing Blueprint](#), FEMA, at the direction of the White House Coronavirus Task Force, is working to source and procure testing material – specifically, testing swabs and transport media.
  - The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their individualized reopening and testing plans.
  - Once sourced and procured, the intent is to have this material shipped directly to a single location within each state, territory or tribe for their ultimate distribution.
  - Each state, territory and tribal will develop its own distribution strategy to align with its testing plan and unique needs.
- On April 29, the National Institutes of Health announced positive results of a [trial using Remdesivir](#), an investigational broad-spectrum antiviral treatment administered via daily infusions.
  - Hospitalized patients with advanced COVID-19 and lung involvement who received Remdesivir recovered, on average, faster than similar patients who received placebo.
  - The preliminary data analysis was from a randomized, controlled trial involving 1,063 patients.
- President Trump signed an [executive order to keep meat processing plants open](#) to ensure the continued supply of beef, pork, and poultry to the American people. The order uses the Defense Production Act to classify meat processing as critical infrastructure.
  - The Centers for Disease Control and Prevention and the Occupational Safety and Health Administration have put out guidance for plants to implement to help ensure employee safety.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- As of **April 29**, CDC, state, and local public health labs and other laboratories have tested more than 5.8 million samples.
  - States should be making full use of the testing resources available to them, to include leveraging the full capacity available through commercial laboratories in addition to the capability provided through state laboratories.
  - HHS and FEMA have expanded items supplied by the [International Reagent Resource \(IRR\)](#) to help public health labs access free diagnostics supplies and reagents.
  - To date, the FDA has issued 50 individual [emergency use authorizations](#) for test kit manufacturers and laboratories.
- As of **April 29**, FEMA, HHS, and the private sector combined have coordinated the delivery of or are currently shipping: 77.9 million N95 respirators, 111.7 million surgical masks, 7.2 million face shields, 16.1 million surgical gowns, 888.5 million gloves, 10,653 ventilators and 8,450 federal medical station beds.

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## Supply Chain Task Force

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- 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 Airbridge](#).
- As of April 29, Project Air Bridge has completed 99 flights with an additional 18 scheduled, or in transit, for a total of approximately 117 flights.
  - Four flights landed yesterday, April 29: one in Chicago, one in Baltimore, one in Los Angeles and one in New York.
  - Five flights are scheduled to land today, April 30: two in Chicago, two in Los Angeles, and one in New York.
  - It is important to note that any number of variables can affect international flight schedules, causing unexpected delays, cancellations or variations in final cargo quantities.
- The Air Bridge program delivers PPE to the point of greatest need through prioritized distributor supply chains nine times faster than movement by sea.
- Through Project Air Bridge, the following supplies have been delivered from overseas manufacturers to the U.S. and into private sector supply chains from March 29 to April 28:
  - More than 768,000 N95 respirators.
  - 825 million gloves.
  - 75.5 million surgical masks.
  - 10.8 million surgical gowns.
  - More than 2.2 million thermometers.
  - 616,000 face shields.
  - More than 195,000 coveralls.
  - 109,000 stethoscopes.
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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA covers the cost to fly supplies into the U.S. from overseas factories. The prices of the airbridge flights vary, but on average each flight cost is approximately \$750,000 to \$800,000, depending on the carriers and cargo being air lifted.
- As part of the current agreement with distributors, 50 percent of supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs. These areas are determined by HHS and FEMA based on CDC data.
- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers across the U.S. in order to not disrupt the current supply chain system.
- Additionally, five flights of FEMA-procured 3M masks are scheduled to land today, April 30: two in New York, one in Chicago, one in Baltimore, and one near Washington, DC.
  - Since April 12, 30 flights carrying a total of more than 24 million FEMA-procured masks and respirators have landed. The masks are inventoried at a warehouse and then distributed to prioritized areas as determined by FEMA and HHS.
- The strategy to allocate medical supplies and equipment is based on COVID-19 disease activity and its effects, as well as the need to facilitate distribution of limited supplies to areas where resources are needed most urgently.
  - Leveraging quantitative data sets provided by FEMA, HHS, and Centers for Disease Control and Prevention (CDC), FEMA's National Resource Prioritization Cell combines these data streams, analyzes the available COVID-19 disease activity data to determine current and potential future areas that most urgently require resources.
  - The team of experts works through this process every 96 hours to ensure resource prioritization recommendations are driven by the best available or most current data.
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  - Additional units are planned for deployment across the U.S. by early May.

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## By the Numbers

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- On **April 13**, The [Department of Homeland Security and FEMA announced](#) the funding notice for an additional \$100 million in supplemental Emergency Management Performance Grant Program funds.
- On **April 12**, FEMA [issued guidance](#) on the framework, policy details and requirements for determining the eligibility for FEMA reimbursement of states purchasing and distributing food to meet the immediate needs of those who do not have access to food as a result of COVID-19 and to protect the public from the spread of the virus.
- On **April 9**, FEMA announced that it is [suspending rent for disaster survivors](#) living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas. The temporary suspension means residents will not have to pay rent in April, May or June.
- On **March 26**, FEMA issued a [request for quotation](#) for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).

## U.S. Department of Health and Human Services Agencies and Offices

- On **April 27**, HHS, through the Health Resources and Services Administration (HRSA), launched a new [COVID-19 Uninsured Program Portal](#), allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after Feb. 4 to submit claims for reimbursement.
- On **April 24**, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced an additional \$250 million in emergency COVID-19 funding for the grants have been to increase access to and to improve the quality of community mental and substance use disorder (SUD) treatment services through the expansion of Certified Community Behavioral Health Clinics (CCBHC).
- As of **April 24**, the Biomedical Advanced Research and Development Authority (BARDA) within the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) has a COVID-19 Medical Countermeasure Portfolio that includes development of 26 products supported under public-private partnerships.
  - Of these, 15 are diagnostics, seven are treatments, three are vaccines, and one is a rapidly deployable capability to help protect the American people from COVID-19.
  - To date, BARDA has obligated \$39.8 million for diagnostics, \$334.9 million for treatments, more than \$979.3 million for vaccines.
- On **April 23**, HHS, through the through the Health Resources and Services Administration, [awarded nearly \\$5 million to Poison Control Centers](#) across the country to improve their capacity to respond to increased calls due to the COVID-19 pandemic.
  - As more Americans heed cleaning recommendations to combat exposure to COVID-19, the nation's Poison Control Centers are seeing sharp increases in calls related to cleaners and disinfectants.
- On **April 22**, HHS launched [Telehealth.hhs.gov](http://Telehealth.hhs.gov). The site is a central source of information on telehealth resources and tools for patients and providers.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 21**, HHS announced [\\$955 million in grants from the Administration for Community Living](#) to help meet the needs of older adults and people with disabilities. The grants will fund home-delivered meals, care services in the home, respite care and other support to families and caregivers, and other support services.
- On **April 20**, the [Substance Abuse and Mental Health Services Administration](#) under HHS began releasing \$110 million in emergency grant funding to strengthen access to treatments for substance use disorders and serious mental illnesses during the COVID-19 pandemic.
- On **April 13**, HHS announced five new contracts for ventilator production rated under the Defense Production Act (DPA), to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire, as well as two other contracts for ventilator production, to Hamilton and Zoll.
  - Combined with contracts with [General Motors](#), [Philips](#) and [GE](#) rated under the DPA issued last week, the contracts will provide a total of 187,431 ventilators by the end of 2020.
- Beginning **April 10**, [HHS and FEMA are working with states with federal Community-Based Testing Sites](#) to clarify whether sites want to continue as they are now, or transition to full state control.
- 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.
- On **April 10**, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
- On **April 8**, HHS, through the Health Resources and Services Administration [awarded more than \\$1.3 billion to 1,387 health centers](#). These centers will help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels to address this public health emergency.
- On **April 6**, HHS [announced it will release \\$186 million in additional CDC funding](#) to state and local jurisdictions with accelerating or rapidly accelerating COVID-19 cases to support response activities and surveillance capabilities.
- On **March 24**, HHS [announced \\$250 million in grants](#) from the Administration for Community Living to help states, territories and tribes provide meals to older adults.
- On **March 24**, HHS [awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- On **March 24**, ASPR [announced \\$100 million](#) in funding to aid U.S. healthcare systems in preparing quickly for a surge in COVID-19 patients. The support directly benefits the National Special Pathogen System, 10 regional Ebola and other special pathogen treatment centers; 62 HHS Hospital Preparedness Program cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers; and hospital associations for direct funding to hospitals.
- HHS identified [\\$80 million dollars specifically for tribes](#), tribal organizations, and tribal health service providers.

## Centers for Disease Control and Prevention

- The nation's [Slow the Spread](#) campaign continues through **April 30**. CDC [recommends that everyone use a cloth face covering](#) in community settings to help reduce the spread of COVID-19.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- CDC continues to encourage use of [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources, and make contingency plans or alternative strategies when supplies are limited.
- On **April 26**, CDC and the Occupational Safety and Health Administration (OSHA) [released targeted guidance](#) to help meat and poultry processing facilities implement infection control practices to reduce the risk of transmission and illness from COVID-19 in these facilities.
- On **April 8**, CDC issued [additional guidance](#) to help ensure critical infrastructure workers can perform their jobs safely after potential exposure to the virus.
- On **April 3**, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.

## Food and Drug Administration (FDA)

- FDA launched the Coronavirus Treatment Acceleration Program (CTAP) to speed approval of drugs and therapies. 72 therapies are now being tested, including hydroxychloroquine, and another 211 are in active planning for clinical trials.
- FDA published a [new blog post](#) on the [Coronavirus Treatment Acceleration Program](#). The program uses every available method to move new treatments to patients as quickly as possible, while at the same time finding out whether the treatments are helpful or harmful.
- FDA has granted more than [71 Emergency Use Authorizations](#) of commercially available diagnostic tests, including 41 molecular diagnostic tests, 21 laboratory-developed tests, seven antibody tests, and two repurposed treatments (chloroquine, hydroxychloroquine).
- FDA has authorized four mask sterilizations systems to disinfect N95 masks, with one system that can [decontaminate 4 million N95 masks per day](#).
- On **April 28**, the FDA issued a new [video resource](#) explaining Emergency Use Authorizations (EUAs), one of several tools FDA uses to help make important medical products available quickly during public health emergencies like the COVID-19 pandemic.
  - EUAs provide more timely access to drugs, diagnostic tests and/or other critical medical products that can help diagnose, treat and/or prevent COVID-19.
- On **April 27**, the [FDA released two new fact sheets](#) for the food and agriculture sector outlining guidelines on [use of disposable facemasks and cloth coverings](#), as well as summarizing [key steps employers and coworkers can take](#) to stay open, continue to slow the spread and support continuity of essential operations.
- During the **April 24** White House Press Briefing, FDA Commissioner Dr. Stephen Hahn announced [approval the first COVID-19 home collection test kit](#).
- On **April 21**, the FDA issued an emergency use authorization for IntelliVue Patient monitors intended to be used by healthcare professionals in the hospital environment for remote monitoring of adult, pediatric and neonate patients having or suspected of having COVID-19 to reduce healthcare provider exposure.
- On **April 16**, the FDA [announced an expansion of testing options](#) through use of synthetic swabs – with a design similar to Q-tips – to test patients by collecting a sample from the front of the nose.
- On **April 14**, the FDA issued a consumer update: [How You Can Make a Difference During the Coronavirus Pandemic](#), outlining ways to help such as donating blood or saving PPE for frontline workers.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On **April 3**, the [FDA announced](#) a new national effort to bring blood-related therapies for COVID-19 to market as fast as possible.
  - HHS and the Assistant Secretary for Preparedness and Response's Biomedical Advanced Research and Development Authority (BARDA) will collaborate with American Red Cross and three companies on [the development of convalescent plasma and hyperimmune globulin immunotherapies](#) to make safe and effective treatments available.
- On **March 28**, FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- The FDA released [food shopping information](#) to reassure consumers that there is currently no evidence of human or animal food or food packaging being associated with transmission of the coronavirus that causes COVID-19.

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## Other Federal Agencies

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- American Red Cross and the American Association of Blood Banks (AABB) continue to seek blood and convalescent plasma donations. To find where you can donate blood, visit [aabb.org](#).
- On **April 27**, the [Small Business Administration relaunched](#) the Paycheck Protection Program after [distributing \\$350 billion in loans to 1.6 million businesses](#) earlier this month. Including last week's funding bill, more than \$670 billion is available for the loan program in total.
- As of **April 23**, the USCG has facilitated the safe discharge of over 275,000 passengers from more than 125 cruise ships as a result of the orderly shutdown of the cruise industry. The Coast Guard will continue to work with CDC, state and local authorities to manage cruise ships and commercial vessels in US waters.
- On **April 17**, U.S. Department of Agriculture announced the [Coronavirus Food Assistance Program](#), an immediate relief program that provides \$16 billion in direct support to farmers and ranchers as well as \$3 billion to purchase and distribute fresh produce, dairy and meat products to food banks, community and faith-based organizations and other non-profits
- On **April 17**, the Cybersecurity and Infrastructure Security Agency released version 3.0 of the [Essential Critical Infrastructure Workers guidance](#) to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19.
- On **April 15**, Immigration and Customs Enforcement Homeland Security Investigations launched [Operation Stolen Promise](#) to combat COVID-19 related fraud and other criminal activity.
- On **April 9**, the [U.S Department of Education announced](#) more than \$6 billion from the CARES Act will be distributed to colleges and universities to provide direct emergency cash grants to college students whose lives and educations have been disrupted by the coronavirus outbreak.
  - On **April 21**, the Department of Education is planning to announce an additional \$6.28 billion in funding for institutions to cover costs associated with significant changes to the delivery of instruction due to COVID-19.
- 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.
- The U.S. Department of Labor [announced availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.



# Coronavirus (COVID-19) Pandemic:

## Applying the Defense Production Act

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The scarcity of medical resources in the fight against COVID-19 is a global issue. The United States is competing for the same resources as many other countries. To maximize the availability of critical protective and lifesaving resources to front line health care workers, FEMA and the Department of Health and Human Services (HHS) are executing a four-pronged approach to rapidly increase supply today and expand domestic production of medical supplies and equipment to increase supply long-term. The approach includes Preservation, Acceleration, Expansion and Allocation.

The Defense Production Act (DPA) provides authorities that are being applied to support *Acceleration* and *Expansion* efforts. Priority rated DPA orders do not create a situation of “outbidding;” rather, it puts the federal government requirement to the “front of the line” for fulfillment ahead of other orders.

As we process orders through the supply chain, we are maintaining close coordination with governors to identify potential bidding conflicts. We look to the Nation’s governors and tribal leaders to make us aware of specific information regarding apparent bidding conflict. If a bidding conflict does arise, we work closely with the state or tribe to resolve it in a way that best serves their needs.

### How Defense Production Act Authorities Help During COVID-19 Response

To address the shortage of critical medical supplies in the fight against COVID-19, the White House COVID-19 Task Force is using authorities made available in the DPA. The DPA gives the President the authority to work with the private sector to prioritize federal government contracts and to allocate materials to aid the national defense which includes emergency response and preparedness activities.

In recent Presidential Executive Orders and supplemental statements, the Secretaries of Health and Human Services and Homeland Security were directed to use DPA authorities to require a number of companies to accept, perform and prioritize federal contracts for ventilators and personal protective equipment. This authority gives HHS and FEMA the ability to prioritize contracts, allocate limited supplies, increase production of critical supplies and enter into voluntary agreements with industry partners.

These Departments can use DPA authorities to require private sector vendors to prioritize fulfillment and delivery of federal orders of critical items during an emergency, even if they have to delay or cancel contracts with other customers. They can also issue DPA allocation orders to ensure that the production and distribution of vital resources is done in compliance with U.S. Government policies. There are three types of allocation orders that can be used for COVID-19 response:

- A *Set-aside* requires a company to reserve resources in anticipation of receiving a priority-rated order.
- A *Directive* requires a company to take, or refrain from taking, certain actions to maintain the production of an item.



# FEMA



- An *Allotment* requires a company to specify the maximum quantity of materials, services or facilities authorized for a specific use.

The DPA also authorizes several types of financial incentives that can be used to help the COVID-19 response:

- Government can encourage increased production through purchase commitments and producers can sell inventory to any buyer.
- Government can allow private businesses to use government-owned equipment.
- Government can provide guaranteed loans, which require additional Congressional legislation.

Using DPA authorities, private industry and other stakeholders can enter into an agreement with the federal government and with each other that might otherwise be subject to antitrust laws. These agreements to coordinate and support COVID-19 response actions allow companies to expand production of PPE and coordinate treatment and quarantine during the COVID pandemic.

## DPA Authority Examples During COVID-19 Response

By rating contracts under the DPA, HHS is helping manufacturers like General Motors (GM) get the supplies they need to produce ventilators as quickly as possible, while also ensuring that these ventilators are routed through the Strategic National Stockpile to where they're needed most.

- On **April 13**, HHS [announced five new contracts](#) for ventilator production rated under DPA to General Electric, Hill-Rom, Medtronic, ResMed, and Vyaire.
- HHS [issued a contract to Philips](#) 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.
- HHS [issued a contract to GM](#) 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.
- The seven new ventilator contracts rated under the DPA announced by HHS this month will provide a total of 137,431 ventilators by the end of 2020.
- FEMA issued a DPA enabled production order to 3M for 10 million N95 respirators. The first shipment of this order arrived yesterday, **April 12**, and included approximately 600,000 masks. We intend to use this new source of N95s to both fill state requests of FEMA for support and to reinforce normal supply chain fills.

On Friday, April 3, President Trump issued "[Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use](#)" directing the Department of Homeland Security (DHS), FEMA, in consultation with HHS, to use the DPA to keep scarce medical resources within the United States for domestic use. Personal Protective Equipment (PPE) subject to this policy includes: N95 respirators, and a variety of other filtering respirators; air-purifying respirators; surgical masks; and, surgical gloves.

[FEMA and Customs Border Protection \(CBP\) are working together](#) to prevent domestic brokers, distributors, and other intermediaries from diverting these critical medical resources overseas. To accomplish this, CBP will detain shipments of the PPE specified in the President's Memorandum while FEMA determines whether to return the PPE for use within the United States, purchase the PPE on behalf of the United States, or allow it to be exported.

## Project Airbridge and DPA

In a separate line of effort to help get critical medical resources in the domestic supply chain, FEMA connected with private sector companies and is helping to get shipments from overseas manufacturers. [FEMA established an airbridge](#) to reduce the time it takes for U.S. medical supply distributors to receive their PPE and other critical supplies into the country for their respective customers. This airbridge is not executed under DPA authorities.

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

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Follow FEMA on social media at: [FEMA online](#), on Twitter [@FEMA](#) or [@FEMAEspañol](#), on [FEMA Facebook](#) page or [FEMA Español page](#) and at [FEMA YouTube](#) channel. Also, follow Administrator Pete Gaynor on Twitter [@FEMA\\_Pete](#).

## Mission

To help people before, during, and after disasters.

# Coronavirus (COVID-19) Pandemic Messaging and Resource Links

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - Wearing a cloth face mask in public is recommended when safe social distancing is difficult to maintain.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
- Recent studies indicate that the virus can be spread by people before they develop symptoms (pre-symptomatic) or people who never develop symptoms (asymptomatic).
  - [CDC's recent article](#) about an outbreak in a skilled nursing facility in King County, Washington, underscores the importance of social distancing to break the train of COVID-19 transmission, especially when there is spread from people who have no symptoms.
- CDC has [recommendations](#) for things you can do to support anxiety and stress management

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## CDC Respirator Guidance

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- CDC recognizes that—when N95 respirators are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include respirator use approved under international standards, similar to NIOSH-approved N95 respirators.
  - CDC has not approved methods to decontaminate disposable respirators prior to reuse.

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## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://www.fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

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## Community-Based Testing Sites

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- To date, federal Community-Based Testing Sites (CBTS) across 12 states have screened more than 69,300 individuals.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.

- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.
- The federal government is poised to ensure states are fully supported until they are ready to take over management of the CBTS program.

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## Defense Production Act

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- On April 8, the Department of Health and Human Services [announced the first contract for ventilator production rated under the Defense Production Act](#), to General Motors.
  - The rating of this contract under the DPA follows President Trump's direction to HHS Secretary Alex Azar to invoke the Defense Production Act with regard to GM's production of ventilators on March 27.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
- On April 2, President Trump invoked the Defense Production Act to increase ventilator production. The order directed the supply of materials to make ventilators to six companies.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.
- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provided federal departments with the authority to take actions implementing the DPA, if and as necessary. More information is available in the [DPA Fact Sheet](#).

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## FDA Ventilator Guidance

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- On **March 24**, the FDA issued an Emergency Use Authorization (EUA) for Ventilators, which allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
  - Assists health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- FDA provides information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during COVID-19 pandemic.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,637 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## FEMA Public Assistance: Eligible Emergency Protective Measures

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- Under the nationwide emergency declaration, FEMA may reimburse eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials. Some examples of eligible expenses outlined in the [fact sheet](#) include:
  - Management, control and reduction of immediate threats to public health and safety.
  - Emergency medical care
  - Medical sheltering (e.g. when existing facilities are reasonably expected to become overloaded in the near future and cannot accommodate needs).
  - Purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits movement of supplies and persons.
  - Communications of general health and safety information to the public.
  - Reimbursement for state, tribe, territory and/or local government force account overtime costs.
- While some activities listed may be eligible for funding through HHS/CDC, final reimbursement determinations will be coordinated by HHS and FEMA. FEMA will not duplicate any assistance provided by HHS/CDC).

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## FEMA Public Assistance: Non-Congregate Sheltering

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- Under the national emergency declaration, FEMA's Regional Administrators have been delegated authority to approve requests for non-congregate sheltering for the duration of the Secretary of Health and Human Services' declaration of a Public Health Emergency for COVID-19.
- FEMA recognizes that non-congregate sheltering may be necessary in this Public Health Emergency to save lives, to protect property and public health, and to ensure public safety, as well as to lessen or avert the threat of a catastrophe.
- FEMA has outlined criteria must be considered before setting up non-congregate sheltering and support services in an [online fact sheet](#) and [Q&A document](#).



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## FEMA Public Assistance: Private Nonprofit Organizations

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- Under the nationwide emergency declaration and subsequent major disaster declarations, [certain private non-profit \(PNP\) organizations](#) are eligible to apply for funding through FEMA's Public Assistance program.
  - If a government entity legally responsible to provide services to protect life, public health, and safety enters into an agreement with a PNP to provide those services (e.g., sheltering or food distribution). In these cases, Public Assistance funding is provided to the legally responsible government entity, which then pays the PNP.
  - In limited cases, PNPs that own or operate an eligible facility and perform eligible work to save lives or protect health and safety in response to the COVID-19 incident, such as providing emergency, medical or custodial care services for which they are legally responsible, may be eligible for reimbursement of costs as a Public Assistance applicant.
- For PNPs, operating costs (such as patient care and administrative activities) are generally not eligible even if the services are emergency services, unless the PNP performs an emergency service at the request of and certified by the legally responsible government entity.

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## FEMA Public Assistance: Simplified Application

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- FEMA is [simplifying the Public Assistance application and funding process](#) to address the magnitude of the COVID-19 event and allow local officials to receive eligible funding more quickly.
  - FEMA is developing a simplified online form that applicants can complete, and on which they may explain work activities, answer basic questions, provide limited supporting documentation, and provide a cost estimate.
  - FEMA and the recipient will review this information, follow up with limited requests for additional information if necessary, and award assistance. Recipients will have access to all projects in [PA Grants Portal](#), consistent with the traditional PA process.
- Eligibility guidance on what FEMA can fund will be updated on the [Public Assistance Policy, Guidance, and Factsheets page on FEMA.gov](#) and the COVID-19 page on [FEMA.gov](#). Application support and tutorials are available on the resource tab in PA Grants Portal.

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## FEMA Suspends Temporary Housing Rent Collection

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- On April 8, FEMA announced suspension of rent payment for disaster survivors living in FEMA-purchased temporary housing units in California, Florida, North Carolina and Texas due to the coronavirus (COVID-19) pandemic.
  - The suspension applies to April, May and June rent only. Rent collection is expected to resume July 1.
  - FEMA will mail a letter to all affected survivors about their rent suspension.
- Survivors who have insurance benefits that provide coverage for additional living expenses are required to pay rent to FEMA up to the FMR or the amount of these benefits (whichever is less) to prevent a duplication of benefits with insurance that is prohibited by law. Survivors making these payments are required to continue making them until their additional living expense benefits are exhausted.

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## Flood Insurance Grace Period for Policy Renewals

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- To help serve National Flood Insurance Program (NFIP) customers who may be experiencing financial hardships due to impacts of the COVID-19 pandemic, [FEMA is extending the grace period to renew flood insurance policies](#) from 30 to 120 days.
  - This extension applies to NFIP flood insurance policies with an expiration date between February 13 and June 15, 2020.
  - For more information about renewing flood insurance policies or resolving an underpayment, policyholders can contact their insurance carriers or call the National Flood Insurance Program Call Center at 1-877-336-2627.

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## Help for Businesses

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- On April 3, the Small Business Administration Paycheck Protection Program began offering nearly \$350 billion in loans to small businesses. More than 17,500 loans valued at over \$5.4 billion were approved on the first day of the Paycheck Protection Program.
  - If an employer maintains their workforce, the SBA will forgive the portion of the loan used to cover the first eight weeks of payroll and certain other expenses.
  - In addition to its traditional loan programs, the SBA is also providing Economic Injury Disaster Loans and forgiveness for up to six months of new and existing loans.
- The U.S. Department of Labor [announced the availability of up to \\$100 million for Dislocated Worker Grants](#) to help address the workforce-related impacts related to COVID-19.

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## Help for Individuals and Families

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- Coping with stress: CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.
- The Substance Abuse and Mental Health Services Administration's National Disaster Distress Line is available to anyone experiencing emotional distress related to a disaster, including COVID-19. Those in need of emotional support can call 1-800-985-5990 or text TalkWithUs to 66746 to be connected to a trained, caring counselor. The deaf or hard of hearing can access the helpline by text or using their preferred relay service. Spanish Speakers can call 1-800-985-5990 and press "2". From the 50 states, text Hablanos to 66746, those in Puerto Rico, text Hablanos to 1-787-339-2663.
- If you or a loved one need help, call the National Domestic Violence Hotline at 1-800-799-7233.
- The U.S. Department of Housing and Urban Development [issued a moratorium on foreclosures and evictions](#) for single family homeowners with FHA-insured mortgages for the next 60 days.
- The U.S. Department of Agriculture is delivering one million meals per week to children in rural areas who are out of school.
- The U.S. Department of Education [announced all borrowers with federally held student loans will have zero interest rates for at least 60 days](#). Additionally, these borrowers will have the option to suspend their payments for at least two months to allow them greater flexibility.

- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected.](#)” This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.

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## How to Help the Whole-of-America Response

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- How to help: FEMA has information on how both the public and private sector can help. For more information, visit the page: [fema.gov/coronavirus/how-to-help](https://www.fema.gov/coronavirus/how-to-help)
- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](https://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
- To sell medical supplies or equipment to the federal government, please submit a price quote under the [COVID-19 PPE and Medical Supplies Request for Quotation.](#)
- Licensed medical volunteers can offer their services by registering with [the Emergency System for Advance Registration of Volunteer Health Professionals](#). You can access a direct link to do so through [fema.gov](https://fema.gov).
- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [www.aabb.org/giveblood](https://www.aabb.org/giveblood).

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## Hydroxychloroquine/Chloroquine

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- HHS continues to speed the development of therapies derived from human blood that have the potential to lessen the severity or shorten the length of the illness.
- FDA issued fact sheets [Emergency Use Authorization of hydroxychloroquine sulfate](#) and [Emergency Use Authorization of chloroquine phosphate](#) to treat certain hospitalized patients
  - Hydroxychloroquine sulfate and chloroquine phosphate are oral prescription drugs approved to treat malaria and other diseases but both drugs have shown activity in laboratory studies against coronaviruses, including SARS-CoV-2 (the virus that causes COVID-19) and anecdotal reports suggest that these drugs may offer some benefit in the treatment of hospitalized COVID-19 patients.
- [HHS accepted](#) 30 million doses of hydroxychloroquine sulfate donated by Sandoz and one million doses of chloroquine phosphate donated by Bayer Pharmaceuticals for possible use in treating patients hospitalized with COVID-19 or for use in clinical trials.

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## National Guard Activation Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states’ use of their National Guard forces.
  - Federally funded under Title 32, governors command their National Guard forces, enabling states to use the additional resources to meet missions necessary in the COVID-19 response.

## CORONAVIRUS (COVID-19) MESSAGING AND RESOURCES

- Each state's National Guard is still under the authority of the governor, while working in concert with the Department of Defense.
- The President will consider Title 32 requests from states and territories based on the following:
  - A state or territory must have been approved for a Major Disaster or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - Requests for reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for National Guard orders up to 31 days. These duty orders must be effective no later than two weeks from the date of the authorizing Presidential Memorandum on April 6.
  - This approach allows National Guard members to receive the additional benefits associated with 31-day deployments as well as allow each state additional time to issue new orders.
  - To implement this change, FEMA will work with the Department of Defense to modify all of the existing mission assignments to include this language, and to extend the end date appropriately.
  - The Administration will continue to work with states approved for 100 percent cost share to assess whether an extension of this level of support is needed.

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### Procurement Under Grants: Exigent or Emergency Circumstances

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- FEMA recognizes that Recipients and Subrecipients of financial assistance may face exigencies or emergencies when carrying out a FEMA award during the COVID-19 pandemic.
- This [fact sheet](#) provides key information for SLTTs to consider when utilizing contracted resources under exigent or emergency circumstances.

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### Project Airbridge

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- To efficiently maintain the country's existing medical supply chain infrastructure, FEMA is supplementing – not supplanting – the supply chain through a variety of strategies, including Project Airbridge.
- Project Airbridge was created to shorten the amount of time it takes for U.S. medical supply distributors to get Personal Protective Equipment and other critical supplies into the country for their respective customers.
- FEMA is doing this by covering the cost to fly supplies into the U.S. from overseas factories, cutting the amount of time it takes to ship supplies from weeks to days.

## CORONAVIRUS (COVID-19) MESSAGING AND RESOURCES

- FEMA is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future.
- As part of the current agreement with distributors, 50 percent of the supplies on each plane are directed by the distributors to customers within hotspot areas with the most critical needs for those supplies.
  - These areas are determined by HHS and FEMA based on CDC data.
  - The remaining 50 percent is fed into that distributors' normal supply chain and onto their customers in other areas across the U.S.

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## Strategic National Stockpile

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- FEMA planning assumptions acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at state and tribal levels.
  - H.R. 748, "the Coronavirus Aid, Relief, and Economic Security Act" (CARES Act) allocates \$27 billion for vaccine development, to include \$16 billion designated to replenish the SNS.
- Under joint direction of FEMA and HHS, the SNS is in the process of deploying remaining personal protective equipment in its inventory.
  - Shipments are being sent nationwide with prioritization given to areas in greatest need.

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## Supply Chain Task Force

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- The Supply Chain Stabilization Task Force is executing a whole-of-America approach to address limited supply of critical protective and life-saving equipment.
- The task force's primary effort is to increase the supply of medical supplies and equipment to healthcare workers on the front line.
- Through the National Response Coordination Center, the task force is working to find critical resources to meet urgent demand as well as increase the overall level of surge support to "hot spots" as they arise.
- In addition, the task force is engaging manufacturers, distributors and healthcare networks to increase supply chain long-term.
- Supply is executed through a four-pronged approach to rapidly increase supply today and expand domestic production of critical resources to increase supply long-term:
  - Preservation through reducing PPE usage, implementing ways to safely decontaminate and reuse PPE, and using non-disposable PPE.
  - Acceleration of industrial manufacturing and distribution.
  - Expansion via increased production capacity by private sector of critical supplies through retooling of assembly lines and partnerships where manufacturing capacity exists.
  - Allocation of supplies to get to the right place at the right time using data-informed prioritization recommendations for private industry to inform supply distribution network.

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## Tribal Information

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- A tribal government may choose to receive assistance under the national emergency declaration:

## CORONAVIRUS (COVID-19) MESSAGING AND RESOURCES

- As a Subrecipient under a state: All states are Recipients for Public Assistance; tribes have the option of working with the state(s) that they are located in and requesting assistance as a Subrecipient; or
- As a Recipient: Each tribe has the option of signing a FEMA-Tribe Agreement and becoming a Recipient.
- Tribes that are Recipients will have a direct relationship with FEMA and will receive assistance autonomously from the state or states in which they are located.
- Tribal governments can express their intent to seek FEMA Public Assistance by notifying the FEMA Regional Administrator in the FEMA regional office in which the tribal government seat is located. More information may be found in the [COVID-19 FEMA Assistance for Tribal Governments fact sheet](#).



**PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE  
UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT**

## ▶ PAID LEAVE ENTITLEMENTS

## ► ELIGIBLE EMPLOYEES

► **QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19**

<ol style="list-style-type: none"> <li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li> <li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li> <li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li> <li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li> </ol>	<ol style="list-style-type: none"> <li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li> <li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li> </ol>
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## ► ENFORCEMENT



# Families First Coronavirus Response Act (FFCRA) Leave Request Packet

## Important Notes:

- Prior to completing these forms, please review Families First Coronavirus Response Act – Families First Coronavirus Act poster.
- Prior to requesting leave under the FCCRA, your supervisor must confirm that there is no work-at-home option available for you, if applicable.
- Leave taken under the FFCRA must be taken between April 1-Dec. 31, 2020.
- Your SCEIS number can be found on your paystub and on the “My Profile” tile in SCEIS Central.
- Only submit these forms through agency-approved communications or delivery channels such as secure work email, fax or mail. If you have any questions about how to utilize the agency’s secure delivery channels, please contact Nathan Hogue at [Nathan.hogue@admin.sc.gov](mailto:Nathan.hogue@admin.sc.gov).
- These forms should only be used to request leave offered through the FFCRA. Requests for other Family and Medical Leave Act (FMLA) leave should be requested using the FMLA request process, which can be found here by contacting the Office of Administrative Services – Human Resources (Admin HR) at 803-737-4272 or emailing [HR@admin.sc.gov](mailto:HR@admin.sc.gov).

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

## Instructions:

This packet provides instructions on submitting requests to take leave available under the “Families First Coronavirus Response Act” (FFCRA or Act) which contains the following paid leave types related to the 2019 novel coronavirus (COVID-19):

- **Emergency Paid Sick Leave Act:** Provides up to 80 hours of paid sick leave for employees for six qualifying reasons related to COVID-19.
  - Reason One: The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID–19. (Leave provided at regular rate of pay up to \$511.00 per day.)
  - Reason Two: The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19. (Leave provided at regular rate of pay up to \$511.00 per day.)
  - Reason Three: The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis. (Leave provided at regular rate of pay up to \$511.00 per day.)
  - Reason Four: The employee is caring for an individual who is subject to an order as described in subparagraph 1 or has been advised as described in reason 2. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
  - Reason Five: The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID–19 precautions. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
  - Reason Six: The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
- **Emergency Family and Medical Leave Expansion Act (EFMLA):** Expands the federal Family and Medical Leave Act to provide leave for employees who are unable to work, including work-from-home, as a result of having to care for a minor child due to a COVID-19 related closure of a school or child care center.

If you are requesting leave related to the Emergency Paid Sick Leave Act, please complete Form A. Leave may be taken in one-hour increments. Intermittent leave may only be taken if you are taking Emergency Paid Sick Leave for reason number five listed on the next page and you are physically reporting to the worksite. If you are working from home, intermittent leave can be used for any allowable reason.

If you are requesting leave related to the Emergency Family and Medical Leave Expansion Act (EFMLA), please complete Form B. Leave may be taken in one-hour increments.

Emergency Paid Sick Leave may be taken concurrently with EFMLA. If you are requesting both types of leave for the same time period, please complete Form A and Form B.

If the type of leave taken replaces only a portion of your salary, you may elect to use other types of leave (i.e. sick leave, compensatory leave and annual leave) to replace the portion of your salary not covered by the Emergency Paid Sick Leave or EFMLA leave. If you would like to use supplemental leave for this reason, please complete Form C.

**Form A: Emergency Paid Sick Leave Request Form**  
**Page One of Three**

<b>Name:</b>	
<b>SCEIS/Employee Number:</b>	
<b>Today's Date:</b>	

*Enter the dates of Emergency Paid Sick Leave requested and the number of hours requested for each day in the table below. For whole days of leave, enter "N/A" in the right column.*

*You may submit a single request for multiple dates so long as the entire period of leave is for the same reason as indicated on the following page.*

*For example, if you are requesting leave for an entire workweek, enter the dates of leave in the left column and "N/A" in the right column as shown below.*

Date(s) of Requested Leave	Leave Hours Requested (For full day requests enter N/A)
<i>Example: April 6-April 11, 2020</i>	N/A

*If you are requesting leave for a partial day, enter the date(s) in the left column and the number of hours taken in the right column as shown below.*

Date(s) of Requested Leave	Leave Hours Requested (For full day requests enter N/A)
<i>Example: April 14, 2020</i>	4

**Enter Leave Request Here:**

Date(s) of Requested Leave	Leave Hours Requested (For full day requests enter N/A)

**Note:** Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

On the next page, indicate the reason Emergency Paid Sick Leave is being requested and attach the indicated documentation as appropriate.

**Form A: Emergency Paid Sick Leave Request Form**  
**Page Two of Three**

In order to request Emergency Paid Sick Leave you must be unable to work or telework because of a COVID-19 qualifying reason. Please check "yes" below to confirm that you are unable to work or telework because of a COVID-19 qualifying reason.

- ☐ Yes
- ☐ No

In addition, you must indicate for which of the allowable reasons listed below Leave is Being Taken (check one):

- ☐ Reason One: The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID-19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- ☐ Reason Two: The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- ☐ Reason Three: The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Leave provided at regular rate of pay up to \$511.00 per day.)
- ☐ Reason Four: The employee is caring for an individual who is subject to an order as described in subparagraph 1 or has been advised as described in reason 2. (Leave provided at two-thirds the employees' regular rate of pay to \$200.00 per day.)
- ☐ Reason Five: The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions. (Leave provided at two-thirds the employees' regular rate of pay to \$200.00 per day.)
- ☐ Reason Six: The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (Leave provided at two-thirds the employees' regular rate of pay to \$200.00 per day.)

**Required Documentation:** Documentation supporting the need and reason for leave should be attached to this form. Descriptions of the documentation that must be provided are on the following page.

**Form A: Emergency Paid Sick Leave Request Form**  
**Page Three of Three**

Reason for Leave	Required Documentation
Reason One: The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID-19.	The name of the government entity that issued the quarantine or isolation order to which the employee is subject, confirmation from the employee's supervisor that the employee is not required to physically report to work, that all work-at-home options have been explored and there is no option for the employee to work from home. <i>(Note – if leave is being taken subject to an order of the South Carolina Governor, you need not provide the name of the government entity which issued the order.)</i>
Reason Two: The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.	The name of the health care provider who advised the employee to self-quarantine for COVID-19 related reasons.
Reason Three: The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.	Confirmation of a doctor's appointment or a written statement from the employee confirming he or she is experiencing applicable symptoms and describing the affirmative steps the employee has taken to obtain a medical diagnosis. A statement that no suitable arrangements can be made for the employee to work from home.
Reason Four: The employee is caring for an individual who is subject to an order as described in reason 1 or has been advised as described in reason 2.	(1) The government entity that issued the quarantine or isolation order to which the employee is subject or (2) the name of the health care provider who advised the individual to self-quarantine, depending on the precise reason for the request. A statement that no suitable arrangements can be made for the employee to work from home.
Reason Five: The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.	(1) The name of the child being cared for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested leave and that no suitable arrangements can be made for the employee to work from home.
Reason Six: The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (Leave provided at two-thirds the employees' regular rate of pay to \$200.00 per day.)	If leave is being taken for this reason, please contact (Admin HR) at 803-737-4272 or emailing <a href="mailto:HR@admin.sc.gov">HR@admin.sc.gov</a> .



## Form B: Emergency Family and Medical Leave Expansion Act Leave – Request Form

*This form should only be used for leave requested under the EFMLA. Leave taken under other provisions of the FMLA should be requested in accordance with the FMLA procedure.*

<b>Name:</b>	
<b>SCEIS/Employee Number:</b>	
<b>Today's Date:</b>	

*Enter the dates of Emergency Family and Medical Leave Expansion Act requested and the number of hours requested for each day in the table below. For whole days of leave, enter "N/A" in the right column.*

*You may submit a single request for multiple dates.*

*For example, if you are requesting leave for an entire workweek, enter the dates of leave in the left column and "N/A" in the right column as shown below.*

Date(s) of Requested Leave	Leave Hours Requested (For full day requests enter N/A)
<i>Example: April 6-April 11, 2020</i>	N/A

*If you are requesting leave for a partial day, enter the date(s) in the left column and the number of hours taken in the right column as shown below.*

Date(s) of Requested Leave	Leave Hours Requested (For full day requests enter N/A)
<i>Example: April 14, 2020</i>	4

### **Enter Leave Request Here:**

Date(s) of Requested Leave	Leave Hours Requested (For full day requests enter N/A)

**Required Documentation:** (1) The name of the child being cared for; (2) the name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons; and (3) a statement representing that no other suitable person is available to care for the child during the period of requested leave and that no suitable arrangements can be made for the employee to work from home.

**Note:** Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

**Form C: Emergency Paid Sick Leave and Emergency Family and Medical Leave Expansion Act (EFMLA) Leave Supplemental Leave – Request Form**

<b>Name:</b>	
<b>SCEIS/Employee Number:</b>	
<b>Today's Date:</b>	

The pay provided under the Emergency Paid Sick Leave Act and EFMLA may be less than your normal rate of pay. This is because of limitations on the pay rate which will be paid under these leave types or because of daily or aggregate limits which may apply. In this situation, you may use available accrued leave (i.e. sick leave, annual leave and compensatory time) to augment leave taken pursuant to the Emergency Paid Sick Leave Act and EFMLA to increase the pay received up to your regular salary rate. Only accrued leave that you have available as of the date the Emergency Paid Sick Leave or EFMLA leave may be taken. You may check your leave balances through SCEIS Central.

Would you like to use accrued leave to augment leave taken pursuant to the Emergency Paid Sick Leave Act or the Emergency Family and Medical Leave Expansion Act to increase your paid leave up to your regular salary rate?

- ☐ Yes
- ☐ No

If you answered yes to the question above, you must indicate which leave types will be used.

It is recommended that leave be applied in the following order in the amount necessary to bring the employee's pay up to their regular rate of pay until that leave type is exhausted, and then move on to the next leave type.

1. Sick Leave (including advanced sick leave)
2. Compensatory Time (including holiday compensatory time)
3. Annual Leave

Would you like your leave applied in this way?

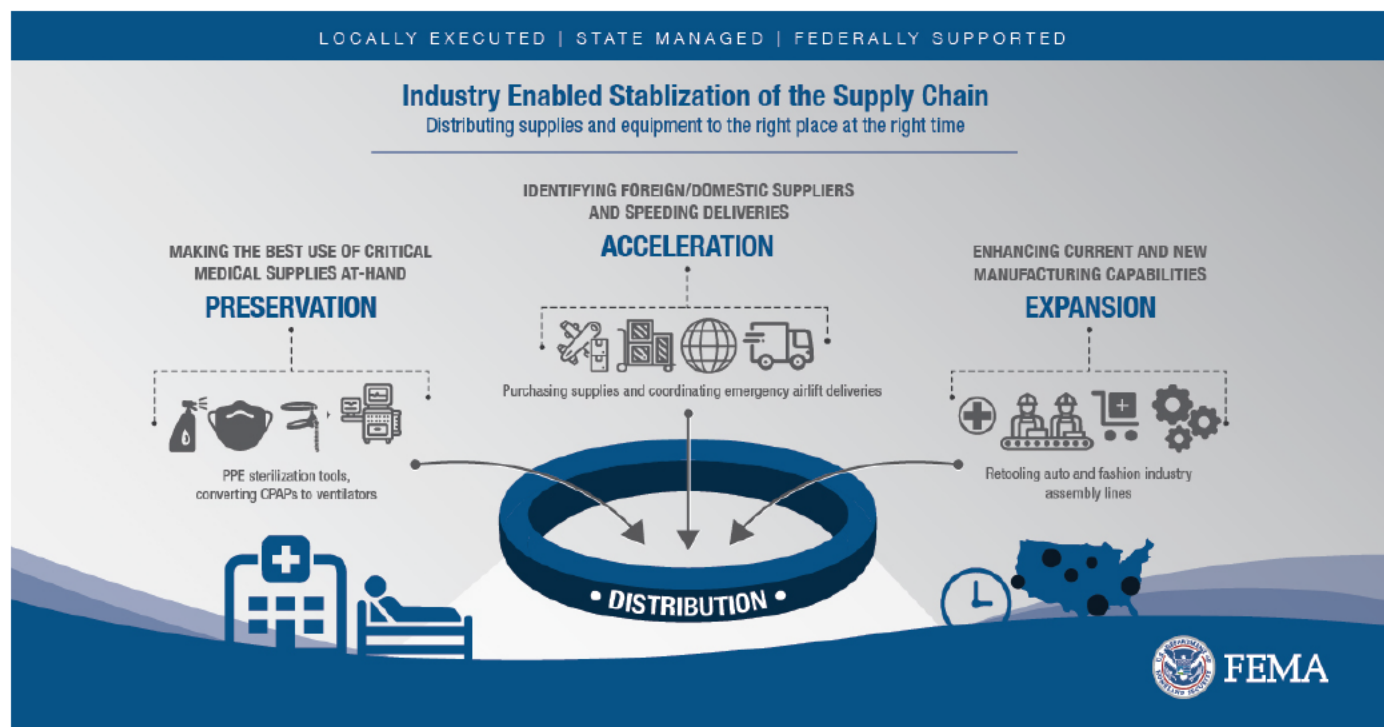
- ☐ Yes
- ☐ No

If you answered no to the question above, you must indicate the amount and type of leave you would like to take. You may not take leave beyond the amount which results in your regular rate of pay.

For assistance in calculating this amount please contact (Admin HR) at 803-737-4272 or emailing [HR@admin.sc.gov](mailto:HR@admin.sc.gov).

# Coronavirus (COVID-19) Pandemic: Supply Chain Stabilization

The Supply Chain Task Force continues executing a strategy maximizing the availability of critical protective and lifesaving resources through FEMA for a whole-of-America response. Efforts to date have focused on reducing the medical supply chain capacity gap to both satisfy and relieve demand pressure on medical supply capacity. The task force is applying a four-prong approach of Preservation, Acceleration, Expansion and Allocation to rapidly increase supply today and expand domestic production of critical resources to increase supply long-term.



The **preservation** line of effort focuses on providing federal guidance to responders and the non-medical sector, such as public service (police, fire, EMT), energy distribution and the food industry on how to preserve supplies when possible, to reduce impact on the medical supply chain.

The **acceleration** line of effort provides direct results to help meet the demand for personal protective equipment PPE through the industry to allow responders to get supplies they need as fast as possible.



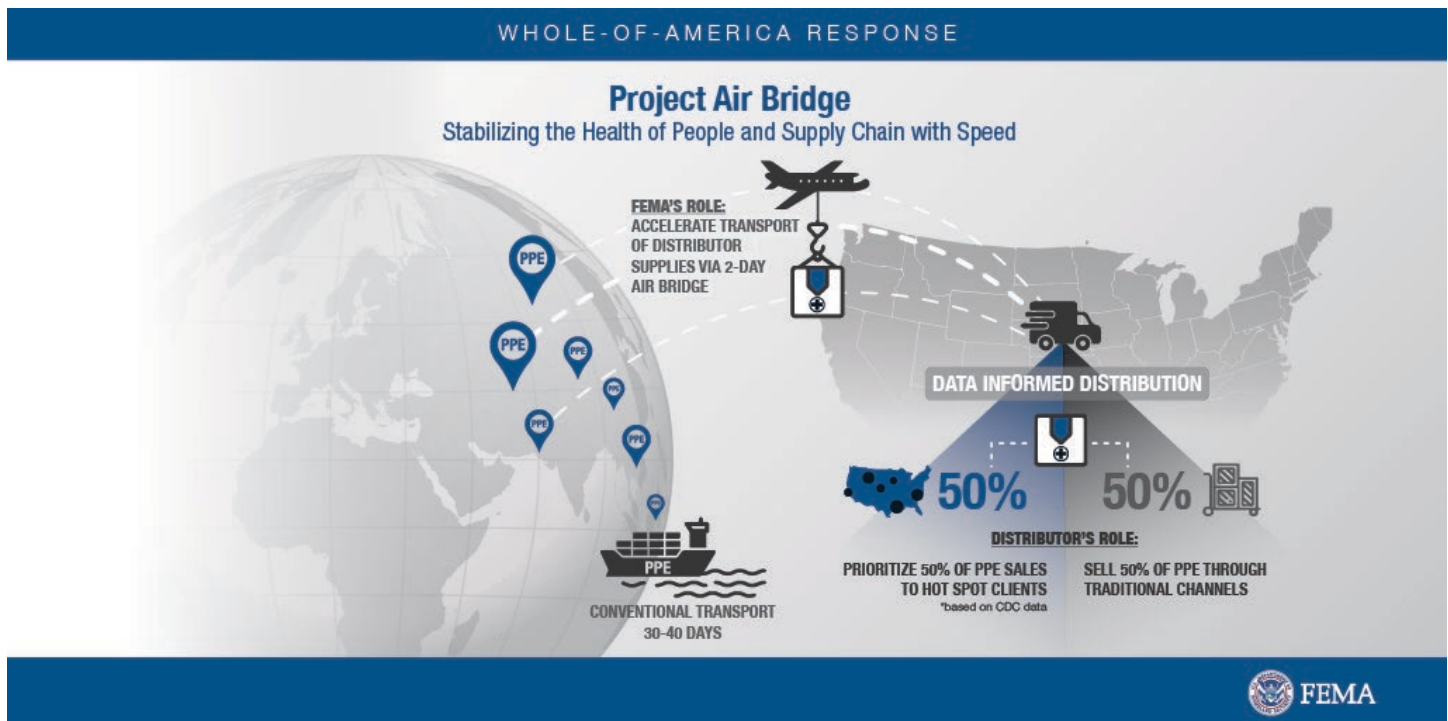
FEMA

The **expansion** line of effort is charged with generating capacity with both traditional and non-traditional manufacturers, such as adding machinery or by re-tooling assembly lines to produce new products.

The **allocation** of supplies facilitates the distribution of critically needed PPE to "hot spots" for immediate resupply. States report on supplies and can request assistance when they experience a shortage.

The Supply Chain Task Force is working with the major commercial distributors to facilitate the rapid distribution of critical resources in short supply to locations where they are needed most. This partnership enables FEMA and its federal partners to take a whole-of-America approach to combatting COVID-19. The task force is providing distributors with up-to-date information on the locations across the country hardest hit by COVID-19 or in most need of resources now and in the future. The distributors have agreed to focus portions of their distributions on these areas in order to alleviate the suffering of the American people.

A key example of this partnership in action is Project Airbridge. The airbridge was created to reduce the time it takes for U.S. medical supply distributors to receive PPE and other critical supplies into the country for their respective customers. FEMA covers the cost to fly supplies into the U.S. from overseas factories, reducing shipment time from weeks to days.



Overseas flights arrive at operational hub airports for distribution to hotspots and nationwide locations through regular supply chains. Flight arrivals do not mean supplies will be distributed in the operational hub locations. Per agreements with distributors, 50 percent of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50 percent is fed into distributors' normal

supply chain to their customers in other areas nationwide. HHS and FEMA determine hotspot areas based on CDC data.

Working together, we can efficiently distribute these vital resources to hospitals, nursing homes, long-term care facilities, pre-hospital medical services, state and local governments, and other facilities critical to caring for the American people during this pandemic.

## Contact Us

If you have any questions, please contact 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)
- Intergovernmental Affairs at (202) 646-3444 or at [FEMA-IGA@fema.dhs.gov](mailto:FEMA-IGA@fema.dhs.gov)
- Tribal Affairs at (202) 646-3444 or at [FEMA-Tribal@fema.dhs.gov](mailto:FEMA-Tribal@fema.dhs.gov)
- Private Sector Engagement at (202) 646-3444, at [nbeoc@max.gov](mailto:nbeoc@max.gov).

## Follow Us

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Also, follow Administrator Pete Gaynor on Twitter [@FEMA\\_Pete](#).

## FEMA Mission

To help people before, during, and after disasters.

# Coronavirus (COVID-19) Pandemic:

## Community-Based Testing Sites Transition

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The Department of Health and Human Services and the FEMA worked with state and local partners to establish Community-Based Testing Sites (CBTS) in CDC-prioritized locations across the country. The CBTS model was developed for states, local public health agencies, healthcare systems, and commercial partners as they work together to stop the spread of coronavirus (COVID-19) in their communities, focusing initially on healthcare facility workers and first responders.

The CBTS model has been a profound success, screening over 84,800 individuals; testing over 77,000 individuals; and having a COVID positive rate of approximately 20% - meaning that the CBTS are testing the right individuals at the right time. Since the onset, we have also led technological advances, such as the validation of nasal self-swabbing, which has minimized the need for trained health professionals and personal protective equipment.

As a result of these advances, many states have indicated that they want to fully transition the CBTS to state control, allowing more flexibility in testing and reporting. Many states have already begun transitioning these programs, and other states have implemented testing sites based on the CBTS model.

Therefore, the federal CBTS Task Force is working with states to clarify whether sites want to continue as they are now, or transition to full state control. Under state control, CBTS sites would still receive technical assistance from the federal government and be able to request supplies through the normal FEMA systems.

The CBTS Task Force will continue to work closely with the states and FEMA Regions to ensure a successful transition and ensure that each state has the flexibility and autonomy to manage and operate testing sites within the needs of their specific community.

### Transition Plan

The federal government will continue supporting each site through the transition process to ensure that the states can fully manage and operate their CBTS program independently. This includes providing each site with enough supplies to continue to operate for 7-14 days after the agreed upon transition date.

Potential advantages of a fully state-managed site include:

- The opportunity for the states to better serve their own communities, while leveraging federal support to augment their state's success.
- The potential to expand patient throughput to >250 per day, use a credentialed provider of their choice, and route patient samples to a lab of their choice.
- The ability to use a locally run call center or the regular state notification processes for public health results.



# FEMA



## Responsibilities

The USPHS Commissioned Corps officers onsite (1-3 per location) will work with the site manager to plan for and complete the transition checklist and will verify that the site is ready for transition to the state. Once the sites are transitioned to the states, each state will be responsible for:

- Assuming responsibility for staffing their sites to ensure quality control, safety, biohazard waste management, and security;
- Assuming responsibility for the credentialed provider to order the labs;
- Procuring and managing their own cadre of supplies (e.g., personal protective equipment, test kits, etc.); requests for continued federal support should be made through the normal FEMA process
- Contracting for lab testing; and
- Managing patient notification process for results, while maintaining patient privacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

After transition, states can choose to source testing kits and supplies through their standard ordering process or to request assistance from FEMA using the standard Resource Request Process through the appropriate FEMA Region.

## Eligibility for Reimbursement under FEMA's Public Assistance Program

States may also seek reimbursement for eligible expenses associated with running their sites through FEMA's Public Assistance program. In general, activities local and state governments are conducting at CBTS are eligible for reimbursement under the Public Assistance program, subject to a cost share. Costs should be reasonable and necessary to address the public health needs of the event and all costs incurred should be documented. More information on what COVID-19 activities are eligible for reimbursement under the Public Assistance Program can be found in the [COVID-19 Pandemic: Eligible Emergency Protective Measures fact sheet](#) and the [COVID-19 Pandemic: Emergency Medical Care fact sheet](#). Information on how to apply is available in the [COVID-19 Pandemic: Public Assistance Simplified Application fact sheet](#). More information on contracting and procurement can be found in the [Procurement Under Grants: Under Exigent or Emergency Circumstances fact sheet](#).

## Contact Us

If you have any questions, please contact 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)
- Intergovernmental Affairs at (202) 646-3444 or at [FEMA-IGA@fema.dhs.gov](mailto:FEMA-IGA@fema.dhs.gov)
- Tribal Affairs at (202) 646-3444 or at [FEMA-Tribal@fema.dhs.gov](mailto:FEMA-Tribal@fema.dhs.gov)
- Private Sector Engagement at (202) 646-3444 or at [nbeoc@max.gov](mailto:nbeoc@max.gov).

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Also, follow Administrator Pete Gaynor on Twitter [@FEMA\\_Pete](#).

## FEMA Mission

To help people before, during, and after disasters.

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

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Attached you will find today's FEMA Daily Briefing Points 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 Airbridge](#).
- 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 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.

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

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## FEMA Mission

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# Coronavirus (COVID-19) Pandemic

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## Joint FEMA-CBP Statement on Export of Critical PPE

On Friday, April 3, President Trump issued “[Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use](#)” directing the Department of Homeland Security (DHS), through the Federal Emergency Management Agency (FEMA), in consultation with the U.S. Department of Health and Human Services (HHS), to use the Defense Production Act to keep scarce medical resources within the United States for domestic use. Personal Protective Equipment (PPE) subject to this policy includes: N95 respirators, and a variety of other filtering respirators; air-purifying respirators; surgical masks; and, surgical gloves.

FEMA and CBP are working together to prevent domestic brokers, distributors, and other intermediaries from diverting these critical medical resources overseas. To accomplish this, CBP will detain shipments of the PPE specified in the President’s Memorandum while FEMA determines whether to return the PPE for use within the United States; to purchase the PPE on behalf of the United States; or, allow it to be exported

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## FEMA Mission

To help people before, during, and after disasters.



# FEMA

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Wednesday, April 1, 2020

**"OUR STRENGTH WILL BE TESTED AND OUR ENDURANCE WILL BE TRIED, BUT AMERICA WILL ANSWER WITH LOVE AND COURAGE AND IRONCLAD RESOLVE. THIS IS THE TIME FOR ALL AMERICANS TO COME TOGETHER AND DO OUR PART."**

**- PRESIDENT DONALD J. TRUMP**

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of America response to fight the COVID-19 pandemic and protect the public.
- The health and safety of the American people are our top priority.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA coordinated an air bridge for flights from Asia beginning Sunday, March 29 which delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - The second flight landed in Chicago on March 30; and, one landed in Miami last night and another in New York this morning. FEMA has scheduled additional flights and is adding more daily.
  - Each flight will contain critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Upon arrival, the PPE will be provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.



- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 10,469 total ventilators available, which includes 9,404 in the Strategic National Stockpile and 1,065 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- Over the next 24 hours, FEMA and HHS will deliver ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (300), Illinois (150), Connecticut (50) and Louisiana (150).
- Thirty states and 12 tribes have issued stay at home orders.

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## Medical Hotspots

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### Metro New York/New Jersey

- FEMA and HHS are working with the Governor of New York, and New York City officials to set up a medical station at the Javits Center in Manhattan to supplement local healthcare capabilities.
  - The Javits Center is now operational with 1,000 medical beds. Phase two began March 31 for an additional 2,000 beds. The estimated completion date is April 8.
  - The station will care for patients with non-COVID-19 healthcare needs.
  - Additional temporary hospital sites are being worked, including a 600-bed capacity nursing home facility in Brooklyn, and numerous floors of a high-rise building on Wall Street.
- The USNS Comfort is at Pier 90 in New York City and began operations Tuesday.
  - The Comfort is equipped with 12 operating rooms, 1,000 hospital beds, a medical laboratory, a pharmacy, an optometry lab, digital radiology services, a CAT-scan, two oxygen producing plants, a helicopter deck and a crew of nearly 1,200 U.S. military personnel.
  - The crew onboard will provide critically needed medical surge capacity for New York Metropolitan area. Their mission will be to care for patients who do not have COVID-19, but who require urgent medical care.
  - FEMA is working with HHS and New York to coordinate treatment of New Jersey non-COVID-19 patients.
- FEMA issued a \$350 million Mission Assignment to the U.S. Army Corps of Engineers for construction of additional alternate care facilities in New York. Four sites have been selected.
  - The U.S. Army Corps of Engineers awarded contracts for three New York state priorities for alternate care facility conversions at State University (SUNY) Stony Brook, SUNY Old Westbury, and for the Westchester Community Center.
  - In total, the alternative care facilities in New York will expand hospital capacity by approximately 6,000 beds.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- At the request of New York State, FEMA issued a \$6 million Mission Assignment to HHS to provide round the clock medical staff to care for non-critical patients in the state.
- Supplies from the Strategic National Stockpile were delivered for distribution to medical facilities in the most impacted areas. Supplies delivered include 2,000 ventilators for the State and 2,400 ventilators for New York City.
  - Total medical supplies and equipment provided to New York include 1,096,922 N95 respirators, 1,836,891 surgical masks, 365,295 face shields, 219,811 surgical gowns, 8,059 coveralls, 1,435,129 gloves, and 4,400 ventilators.
  - Medical supplies and equipment provided to the State of New Jersey include 290,055 N95 respirators, 689,980 surgical masks, 139,144 face shields, 113,935 surgical gowns, 3,848 coveralls, 591,269 gloves, 200 ventilators and 1,250 Federal Medical Station beds.
- Requests currently being processed include 250 ambulances for New York City and assistance from the Disaster Mortuary Operational Response Team (DMORT) for 85 refrigerated storage units and mortuary affairs teams.
  - The Office of the Assistant Secretary for Preparedness and Response has deployed two subject matter experts from the DMORT to NYC to serve as consultants for mortuary affairs and to help identify federal support needed in the area.
- As of March 31, FEMA has obligated \$1.1 billion in federal support to the state of New York and \$229 million in federal support to the state of New Jersey.

### California

- The U.S. Army Corps of Engineers has completed the assessment of eight state-selected facilities to develop large-scale, supplemental hospital space as the state works to expand existing hospital capacity by up to 50,000 beds.
- The USNS Mercy hospital ship is operational and receiving patients in Los Angeles. It has 1,000 hospital beds available to help relieve strains on local hospital systems.
- Supplies from the Strategic National Stockpile have arrived in California and are being distributed to medical facilities throughout the state.
- FEMA completed the sale of 105 travel trailers to the state to support a State COVID-19 housing initiative for impacted individuals.
- On March 29, the first of eight Federal Medical Stations initiated operations.
- As of March 31, FEMA had obligated \$862 million in federal support for the state of California, including \$468 million to the state to reimburse costs related to the COVID-19 response.

### Washington

- Department of Defense sourced the 627th Hospital Center/10th Field Hospital to support COVID-19 response in Washington.
  - The field hospital includes 148 bed capacity with ability to increase to 250 beds and 366 trained medical personnel. Expect to be fully operational by April 7.
- Field hospital/alternate medical facility assessments are underway in Washington.
  - As of March 31, USACE has completed five alternate care site assessments. The acute care site at Century Link Event Center is anticipated to open by April 7.

- Teams are comprised of members from DOD, USACE, FEMA, HHS, and state, county, and local officials.
- As of March 31, FEMA has obligated \$222 million in federal support for the state of Washington.

## New Orleans, Louisiana

- Three Community Based Testing Sites are open and operational in New Orleans.
- An epidemiology team from the Centers for Disease Control and Prevention (CDC) arrived at the Louisiana Emergency Operations Center on March 26.
- Additional support being sent to the state to increase state hospital capacity includes two 250-bed Federal Medical Stations and U.S. Army Corps of Engineers support for assessment and evaluation of alternative care facilities.
  - A 3,000-bed alternate care site is being established at the New Orleans Convention Center to be operational by April 2.
- As of March 31, FEMA has obligated \$44.2 million in federal support for the state of Louisiana for the response to COVID-19.

## Washington D.C. Metro Area (Washington, D.C., Maryland and Virginia)

- FEMA delivered a 250-bed Federal Medical Station package to the state of Maryland.
  - Maryland National Guard is establishing the alternate care site at the Baltimore Convention Center to increase state hospital capacity.
- FEMA has obligated \$7.9 million in federal support for the state of Maryland.

## Chicago, Illinois

- Field hospital/alternate medical facility assessments are underway in Illinois.
  - Assessment teams are evaluating four potential sites for alternate medical facilities in the Chicago area. Teams are comprised of members from DOD, USACE, FEMA, HHS, and state, county, and local officials.
- Supplies from the Strategic National Stockpile have arrived in Illinois and are being distributed to medical facilities throughout the state.
  - Medical supplies and equipment provided include 51,864 N95 respirators, 123,548 surgical masks, 23,526 face shields, 19,182 surgical gowns, 98 coveralls, and 68,296 gloves.
- As of March 31, FEMA has obligated \$113 million in federal support for the state of Illinois for the response to COVID-19.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 16 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, the states of Alabama, California, Colorado, Connecticut, Florida, Illinois, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Montana, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territory of Guam were approved for major disaster declarations to assist with additional needs identified in these states.
- FEMA has obligated over \$3 billion in support of COVID-19 efforts, with major obligations including:
  - \$784 million to New York, obligated on March 22 (\$350 million) and March 28 (\$434 million), for deployable temporary medical treatment facilities.
  - \$468 million to California on March 28 to reimburse expenses.
  - \$244 million to California on March 24 for deployable temporary medical treatment facilities.
  - \$237 million to Texas on March 28 to reimburse expenses.
  - \$210 million to Washington on March 23 for deployment of DOD assets to provide acute care medical surge support to decompress existing medical treatment.
  - \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
  - \$121 million to New York on March 27 to purchase up to 500 million N95 or equivalent masks.
- To date, 94 CDC, state and local public health labs have tested more than 1.1 million individuals.
- It is important that requests for assistance, especially for critical supplies, get routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
  - The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase will encourage manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled once the COVID-19 response subsides.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - FEMA issued a [request for quotation](#) on March 26, 2020, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between February 13 and June 15 to 120 days.
  - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of March 31, 55 state and local agencies, the District of Columbia, one tribe and one U.S. territory have sent a total of 99 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 28 messages to broadcast stations via the Emergency Alert System.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.
- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the United States, monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,273 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved requests from California, Connecticut, Florida, Guam, Illinois, Louisiana, Massachusetts, Maryland, Michigan, New Jersey, New York, Puerto Rico, Washington, and Washington, D.C.
  - Twenty (20) requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.
- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the Federal Government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with States approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.



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## Community-Based Testing Sites

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- To date, 30 federal Community-Based Testing Sites (CBTS) have screened more than 37,716 individuals.
- The Federal Community-Based Testing Sites (CBTS) Task Force will be working with states that have federally supported CBTS locations to transition these sites by April 10.
  - The transition will ensure each state has the flexibility and autonomy to manage and operate within the needs of their community, allowing the federal government to focus on other sectors that also require federal assistance.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

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## Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of March 28, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22 million gloves, 132,000 coveralls and 8,100 ventilators.

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## FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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### CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
  - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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### Defense Production Act

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- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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### Other Federal Agencies

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- Many telecommunication companies are working with the Federal Communications Commission to “[Keep Americans Connected](#)”. This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.
  - The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
  - To date, more than 14,000 National Guard troops have activated to help with testing and other response efforts.
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  - The Coast Guard continues to coordinate medical evacuations of COVID related critically ill crew members from cruise ships in and around Florida ports.
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## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- The Food and Drug Administration approved a Phase-3 clinical trial using a rheumatoid arthritis drug for treatment of severe COVID-19 pneumonia.
- The Department of Homeland Security has [extended the REAL ID enforcement deadline](#) to Oct. 1, 2021

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## CDC Public Guidance

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- Following state, tribal and local officials' instructions to stay at home is an important way to help. Social distancing not only protects you, but it protects the people you care about.
  - [COVID-19 spreads](#) between people who are in close contact with one another—that's why the CDC recommends staying at least 6 feet away from other people.
  - Staying home and limiting your interactions with people can break the chain of transmission and halt the spread of this new virus.
  - People who are infected but do not have symptoms likely play an important role in the spread of COVID-19.
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- CDC's guidance regarding the use of facemasks remains the same.
  - **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
  - **If you are caring for someone who is sick:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them.

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## Coping with Stress

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- Stress during an infectious disease outbreak, like the COVID-19 pandemic, can cause fear and worry. You may feel overwhelmed by strong emotions.
- Taking care of yourself, your friends, and your family can help you cope with stress.
- It's essential that during this time, as we make sure we are physically distancing ourselves from others, we keep up the social connection. This includes staying connected by phone, email, or chat in order to remain connected to family and friends.
- Helping others cope with their stress makes your community stronger.
- CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.

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## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

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### How to Help

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- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](http://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
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- One thing people can do to help is to donate blood. Blood donation centers have the highest standards of safety and infection control. To find where you can donate blood, visit [www.aabb.org/giveblood](http://www.aabb.org/giveblood).

# Coronavirus (COVID-19) Pandemic

## Whole-of-America Response

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Thursday, April 2, 2020

**"TO MAKE, PROCURE, AND DELIVER CRUCIAL MEDICAL SUPPLIES TO OUR DOCTORS, NURSES, AND HEALTHCARE WORKERS, MY ADMINISTRATION IS LEVERAGING THE MIGHT OF AMERICAN MANUFACTURING SUPPLY CHAINS AND INNOVATORS ACROSS THE INDUSTRY, AND ACROSS EVERY INDUSTRY."** - PRESIDENT DONALD J. TRUMP

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### Topline Briefing Points and Messages

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- Under the direction of the White House Coronavirus Task Force, FEMA, HHS and our federal partners are working with state, local, tribal and territorial governments to execute a whole of America response to fight the COVID-19 pandemic and protect the public.
- The health and safety of the American people is our top priority.
- On March 31, the president extended the nation's [Slow the Spread](#) campaign until April 30.
  - The American people play a key role in the campaign to help slow the virus' spread and keep our most high-risk populations safe.
  - The initiative presents the entire country with an opportunity to implement actions designed to slow and limit the spread of COVID-19, like staying home as much as possible, canceling or postponing gatherings of more than 10 people, and taking additional steps to distance yourself from other people.
  - For the latest updates and information on how to protect yourself and what to do if you think you are sick is available at [www.coronavirus.gov](http://www.coronavirus.gov).
- On March 27, President Trump signed the CARES Act into law. The CARES Act allocates \$2 trillion to COVID-19 response efforts.
- FEMA is expediting movement of critical supplies from the global market to medical distributors in various locations across the U.S.
  - FEMA coordinated an air bridge for flights from Asia beginning Sunday, March 29 which delivered 80 tons of much needed PPE supplies to New York, New Jersey and Connecticut.
  - Additional flights have landed in Chicago on March 30 as well as in Miami on March 31, and Los Angeles on April 1. Additional flights landed in Chicago and Columbus, Ohio early this morning. FEMA has more flights scheduled and is adding more daily.
  - Each flight will contain critical personal protective equipment (PPE), to include gloves, gowns, goggles, and masks in varying quantities. FEMA will not have detailed visibility on the amount of PPE until the flights are loaded overseas.
  - Upon arrival, the PPE will be provided, in varying quantities, first to medical distributors in areas of greatest need; then, the remainder will be infused into the broader U.S. supply chain. Prioritization will be given to hospitals, health care facilities, and nursing homes around the country.



- Given the scarcity of the ventilators in the Strategic National Stockpile (SNS) and the current capacity of the private sector to meet the demand, the federal government has adopted a process to manage federal ventilator resources to ensure the ventilators are shipped to the states in the amount needed to manage the immediate crisis.
  - At present, the federal government has 9,961 total ventilators available, which includes 9,054 in the Strategic National Stockpile and 907 available from the Department of Defense.
  - To submit a request, states and tribes will work through their FEMA/ HHS regional leadership.
- In the past 48 hours, FEMA and HHS have delivered ventilators from the Strategic National Stockpile to Michigan (400), New Jersey (650), Illinois (150), Connecticut (50) and Louisiana (150).
- FEMA will notify direct housing occupants in the states of California, Florida, North Carolina and Texas that they would suspend rent payment requirements for the months of April, May and June as a result of the ongoing impacts of COVID-19.
- Thirty states and 12 tribes have issued stay at home orders.

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## FEMA and HHS Response

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- On March 13, 2020, President Trump declared a nationwide emergency pursuant to Sec. 501(b) of Stafford Act to avoid governors needing to request individual emergency declarations.
- All 50 states, the District of Columbia, five territories and 19 tribes are working directly with FEMA under the nationwide emergency declaration for COVID-19.
  - States, tribal and territorial governments do not need to request separate emergency declarations to receive FEMA assistance under this nationwide declaration. A tribal government may choose to be a subrecipient under a state that has chosen to be a recipient of FEMA assistance, or choose to be a direct recipient of FEMA.
  - FEMA activated all 10 Regional Response Coordination Centers to support ongoing response efforts across the country. Emergency operations centers in all states and territories are activated.
- In addition, 31 states and territories have been approved for major disaster declarations to assist with additional needs identified.
  - Those with major declarations approved include: Alabama, California, Colorado, Connecticut, Florida, Hawaii, Illinois, Iowa, Kansas, Kentucky, Louisiana, New Jersey, New York, North Carolina, Maryland, Massachusetts, Michigan, Missouri, Montana, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, and Washington, as well as Washington, D.C., the Commonwealth of Puerto Rico, and the territory of Guam and the Northern Mariana Islands.
- FEMA has obligated over \$3 billion in support of COVID-19 efforts, with major obligations including:
  - \$784 million to New York, obligated on March 22 (\$350 million) and March 28 (\$434 million), for deployable temporary medical treatment facilities.
  - \$468 million to California on March 28 to reimburse expenses.
  - \$244 million to California on March 24 for deployable temporary medical treatment facilities.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- \$237 million to Texas on March 28 to reimburse expenses.
  - \$210 million to Washington on March 23 for deployment of DOD assets to provide acute care medical surge support to decompress existing medical treatment.
  - \$200 million to New Jersey on March 29 to design, build and/or upgrade alternative care facilities for acute patient care.
  - \$121 million to New York on March 27 to purchase up to 500 million N95 or equivalent masks.
- To date, 95 CDC, state and local public health labs have tested more than 1.2 million individuals.
- It is important that requests for assistance, especially for critical supplies, get routed through the proper channels as soon as possible. The most efficient way to identify critical gaps and get results:
  - Consistent with the principle of locally executed, state managed, and federally supported response, requests for assistance at the local and county levels should first be routed to their respective state.
  - Any needs that cannot be met by the state or tribe should then be sent to the respective FEMA regional office. FEMA regions will direct requests to FEMA NRCC in Washington, D.C. for fulfillment.
- Federal agencies are working to meet demands for personal protective equipment (PPE) through new acquisition, DOD allocation and the Strategic National Stockpile.
  - The CDC released [personal protective equipment optimization strategies](#) for healthcare providers to optimize resources, deal with limited resources and make contingency plans or alternative strategies when supplies are limited.
- FEMA is working with HHS to deliver supplies and ventilators using its logistics supply chain management system to procure and track commodities to supplement state and tribal purchases.
  - On March 21, HHS awarded contracts to five companies to purchase approximately 600 million N95 respirators over the next 18 months. This purchase will encourage manufacturers to increase production of N95 respirators now, with a guarantee that companies will not be left with excess supplies if private sector orders are cancelled once the COVID-19 response subsides.
  - Additionally, a Request for Information has been issued to the private sector for ventilators.
  - FEMA issued a [request for quotation](#) on March 26, 2020, for vendors who have medical equipment and supplies to sell to the agency. The RFQ can be found on [www.sam.gov](http://www.sam.gov).
- In response to concerns of undue financial hardships, FEMA's National Flood Insurance Program is extending the 30-day grace period for policies with expiration dates between February 13 and June 15 to 120 days.
  - Specifically, the grace period extension means that policyholders will be allowed to renew their policies up to 120 days after the expiration date without facing a lapse in coverage.
- As of April 1, 62 state and local agencies, the District of Columbia, one tribe and one U.S. territory have sent a total of 114 text messages to cell phones containing information on COVID-19 via the Wireless Emergency Alert system, and 31 messages to broadcast stations via the Emergency Alert System.
- On March 28, the FDA issued an [Emergency Use Authorization \(EUA\)](#) to allow hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile to be distributed and used for certain hospitalized patients with COVID-19.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- CDC has issued a [Global Level 3 Travel Health Notice](#), advising travelers to avoid all nonessential international travel. [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the United States, monitor their health and practice social distancing.
- CDC has issued a Level 3 [Travel Health Notice for cruise ship travel](#). CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide.
- On March 24, HHS announced \$250 million in grants from the Administration for Community Living to help states, territories and tribes provide meals to older adults. Additionally, [HHS awarded \\$100 million](#) to support HHS health resources and services administration-funded health centers across the country to address screening and testing needs, acquire medical supplies and boost telehealth capacity.
- HHS also has funding available, including [\\$80 million dollars specifically identified for tribes](#), tribal organizations, and tribal health service providers.
- National Institutes of Allergy and Infectious Diseases mobilized a rapid research response to quickly develop effective countermeasures for COVID-19, including diagnostics, vaccines and treatments.

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## FEMA Disaster Response Capacity

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- Even as FEMA is focused on responding to COVID-19, we are also preparing and maintaining readiness for other disasters to include spring flooding, severe weather and the upcoming hurricane season.
- FEMA currently has 2,390 employees supporting the COVID-19 pandemic response out of a total 20,550 agency employees who are prepared to respond to other emergencies should they occur.
- FEMA considers every employee an emergency manager, and each employee has regular and recurring emergency management responsibilities.
  - The agency has developed a series of online trainings to expand the cross-training of its workforce and build additional capacity.
- Should additional support be needed, FEMA is able to activate the Department of Homeland Security's surge capacity force composed of federal employees from DHS and other agencies.

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## Federal Funding of National Guard Under Title 32

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- On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states' use of their National Guard forces.
  - The President's action provides Governors continued command of their National Guard forces, while being federally funded under Title 32, enabling these States to use the additional resources to meet the missions necessary in the COVID-19 response.
  - Each state's National Guard is still under the authority of the governor and is working in concert with the Department of Defense.
- To date, President Trump approved requests from California, Connecticut, Florida, Guam, Illinois, Louisiana, Massachusetts, Maryland, Michigan, New Jersey, New York, Puerto Rico, Washington, and Washington, D.C.
  - Twenty-six requests are pending for approval of federal support for use of National Guard personnel in a Title 32 duty status.

## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- Title 32 requests from states and territories will be considered for approval by the President based on the following criteria:
  - A state or territory must have been approved for a Major Disaster declaration for the COVID-19 response or have submitted a Major Disaster Declaration request to FEMA for review.
  - The state or territory must have activated the lesser of 500 individuals or 2 percent of National Guard personnel in the state or territory in response to COVID-19.
  - A specific request for the reimbursement through Title 32 status must be submitted to the FEMA Administrator via the FEMA Regional Administrator, identifying specific emergency support functions the National Guard will carry out for COVID-19 support in accordance with the Stafford Act.
- For those states and territories that are approved under these criteria, FEMA will execute a fully reimbursable mission assignment to the Department of Defense, including reimbursement for pay and allowances of National Guard personnel serving in a Title 32 duty status in fulfillment of the FEMA mission assignment.
  - Pursuant to this approval, the federal government will fund 100 percent of the cost share for 30 days from the date of the authorizing Presidential Memorandum.
  - The Administration will continue to work with States approved for 100 percent cost share to assess whether an extension of this level of support is needed.
- The use of federal funding for Title 32 will not federalize command of the activated National Guard personnel. Each state's National Guard is still under the authority of the Governor and is working in concert with the Department of Defense.

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## Community-Based Testing Sites

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- To date, 41 federal Community-Based Testing Sites (CBTS) have screened nearly 41,800 individuals.
- The Federal Community-Based Testing Sites (CBTS) Task Force will be working with states that have federally supported CBTS locations to transition these sites by April 10.
  - The transition will ensure each state has the flexibility and autonomy to manage and operate within the needs of their community, allowing the federal government to focus on other sectors that also require federal assistance.
- Federal officials and the U.S. Public Health Service have been working closely with state, local and private sector partners to bolster testing capabilities and supplies.
- It is critical to test healthcare facility workers and first responders who are concerned that they may have been exposed to COVID-19, because they need to know their status as soon as possible in order to prevent infecting individuals in their care.
- People without symptoms who have not been exposed to COVID-19 should not be tested.
- CBTSs are another tool for states, local public health systems and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities.

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## Strategic National Stockpile

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- FEMA planning assumptions for COVID-19 pandemic response acknowledged that the Strategic National Stockpile alone could not fulfill all requirements at the State and tribal level.
  - As the Vice President stated on March 31, the federal government will exhaust all means to identify and attain medical and other supplies needed to combat the virus.
- In H.R. 748, “the Coronavirus Aid, Relief, and Economic Security Act” (CARES Act), \$27 billion was allocated for the development of vaccines and other response efforts, including \$16 billion to build up the SNS with critical supplies, including masks, respirators, and pharmaceuticals.
  - This amount is on top of the additional funding HHS received and executed over the last several weeks.
  - We remain committed to helping ensure key medical supplies expeditiously arrive at the front lines for our healthcare workers.
- Under the joint direction of FEMA and HHS in support of the COVID-19 response, the SNS is in the process of deploying all remaining personal protective equipment in its inventory.
  - These shipments will be sent across the country with prioritization given to areas in greatest need.
  - As of April 1, the SNS has delivered or is currently shipping: 11.6 million N95 respirators, 26 million surgical masks, 5.2 million face shields, 4.3 million surgical gowns, 22 million gloves, 132,000 coveralls, 7,640 ventilators and 6,700 federal medical station beds.

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## FDA Ventilator Guidance

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- On March 24, the FDA issued an [Emergency Use Authorization \(EUA\) for Ventilators](#).
  - The EUA allows anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators.
- The new guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators.
- Additionally, the FDA is providing information for manufacturers on adding production lines or alternative sites, like automobile manufacturers, for making more ventilators during the COVID-19 public health emergency.

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## CDC Respirator Guidance

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- CDC recognizes that—when N95 supplies are running low—crisis capacity or alternate [strategies to optimize the supply of respirators](#) in healthcare settings may be considered.
  - These strategies to conserve supply would come after the use of conventional and contingency capacity strategies.
  - These measures may include the use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Respirators are quite complex and vary by manufacturer, making it challenging to develop a single disinfection method that would apply to all models.
  - At present, there are no CDC-approved methods for decontaminating disposable respirators prior to reuse.

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## Defense Production Act

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- On March 18, President Trump issued an [Executive Order](#) outlining use of the Defense Production Act (DPA) in response to COVID-19 and supplementing Executive Order 13603, which delegates DPA authority to federal agencies.
  - The order provides federal departments with the authority to take actions implementing the DPA, if and as necessary.
- On March 27, President Trump directed the Secretary of Health and Human Services to use Defense Production Act authorities to require General Motors to accept, perform and prioritize federal contracts for ventilators.
  - The invocation of the DPA demonstrates that the President will not hesitate to use the full authority of the federal government to combat this crisis.
  - There continues to be an outpouring of support from the private sector, which has limited the need to use DPA.
- The President also signed an [Executive Order](#) on March 27 which clarifies and updates Presidential delegations to federal agencies under the Defense Production Act (DPA).
  - For the purposes of COVID-19 response, the EO delegates a number of DPA authorities jointly to the Secretary of Health and Human Services (HHS) and the Secretary of Homeland Security (DHS).
  - The EO also assigns the Assistant to the President for Trade and Manufacturing Policy (Peter Navarro) as the National Defense Production Act Policy Coordinator.

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## Other Federal Agencies

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- The U.S. Public Health Service has deployed more than 1,500 officers in support of nation-wide efforts to prepare for mitigating the virus's potential spread in the United States.
- Many telecommunication companies are working with the Federal Communications Commission to "[Keep Americans Connected](#)". This pledge is designed to ensure that Americans do not lose their broadband or telephone connectivity during the COVID-19 response.
- On March 28, the Office of Personnel Management Announced the COVID-19 Surge Response Program. Under this program, agencies will be able to post rotational opportunities for federal employees to support the COVID-19 response.
- On March 28, the Centers for Medicare and Medicaid Services sent a letter to the nation's hospitals requesting they report data to the U.S. Department of Health and Human Services, Centers for Disease Control, and CDC National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Module. These daily reports include bed capacity and supplies.
- On March 24, the Department of Justice created [a national task force](#) to actively look for and act on hoarding and price gouging.
  - The task force is a result of the [March 23 Executive Order](#) and HHS determination under the Defense Production Act that certain personal protective equipment (PPE) and medical supplies are scarce.
- DOJ and HHS have partnered to distribute medical supplies confiscated from price gougers to those on the frontline of the COVID-19 response in New York and New Jersey.
  - This includes about 192,000 N95 respirators, 598,000 medical grade gloves, and other supplies.



## DAILY BRIEFING POINTS: COVID-19 WHOLE-OF-AMERICA RESPONSE

- After the FBI discovered the supplies, HHS used its authority under the Defense Production Act to order that the supplies be immediately furnished to the United States.
  - HHS will pay the owner pre-COVID-19 fair market value for the supplies and has already begun distributing the supplies.
  - After inspecting the supplies, HHS arranged for the delivery of the PPE to the New Jersey Department of Health, the New York State Department of Health and the New York City Department of Health and Mental Hygiene.
- The National Guard is activated in 32 states, providing medical testing, assessments, logistics, planning and liaison support.
  - To date, more than 18,500 National Guard troops have activated to help with testing and other response efforts.
- The Coast Guard is currently tracking two cruise ships due to arrive in the U.S. on April 2 with a total of more than 2,300 passengers and crew. One additional ship is due to arrive in Florida on April 4.
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- CDC's guidance regarding the use of facemasks remains the same.
  - **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
  - **If you are caring for someone who is sick:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them.

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## Coping with Stress

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- Stress during an infectious disease outbreak, like the COVID-19 pandemic, can cause fear and worry. You may feel overwhelmed by strong emotions.
- Taking care of yourself, your friends, and your family can help you cope with stress.
- It's essential that during this time, as we make sure we are physically distancing ourselves from others, we keep up the social connection. This includes staying connected by phone, email, or chat in order to remain connected to family and friends.
- Helping others cope with their stress makes your community stronger.
- CDC has [recommendations](#) for things you can do to support yourself by managing your anxiety and stress.

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## Combating Disinformation and Rumors

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- To help the American public distinguish between rumors and facts regarding the response to COVID-19, FEMA has created a Rumor Control page on FEMA.gov. The public can help control the spread of rumors by sharing our page: [fema.gov/coronavirus](https://www.fema.gov/coronavirus).
- Check the sources of information you see about COVID-19 by seeking out trusted, verified sources like [www.coronavirus.gov](https://www.coronavirus.gov) or your state and local government's official accounts.
- Everyone can do their part to stop the spread of disinformation by doing three things; don't believe rumors, don't pass them along, and go to trusted sources of information to get the facts.

## How to Help

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- Cash donations to the nonprofit of your choice IS THE BEST donation. Do not collect or distribute donations of supplies without understanding community needs.
- Businesses that have medical supplies or equipment to donate are asked to go to [www.fema.gov](http://www.fema.gov) and provide of the offer through our online medical supplies and equipment form.
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# Coronavirus (COVID-19) Pandemic:

## Personal Protective Equipment Preservation Best Practices

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This guidance summarizes best practices for national implementation to sustain personal protective equipment (PPE) while ensuring the protection workers during the coronavirus (COVID-19) pandemic response.

### Objective

The objective of the COVID-19 National Strategy for Addressing Personal Protective Equipment (PPE) Shortage is to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: reduce – reuse – repurpose. Due to the COVID-19 pandemic response and associated PPE shortages, implementation of contingency and crisis capacity plans may be necessary to ensure continued availability of protective gear.

This fact sheet amplifies [Centers for Disease Control and Prevention \(CDC\) strategies on conventional, contingency and crisis capacity strategies for optimizing PPE](#). All U.S. healthcare facilities should begin using PPE contingency strategies now and may need to consider crisis capacity strategies if experiencing PPE shortages.

### What Do I Do and How Do I Do it?

#### 1. Reduce Usage Rate of PPE by Modifying Normal Operations and Procedures

- Limit the need for PPE by maximizing use of barrier controls whenever possible (e.g. masking patients, Plexiglas barriers, car windows and improved ventilation systems).
- Place IV towers and ventilators outside of patient rooms, as clinically appropriate, to enable appropriate monitoring and management without donning of PPE.
- Automate delivery of food and supplies.
- Use tele-consultation, internet-based interviews, or remote camera-based observation, as available.
- Limit visitor access and offer technology-enabled alternatives (e.g., video chat).
- Understand PPE requirements and burn-rates - [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)
- Consider extending use-times of undamaged, non-visibly soiled PPE beyond single patient contact and other standard practice durations.
- Note: OSHA has relaxed enforcement of annual fit-testing requirements for N-95 filtering facepiece respirators (FFRs) - [osha.gov/news/newsreleases/national/03142020](https://www.osha.gov/news/newsreleases/national/03142020).



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## 2. Reuse PPE by Implementing Optimization, Decontamination, and Reuse Procedures

- Implement strategies to optimize supplies and equipment: [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)
- Implement expanded facility-based PPE reuse policies and procedures.
- Track “check in” and “check out” of PPE designated for reuse. Each worker is provided specific PPE at the beginning of the shift. At the end of the shift, all PPE is labeled, collected, and stored for reuse (which may entail appropriate decontamination using devices with issued Food and Drug Administration (FDA) Emergency Use Authorization (EUA)).
- Implement guidance for decontamination and reuse of FFRs:
  - [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html)
  - [osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus](https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus)
  - For large-scale decontamination of N-95 FFRs consider using the following methods:
    - Industrial or facility-based vaporized hydrogen peroxide sterilization systems: [fda.gov/media/136529/download](https://www.fda.gov/media/136529/download)
    - Industrial or facility-based moist heat disinfection systems (NOT autoclaves)
    - Facility-based ultraviolet germicidal irradiation (UVGI) systems
  - For low-volume or personal decontamination of N-95 FFRs consider using commercially available microwavable moist heat disinfection devices following manufacturer’s instructions (e.g. do not put metal parts in microwaves).

## 3. Repurpose Alternative Types or Sources of PPE

- Use alternative NIOSH-approved respirators in lieu of N-95 FFR for activities for which respiratory protection is required. See [fda.gov/media/135763/download](https://www.fda.gov/media/135763/download). Examples include:
  - powered, air-purifying respirators (PAPRs);
  - reusable air-purifying respirators (elastomeric half and full facepiece respirators);
  - other disposable air-purifying particulate FFRs.
- Contingency - Seek alternative supplies of PPE.
  - Encourage community members to donate private stocks of unused/unopened surgical masks, gloves, gowns, and N-95 respirators to your facility.
  - Seek PPE and other equipment from dentist offices, veterinarians, individuals, and other sources, including business that are not active.
  - Use commercial sources of industrial Tyvek coveralls, face shields, goggles, shoe covers, etc.
- Crisis - Use N-95 FFRs beyond their expirations dates if certain conditions are met
  - [cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html](https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html).

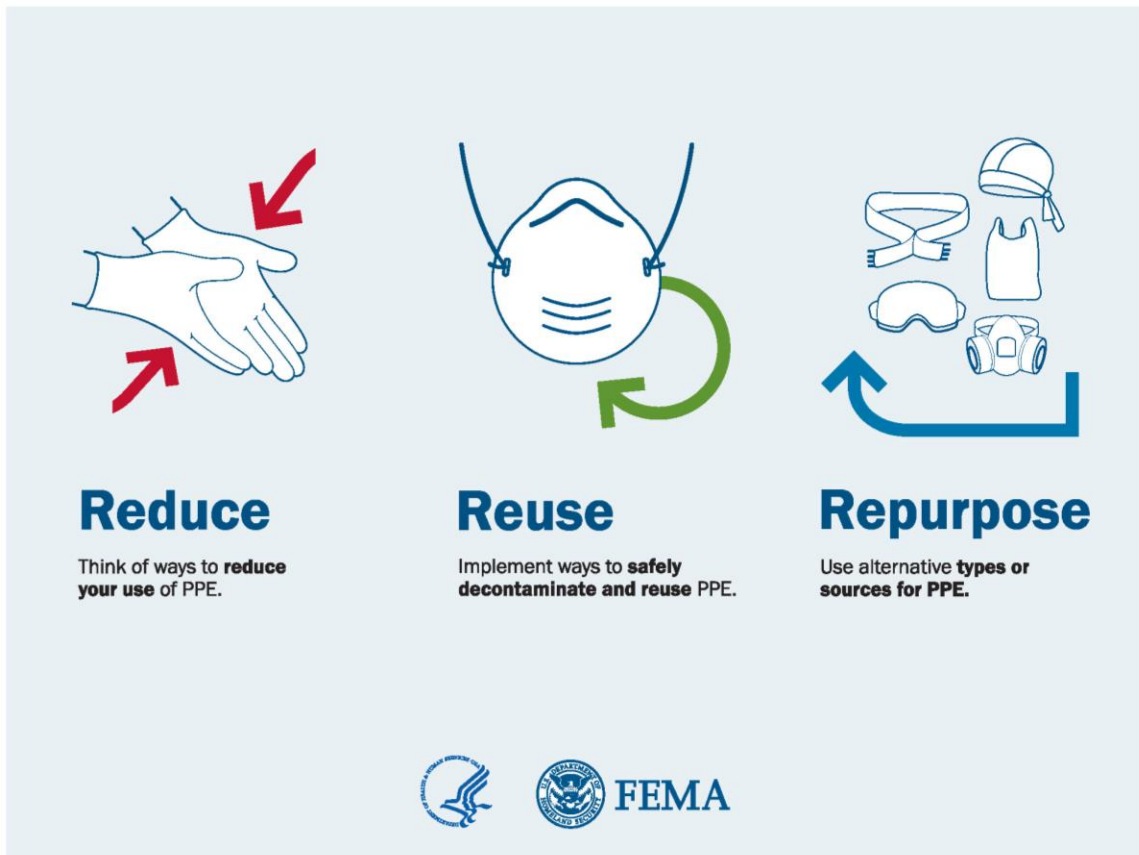
- Crisis - Use FDA authorized imported, non-NIOSH-approved disposable FFRs.
  - [fda.gov/media/136403/download](https://www.fda.gov/media/136403/download)
  - [fda.gov/media/136664/download](https://www.fda.gov/media/136664/download)

## Implementation

Organizations need to assemble a team to carefully review existing Health and Safety Plan (HASP) and Respiratory Protection Plan (RPP) policies and procedures for opportunities to reduce, reuse, or repurpose and should develop contingency and crisis operational plans. Such a team might include (where available) environmental health officers, safety officers, industrial hygienists, logistics officers, infection prevention practitioners, operations chiefs, medical officers, and work-force representatives.

To ensure uniform application of modified practices, processes and procedures, and, concurrently, the safety of workers, all workers must be trained in the plans, with recommended elements of such training including:

- The rationale for changes, contingency and crisis standards during COVID-19 related PPE shortages
- New PPE guidance (FDA, CDC, DOJ) related to COVID-19
- Proper methods to conduct new or changed work practices (e.g., staffing, social distancing)
- Methods to install or utilize any barrier controls (e.g. patient masking, Plexiglas shields)
- Proper donning and doffing of PPE to minimize self-infection
- Proper hand hygiene





# Coronavirus (COVID-19) Pandemic:

## Addressing PPE Needs in Non-Healthcare Setting

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This guidance summarizes how organizations should consider and manage their personal protective equipment (PPE) needs while ensuring the protection of workers during the coronavirus (COVID-19) pandemic response.

### Objective

The COVID-19 National Strategy for Addressing Personal Protective Equipment (PPE) Shortage seeks to ensure protection against COVID-19 for healthcare workers, first responders, and patients by implementing three pillars of practice: reduce, reuse and repurpose. Industries that use similar PPE (e.g., N95 respirators) as part of their normal duties will be challenged in obtaining PPE while available supply is prioritized for healthcare workers and first responders. Industries whose [essential critical infrastructure workers](#) need PPE to perform their duties should continue working with suppliers to acquire needed PPE, but should expect shortages to continue. All industries should immediately implement strategies to preserve existing supplies of PPE and find alternative work methods to address shortfalls.

### Preservation Strategies for Non-Healthcare Settings

A critical component in implementing PPE preservation strategies is determining the appropriate level of PPE for use. Non-healthcare industries should carefully consider whether PPE is required by law or regulation as part of their routine duties, or whether it is needed for mitigating employee exposure to COVID-19.

If PPE is required by law or regulation as part of routine duties performed by essential critical infrastructure workers:

- Extend use times of undamaged, non-visibly soiled PPE, and implement expanded facility-based PPE reuse policies and procedures.
- Adapt and implement Centers for Disease Control and Prevention (CDC) strategies for healthcare to [optimize the supply of PPE](#) and equipment, and [best practices](#) to sustain PPE supplies.
- Implement [decontamination and reuse strategies](#) of filtering facepiece respirators as contingency and crisis capacity measures.
- Understand and track PPE requirements and burn rates. Utilize CDC's [PPE burn rate calculator](#) if you lack an existing means to do so.



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- Use alternative types or sources of PPE to support necessary operations. Use National Institute for Occupational Safety and Health (NIOSH)-approved respiratory protection that was not previously approved by the Food and Drug Administration (FDA). Monitor FDA and Occupational Safety and Health Administration (OSHA) websites for updates and announcements on relaxed enforcement and [Emergency Use Authorizations](#).
- Consult [guidance](#) from CDC's NIOSH on strategies to conserve, extend and respond to shortages in the supply of filtering facepiece respirators (FFRs) used in non-healthcare worksites, such as manufacturing and construction.

If PPE is **not** required by law or regulation as part of routine duties performed by essential critical infrastructure workers:

- Implement exposure-reduction measures, such as barrier controls (e.g., Plexiglass barriers, improved ventilation systems) and safe-work practices, such as adjusting business operations to increase physical space between employees. Consult CDC's [Interim Guidance for Businesses and Employers to Plan and Respond to COVID-19](#) for further considerations to reduce overall risk of exposure in the workplace.
- Do not attempt to acquire medical or industrial use PPE for such employees. Such PPE is likely unavailable and is required for other higher priority critical infrastructure functions. Surgical masks or N95 respirators are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.
- Instead, follow CDC guidance on use of simple cloth face coverings. [CDC recommends](#) wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., control rooms, production floors), especially in areas of significant community-based transmission.
- Commercially manufactured cloth face coverings may also be in short supply; demand has increased as Americans heed the U.S. government's recent recommendation for their use as a complementary measure to the [President's Coronavirus Guidelines for America, 30 Days to Slow the Spread](#). If commercially sourced cloth face coverings are not available, they can be fashioned from common materials at low cost. Follow [CDC's guidance](#) on how to make and use of cloth face coverings.

All industries should follow [U.S. government guidance](#) to help the most critical workers quickly return to work after potential exposure to someone with COVID-19, provided those workers are symptom-free.

## Acquiring PPE During Shortages

If after minimizing the need for PPE through strategies described above, PPE is still required by [essential critical infrastructure workers](#) to perform their duties, organizations should:

1. Continue working with normal and alternate private sector suppliers to obtain PPE. It may be necessary to identify multiple options for suppliers and prioritize near-term versus long-term needs.
2. If suppliers are unable to provide for your needs, and the PPE is urgently required, submit a request for assistance to your local or [state emergency management agencies](#). If local emergency management is unable to address the PPE shortfall, they can relay it to the state. If the state is unable to address it, they can submit a request for support to their FEMA Regional Response Coordination Center.

Any requests to local, state or federal agencies for urgent resupply of PPE for essential critical infrastructure workers should accurately describe:

- Specific types, quantities (include 30, 60 and 90-day demand), and locations where PPE is needed;
- Estimated time until shortage impacts operations based on PPE burn rate; and,
- Consequence of the shortage and duration of its impact.

## Key Questions Before Making Requests

Do you employ essential critical infrastructure workers?	If not, you do not need PPE currently. Non-essential workers should be following stay-at-home orders and practicing social distancing, making use of telework options, etc.
Have you implemented all possible PPE use reduction strategies?	If not, consult CDC and other guidance to reduce or eliminate the need for PPE through other engineering solutions or modifications to business practices.
If PPE is still needed, is it required by law or regulation?	If not, use cloth face coverings. PPE should be reserved for workers that must have it in order to perform their essential duties.
Have you sought regulatory relief or approved alternatives?	If not, contact the regulator requiring PPE use. Consult FDA, NIOSH and OSHA notices for EUAs, regulatory relaxations and alternatives to address PPE need.
Is the PPE needed considered "scarce or threatened medical supplies" *?	If not, this need should be addressed through normal market of suppliers; FEMA is only involved in managing inventories of PPE used in healthcare settings.  *See " <a href="#">Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use</a> " PPE subject to this policy includes: N95 respirators and a variety of other filtering respirators; air-purifying respirators; surgical masks; and surgical gloves.
Have you properly defined the need?	If not, apply above guidance to accurately describe your PPE need. These details are necessary for government agencies to consider.
Submit a request for assistance.	Submit a request for assistance to your local or state emergency management agency. Continue to pursue PPE through the normal market of suppliers as not all requests for government assistance will be met.

## AGENDA

### Education Oversight Full Committee Meeting

Monday, April 20, 2020  
1:00 P.M.  
Via WebEx (Virtual Sites\*)

- I. Welcome .....Ellen Weaver
- II. Approval of Full Committee Minutes, February 10, 2020 .....Ellen Weaver
- III. Action Items:  
Report on the Educational Credit  
For Exceptional Needs Children (ECENC) Program .. Dr. Kevin Andrews  
  
Suspension of School Report Card Ratings for School Year 2019-20  
Due to COVID-19 Pandemic.....Ellen Weaver
- IV. Information Items:  
eLearning Pilot Program ..... Dr. Lee D'Andrea  
  
Accountability Cyclical Review Update ..... Dana Yow
- V. Adjournment

Ellen Weaver  
CHAIR

Bob Couch  
VICE CHAIR

Terry Alexander

April Allen

Neal Collins

Raye Felder

Barbara B. Hairfield

Greg Hembree

Kevin L. Johnson

John W. Matthews, Jr.

Henry McMaster

Brian Newsome

Neil C. Robinson, Jr.

Molly Spearman

John C. Stockwell

Patti J. Tate

Scott Turner

*\*Webex Meeting Room and Information to Join by Phone will be announced later.*

G. Matthew Ferguson, Esq.  
EXECUTIVE DIRECTOR

## **SOUTH CAROLINA EDUCATION OVERSIGHT COMMITTEE**

### **Minutes of the Meeting**

February 10, 2020

**Members Present:** Ellen Weaver, Chair; Terry Alexander; April Allen; Neal Collins; Bob Couch, Rep. Raye Felder; Barbara Hairfield; Sen. Greg Hembree; Sen. Johnson; Brian Newsome; Katie Nigles (for Supt. Molly Spearman); Neil Robinson; John Stockwell; and Patti Tate

**EOC Staff Present:** Dr. Kevin Andrews; Dr. Valerie Harrison; Hope Johnson-Jones; Dr. Rainey Knight; and Dana Yow.

Ms. Weaver welcomed members and guests to the meeting. The minutes of the December 9, 2019, EOC meeting were seconded and approved. She asked Dr. D'Andrea to present the Report of State-Funded Full-Day 4K for fiscal years 2018-19 and 2019-20.

The General Assembly first created and funded the Child Development Education Pilot Program by a budget proviso in Fiscal Year 2006-07. In 2014 the General Assembly codified the program in Act 284 and renamed it the South Carolina Child Early Reading Development and Education Program (CERDEP). CERDEP provides full-day early childhood education for at-risk children who are four years of age by September 1. In school year 2018-19, eligibility is defined as an annual family income of 185 percent or less of the federal poverty guidelines as promulgated annually by the U.S. Department of Health and Human Services, or Medicaid eligibility. Both public schools and non-public childcare centers licensed by the South Carolina Department of Social Services (DSS) may participate in the program and serve eligible children. The South Carolina Department of Education (SCDE) oversees implementation of CERDEP in public schools and South Carolina Office of First Steps to School Readiness (OFS) oversees implementation in non-public childcare settings, including private childcare centers and faith-based settings.

Dr. D'Andrea summarized the number of four-year-olds served in FY 2018-19. Essentially, SC is serving about 70% of four-year-olds in poverty in some capacity (CERDEP, Head Start, and Public Non CERDEP 4K). She also pointed out the amount of carry forward over time; the amount is down significantly in the current fiscal year.

Dr. Andrea went through all the findings and recommendations in the report. She stated there was increased cooperation between SCDE and OFS, and evidence of waiting lists begin shared between offices. There is great need to focus on creating alignment among assessments. Currently, there are three assessments given in 4K, and there is no alignment with the KRA or future assessments. She discussed the Framework for Comprehensive Systemic Approach to Reading, which she stated would be provided to members via email.

Dr. Fred Greer presented assessment findings from within the report. Dr. Greer stated that some of the 4K assessments had changed from the previous years, which presented challenges. For example, we are only able to compare two years of data from the Gold assessment. In general, Dr. Greer stated that children improved a great deal from the previous year. However, the three assessments are very different, so it is difficult to compare the results from test to test.

Mr. Robinson asked what the negative was for requiring the same test among classrooms. Dr. Greer stated that he couldn't think of a negative, especially since there is insufficient evidence to make comparisons.

Rep. Alexander asked if we are seeing differences in inner city, rural, suburban centers and schools. Dr. Greer stated that he has not seen those differences, but he said if we defined the differences, we could look for that.

Ms. Weaver asked if most private centers are in rural areas. The data are only aggregated statewide by test. We can't disaggregate data into a small section to make comparisons at this point.

Rep. Neal Collins asked which districts use what 4K assessment. Taylor from the SCDE stated that she could pull this together.

Dr. Couch asked how we evaluate the instructional strategies for students who learn differently; this is about instruction. This still goes back to how students are taught and how that matches up with how they learn best. Dr. D'Andrea stated that this is not a focus of this report, but this is being done by the SCDE and SC First Steps.

Ms. Weaver stated that she appreciated the focus on efficiency and effectiveness and the incredible deep dive on where we are as a state. A recent Brookings Report shows a fade out approach between K4 and 3<sup>rd</sup> grade. It is accepted across the board. She asked if we are being realistic in our expectations for 4K. Dr. D'Andrea stated that there is evidence where it has worked; the Perry Preschool Project is one such exemplar. Ms. Weaver stated she would like to see more of that data reflected in our report.

Rep. Alexander stated that once children leave PreK and leave the system, there is unevenness across the system. Once they leave, where are they going?

Sen. Hembree asked Dr. Greer if there is a test he would recommend. Dr. Greer said he would need to have more time; the research hasn't been done. From the perspective of a practitioner, Dr. D'Andrea wants to know what assessment will help teachers best demonstrate growth.

The EOC approved a motion made to approve the 4K Report.

Ms. Weaver asked Ms. Yow to update the EOC on the Cyclical Review process. Ms. Yow told members that the EOC is partnering with the SCDE and the Center for Assessment to accomplish a cyclical review pursuant to Section 59-18-910. The core group, composed of 12-15 individuals, will represent educators, parents, business people, and community members. The final Accountability Framework will be available in December 2020. Dr. Sockwell wanted to know how members would be able to provide feedback. Ms. Yow said that the EOC is developing a survey which will be sent to EOC members and other constituent groups.

Ms. Weaver then called upon Ms. Jeanette Altman, the Executive Director of The Continuum in Lake City. Ms. Altman presented along with Marion Fowler, President of the Darla Moore Foundation.

The idea for The Continuum began five years ago. Today, college is eleven times more expensive than it was 35 years ago, and we hold more student debt than credit card debt. Average student debt is approx. \$35,000. The group recognized that students lack the financial resources they need. Additionally, there are 70,000 jobs that aren't filled. The team felt it was vital to create an



educational system to effectively meet the needs of students and business. Partnering with Francis Marion University and Florence Darlington Tech College, the team created a regional education center with serious academic rigor, which is accessible and affordable. Ms. Altman said they wouldn't be there today without the expertise of Dr. Bethea, Dr. Carter, and Dr. Knight. They believe it is a template for a new model of education, an anchor to recruit industry and spur economic development. It is a change agent.

Rep. Felder said this is exciting and possibly something we will in future years duplicate across the state. Is there a model they put together for high school counselors to educate them on the available opportunities? Ms. Altman said they early on met with the guidance counselors and that shaped what they told them. Initial courses offered were related to the feedback they got from principals and counselors.

Mr. Robinson asked if all courses offered accepted as high school credit. Altman said it depends on the course. They work very closely with guidance counselors. It is up to the high school to see if it is dual credit. The tuition is paid from the public schools to the institutions. There is no charge to The Continuum.

Rep. Alexander thanked The Continuum for putting this together; it is a good example of how learning has changed.

Sen. Hembree asked about the cost to students. Dr. Carter said the cost is free to the student; they use funding formulas that school districts use. FMU structures these courses as contract courses. From the perspective of FMU, this is not a profit accruing venture. Most of these kids are first generation college-goers.

Members asked about scaling a model like this especially in areas where a district, tech school, and higher ed are co-located. Dr. Knight said the key is cooperation, collaboration and communication.

Ms. Weaver then called upon Dr. Harrison to report on the SC 4K Community Block Grants for Education Pilot Program Awardees. She shared with members the districts and the projects they are working on.

As a good of the order announcement, Ms. Weaver reminded members about the State Ethics Commission Filing for Committee Members

Ms. Weaver asked for a motion to go into Executive Session for the purpose of receiving recommendations from the Executive Director Search Subcommittee. The EOC moved to go into Executive Session for the purpose of receiving and discussing these recommendations. The motion was seconded and passed. With the veil lifted, a motion was made to appoint Christopher Matthew Ferguson as the Executive Director of the EOC. The motion passed unanimously.

There being no further business, the meeting adjourned.

## EDUCATION OVERSIGHT COMMITTEE

**SUBCOMMITTEES:** Academic Standards and Assessments and Public Awareness

**DATE:** April 20, 2020

**ACTION ITEM:** Report on the Educational Credit for Exceptional Needs Children (ECENC) Program – Compliance and Assessment Results for 2018-19

### **PURPOSE/AUTHORITY**

Act 247 of 2018 and Section 12-6-3790(E)(6) of the South Carolina Code of Laws requires the EOC to “issue a report to the General Assembly documenting the impact of the Educational Credit for Exceptional Needs Children Program on student achievement. In addition, the report must include information on individual schools if at least fifty-one percent of the total enrolled students in the private school participated in the Educational Credit for Exceptional Needs Children Program in the prior school year.”

### **CRITICAL FACTS**

The attached report includes the following:

- Information about the process for collecting individual student assessments;
- Information on the participation and compliance of schools;
- Information on the 2018-19 academic achievement of students who received grants from the ECENC program; and
- Initial, though limited, state-level information on academic gains from school year 2017-18 to 2018-19 for students who received grants from the ECENC program in 2018-19.

### **TIMELINE/REVIEW PROCESS**

September 16, 2019 Schools begin uploading student assessment results for school year 2018-19.

December, 2019 Collection of student assessment results concludes.

December 31, 2019 EOC staff provided assessment data containing no personally identifiable information.

### **ECONOMIC IMPACT FOR EOC**

**Cost:** Invoice not yet received, maximum possible: \$50,000.

**Fund/Source:** EIA funds appropriated for operation of the agency.

### **ACTION REQUEST**



☒ For approval

☐ For information

### **ACTION TAKEN**

☐ Approved  
☐ Not Approved

☐ Amended  
☐ Action deferred (explain)



# REPORT ON THE EDUCATIONAL CREDIT FOR EXCEPTIONAL NEEDS CHILDREN (ECENC) PROGRAM

Compliance and Assessment  
Results for 2017–18



**SC EDUCATION  
OVERSIGHT COMMITTEE**



PO Box 11867 | 227 Blatt Building | Columbia SC 29211 | [WWW.SCEOC.ORG](http://WWW.SCEOC.ORG)

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## Executive Summary

This report is the second annual report on the impact of the Educational Credit for Exceptional Needs Children (ECENC) program as required by Act 247 of 2018. The ECENC program provides grants and parental tax credits to exceptional needs students attending private schools that meet specific eligibility requirements and that are approved by the Education Oversight Committee (EOC). Exceptional SC is a 501(c)(3) that raises and accepts funds and reviews student grant applications. The law defines qualifying students and eligible schools for participation in the ECENC program. The law also specifically requires the EOC annually to:

issue a report to the General Assembly documenting the impact of the Educational Credit for Exceptional Needs Children Program on student achievement. In addition, the report must include information on individual schools if at least fifty-one percent of the total enrolled students in the private school participated in the Educational Credit for Exceptional Needs Children Program in the prior school year. The report must be according to each participating private school, and for participating students, in which there are at least thirty participating students who have scores for tests administered. If the Education Oversight Committee determines that the thirty participating-student cell size may be reduced without disclosing personally identifiable information of a participating student, the Education Oversight Committee may reduce the participating-student cell size, but the cell size may not be reduced to less than ten participating students. (*Section 12-6-3790(E)(6) of the SC Code of Laws*)

Act 247 of 2018 requires schools participating in the ECENC program to submit to the EOC student test scores that are used to provide program level reports to determine if students participating in the program have experienced measurable improvement.

(b) student test scores, by category, on national achievement or state standardized tests, or both, for all grades tested and administered by the school receiving or entitled to receive scholarship grants pursuant to this section in the previous school year. The school also shall provide individual student test scores on national achievement or state standardized tests, or both, for any student in grades one through twelve who received a grant from the program during the prior school year. The information must be used to provide program level reports to determine whether students participating in the program have experienced measurable improvement. Students with disabilities for whom standardized testing is not appropriate are exempt from this requirement; (*Section 12-6-3790(E)(1)(b) of the SC Code of Laws*)

This report, which meets the requirements of Act 247 of 2018, includes the following:

- Information about the process for collecting individual student assessment results used to document the impact of the program on student achievement;
- Information on the participation and compliance of schools;
- Information on the 2018-19 academic achievement of students who received grants from the ECENC program; and,
- State-level information on academic gains from school year 2017-18 to 2018-19 for students who received grants from the ECENC program in 2018-19.

The authors of this report acknowledge that comparisons between the academic performance of students receiving grants from the ECENC program on national assessments and South Carolina public school students with disabilities and their performance on state summative assessments are not ideal because nationally normed data is based on students with and without special needs.

## Findings

1. Schools participating in the ECENC program responded to the request for assessment data by providing either assessment information or a reason for not having the information for 2,009 (89 percent) of the 2,261 students who received grants from Exceptional SC in 2018-19.
2. Student level assessment information was obtained from 1,799 (80 percent) of all students who received a grant from Exceptional SC in school year 2018-19.
3. Of the assessment data provided, the EOC could use assessment data from approximately 1,650 students, or 73 percent of all students who received a grant from Exceptional SC in 2018-19 to calculate median percentile rankings in Reading and Mathematics.
4. At the state level, the assessment data results for school year 2018-19 for students who received a grant from Exceptional SC showed:
  - a. The median Reading percentile rank was 51, and the median Mathematics percentile rank was 40. In Reading, approximately, half of the students scored higher than 51 percent of students in a national representative sample of students. In Mathematics, half of the students scored higher than 40 percent of students in a nationally representative sample of students.
  - b. The mean Normal Curve Equivalents (NCEs) was 49.8 for Reading and 45.0 for mathematics, both of which are slightly lower than the national norm, which includes students with and without exceptional needs.
  - c. The data must be viewed in light of the following limitation. Students receiving grants from Exceptional SC all have documented exceptional needs. One would expect that students participating in the ECENC program



would score lower than a nationally representative sample of students that includes students with and without exceptional needs. However, using median national percentile ranks over time will provide information on the relative performance of ECENC students and information on their academic growth.

5. Based on data from approximately 925 students with assessment information from 2017-18 and 2018-19, there appears to be a slight decline in Reading scores but no difference in Mathematics scores from school year 2017-18 to school year 2018-19. These results are consistent with the results obtained from the 2017-18 school year.
6. There were eight schools with more than 51 percent of their students who received grants from Exceptional SC in 2018-19. Of these eight schools:
  - a. Two schools administered the Woodcock-Johnson assessment in 2018-19 which does not report percentile rank scores, and therefore could not be used in this evaluation.
  - b. Two additional schools assessed students in the previous school year (2017-18) with portfolios, which also do not provide percentile rank scores. Current year (2018-19) scores are reported for these schools but gain scores from 2017-18 to 2018-19 could not be analyzed.
  - c. The four schools with assessment information in both 2017-18 and 2018-19 differed markedly in their median percentile ranks and mean NCEs. There should be no inference to differences in school efficacy based on these data, as students self-select to attend each school.

**Recommendations:**

1. For future submissions, the EOC recommends that Exceptional SC also collect the following information - child's date of birth as well as gender and race – to better facilitate matching student data across school years. This recommendation was included in the 2017-18 report, and was partially implemented for 2018-19.
2. The EOC recommends that first time recipients of ECENC grants be asked to provide information for previous year assessments in order to assess student improvement.
3. The EOC is concerned about the percentage of valid assessments reported. To address this concern, the EOC will highlight student assessment reporting requirements published in the Application Process for School Eligibility ([https://eoc.sc.gov/sites/default/files/Documents/ECENC%202020/ECENC%20Manual%20for%20SY2020-21.links\\_.pdf](https://eoc.sc.gov/sites/default/files/Documents/ECENC%202020/ECENC%20Manual%20for%20SY2020-21.links_.pdf)).
4. The EOC will monitor schools failing to report either valid assessment scores or a reason for not providing assessment scores.
5. The EOC will ensure that student information from portfolios can be received.

## Background

Since creation of the Educational Credit for Exceptional Needs Children (ECENC) program in Fiscal Year 2013-14 through a proviso in the state budget, eligible independent schools participating in the program are required to administer a national achievement test or state standardized tests to determine student progress. Furthermore, when applying to the Education Oversight Committee (EOC) for approval to participate in the ECENC program, a school is required to submit summary information of student test scores for all grades tested and administered in the school. The EOC posts school-level summary information based on 10 or more students on its website each year.

Act 247 of 2018 codified the ECENC program into permanent law and created an additional reporting requirement. In addition to school-level test scores being provided and made public, the EOC must evaluate the ECENC program using individual student assessment results to determine the impact of the program on educational outcomes of students who received grants from Exceptional SC. The law specifically requires the EOC annually to:

issue a report to the General Assembly documenting the impact of the Educational Credit for Exceptional Needs Children Program on student achievement. In addition, the report must include information on individual schools if at least fifty-one percent of the total enrolled students in the private school participated in the Educational Credit for Exceptional Needs Children Program in the prior school year. The report must be according to each participating private school, and for participating students, in which there are at least thirty participating students who have scores for tests administered. If the Education Oversight Committee determines that the thirty participating-student cell size may be reduced without disclosing personally identifiable information of a participating student, the Education Oversight Committee may reduce the participating-student cell size, but the cell size may not be reduced to less than ten participating students. (*Section 12-6-3790(E)(6) of the SC Code of Laws*)

Act 247 of 2018 requires schools participating in the ECENC program to submit to the EOC student test scores that are used to provide program level reports to determine if students participating in the program have experienced measurable improvement.

(b) student test scores, by category, on national achievement or state standardized tests, or both, for all grades tested and administered by the school receiving or entitled to receive scholarship grants pursuant to this section in the previous school year. The school also shall provide individual student test scores on national achievement or state standardized tests, or both, for any student in grades one through twelve who received a grant from the program during the prior school year. The information must be used to provide program level reports

to determine whether students participating in the program have experienced measurable improvement. Students with disabilities for whom standardized testing is not appropriate are exempt from this requirement; (*Section 12-6-3790(E)(1)(b) of the SC Code of Laws*)

The law requires that an evaluation of the program's impact on student achievement at the following levels to address the following questions:

- At the state level, how did exceptional needs students who received grants from Exceptional SC under the ECENC program perform academically, both in terms of overall achievement and growth?
- In schools where a majority of students enrolled in the school (fifty-one percent or more of students) received a grant from Exceptional SC, how did exceptional needs students perform academically, both in terms of overall achievement and growth?

## Collection of Assessment Data

To maintain student privacy and to ensure the highest level of data security, the EOC contracted with the South Carolina Revenue and Fiscal Affairs (RFA) Office to oversee the collection of the individual student assessment results. RFA was selected because of its mission and work in collecting, storing and safeguarding health, demographic, and other state data. Following is a description of the data collection protocol and compliance.

### Data Collection Timeline and Protocol

The timeline of activities for data collection through the secure portal was:

**July 25, 2019** – RFA sent a data sharing memorandum of understanding (MOU) to Exceptional SC. RFA needed to have the names of students by school who received a grant from Exceptional SC in school year 2018-19 to be able to pre-populate the school-level information.

**August 23, 2019** – RFA and Exceptional SC finalized data sharing memorandum of agreement.

**September 12, 2019** – Schools participating in the ECENC program in school year 2018-19 were emailed a data sharing memorandum of understanding assuring the confidentiality of any and all individually identifiable information shared between the parties. A copy of the memorandum is included in the Appendix.

Between **September 16, 2019 and December 10, 2019** - Schools completed the MOU. These MOUs will be valid through the 2022-2023 school year.

**October, 2019** – Exceptional SC provided to RFA an initial list of students by school who received a grant from Exceptional SC in 2018-19. Updates to the list were provided through mid-December.

Between **October 28, 2019 and mid-December, 2019** - Schools that completed the MOU were able to upload student assessment results.

Only schools that completed the data sharing agreement with RFA were given access to the secure portal. Furthermore, RFA implemented the following procedures to maintain the confidentiality and security of the data portal:

- Access restrictions based on enrollment information provide by Exceptional SC through a MOU with RFA. Every school is restricted to seeing student data for only those students enrolled in their school. A subset of RFA staff, specifically assigned

to this project, could see all student data and uploaded assessments to conduct reviews and enter scoring data; these staff members must receive annual privacy training.

- Schools were required to go through the project manager for access to the data portal, following execution of a MOU.
- All users were given a login and one-time password, unique to them, to access the data portal. They were required to change their password upon login before accessing the rest of the data portal. RFA staff were required to utilize two-factor authentication to access the data portal due to their elevated data privileges. All passwords were required to comply with NIST 800-63 Authentication standards.
- The data portal was hosted at the SC Department of Health and Human Services (SCDHHS) secured data center. Physical access to the building is restricted by State Government ID, where guests must sign-in and be escorted. The data center is further restricted to a subset of IDs controlled by SCDHHS. RFA servers are in a locked cabinet that only RFA information technology staff may access.
- Assessment data on the servers are encrypted, with the key only known by a select subset of the RFA staff with access to the data portal codebase.

#### **Data entry process:**

- 1) Using a login unique to each school, an initial data entry screen allowed for the selection of a student who was enrolled in the ECENC Program in the school in the 2018-19 school year.
- 2) A second screen, which showed the selected student name, allowed school personnel to select the assessment for which the student had data (e.g., SAT, ACT, ITBS, etc.) from a drop-down menu.
- 3) A third screen, which showed both the student name and assessment selected for data entry, allowed school personnel to:
  - a. Enter the date the student took the assessment,
  - b. Enter the Verbal and Non-Verbal scores for the assessment,
  - c. Identify whether the scores entered were percentile ranks,
  - d. Verify the entered results to be correct, and
  - e. Attach an electronic copy of the student score report from the test publisher.

Note: Only an official student score report from the test publisher was accepted; unofficial handwritten or typed assessment data were rejected. Assessment data submitted without the student's name or testing date visible were also rejected.



## Compliance and Analysis of Assessment Data

As required by state law, schools participating in the ECENC Program are required to administer national achievement or state standardized assessments, or both, at progressive grade levels to determine student progress. The South Carolina Department of Education (SCDE) interpretation of the Education Accountability Act prohibits private school students from taking state assessments which include, but are not limited to, SC READY in grades 3 through 8 and end-of-course assessments in Algebra 1, English 1, Biology and US History and The Constitution. Instead, private schools have the flexibility to choose any assessment to measure student performance. Schools that administer national assessments typically select an assessment or assessments that measure reading or English language arts (ELA) competencies and mathematics competencies. Examples of assessments that are used in elementary and middle school grades are the Measures of Academic Progress (MAP) and the Iowa Tests of Basic Skills (ITBS). Examples of assessments that are unique to high school are the ACT, PSAT, and SAT.

Exceptional SC provided to RFA a datafile that contained a list of 2,261 students in kindergarten through grade 12 who received grants in the 2017-18 school year (Table 1).

**Table 1**  
Count of Children by Grade (K-12) who Received Grants from Exceptional SC  
2018-19

Grade Level	Number of Students
Kindergarten	79
1	96
2	125
3	196
4	209
5	239
6	252
7	235
8	258
9	170
10	162
11	127
12	113
<b>TOTAL</b>	<b>2,261</b>

Source: RFA as provided by Exceptional SC.

The Department of Revenue issued a report on January 15, 2020 in which they report Exceptional SC awarded 2,295 scholarship recipients for the 2018-19 school year, 1,638

to students who previously received an ECENC scholarship, and 657 to new scholarship recipients.<sup>1</sup> Exceptional SC staff are aware of the 34 student difference between the number of student records reported by RFA (2,261) and the number of students reported by the Department of Revenue (2,295) and are working to modify their data processing to ensure the integrity of future data (personal communication, February 27, 2020).

RFA populated the secure portal with the name and grade level of each student by school. To reiterate, only schools that completed the data sharing agreement with RFA were given access to the secure portal to upload individual student assessment reports for students whom Exceptional SC verified had received a grant in 2018-19 and had attended their school in 2018-19. Schools were asked specifically to upload a score report from a test publisher; therefore, scores obtained from hand-scoring of assessments by school officials or by the classroom teacher were not accepted. Schools that did not provide student scores from a test publisher score report were asked to provide a reason for not providing the information.

Scores from achievement tests that were judged to best align with the content of Reading Comprehension and Mathematics Concepts were recorded. Similarly, scores from aptitude tests that best aligned with the content names Verbal and Non-Verbal were recorded. Although the assessments differ in meaning across publishers, they were treated as if they measure the areas of Reading Comprehension/Verbal Skills and Mathematics Concepts/Non-Verbal similarly: the labels used for the subjects in this report are Reading and Mathematics. When available, national percentile rank scores were reported; in their absence scale scores were reported. Using national percentile rank scores promotes comparability of scores across assessments, because the scores are assumed to be referenced to comparable nationally representative samples of students.

A unique student identifier was associated with each student who received a grant in the 2018-19 school year. The datafile for students who received a grant in the 2017-18 school year was also accessed. When it could be determined that a student in the 2017-18 school year matched a student in the 2018-19 school year, the student record for 2017-18 was assigned the same unique student identifier.

## **Analysis of Data**

On December 31, 2019 the EOC received two data files from RFA to conduct the analyses. The first contained all 2,261 records RFA received from the Department of Revenue for students who received grants in the 2018-19 school year, where each record contained information from one assessment administration or an explanation of why the assessment information was not provided. The second contained data for 1,574 students who also received a grant in the 2017-18 school year. In both datafiles, RFA redacted all

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<sup>1</sup> SC Department of Revenue. 2018-2019 Report of Educational Credit for Exceptional Needs Children Program. Columbia, SC: January 15, 2020.

personally identifiable information from the datafile, leaving the unique student identification number as the only identifier for each student. Of the 2,261 records for the 2018-19 school year, 1,799 records contained assessment information, and 462 records did not contain assessment information and should have included a reason for not providing assessment information. A total of 1,574 student records with information for the 2018-19 school year also had information for assessments administered in the 2017-18 school year.

Table 2 documents the number and percent of the 1,799 students with valid assessment information by grade level. Approximately 84 percent of all assessment results were for students in grades 3 through 10.

**Table 2**  
Number and Percent of Valid Assessment Results by Grade Level, 2018-19

Grade Level	Number	Percent
Kindergarten	31	2
1	43	2
2	93	5
3	163	9
4	191	11
5	200	11
6	222	12
7	217	12
8	228	13
9	143	8
10	137	8
11	93	5
12	38	2
<b>TOTAL</b>	<b>1,799</b>	

The assessments reported are summarized in Table 3. The assessment most frequently reported (31 percent) was the Measures of Academic Progress (MAP) assessment, which is a computer adaptive achievement test that can be administered to students in kindergarten through grade 12. Approximately 10 percent of all assessments reported were the Stanford Achievement Test, which is administered to students in grades K through 12, and fourteen percent of all assessments were the PSAT, which is administered to high school sophomores and juniors.

**Table 3**  
Number and Percent of Assessments Reported, 2018-19

<b>Assessment</b>	<b>Number</b>	<b>Percent</b>
ACT	10	1
ACT Aspire	93	5
CTT	135	8
Gates MacGinitie	3	Less than 1
Iowa Tests of Basic Skills (ITBS)	126	7
Measures of Academic Progress (MAP)	559	31
Otis-Lennon School Ability Test (OLSAT)	18	1
PSAT	244	14
SAT	35	2
Stanford Achievement Test	187	10
TerraNova	73	4
Woodcock-Johnson	119	7
Other	197	11
<b>Total</b>	<b>1,799</b>	

Of the 462 students without assessment results for 2018-19, schools provided specific reasons for not providing results for 323 of these students. Table 4 documents that 169 students (37 percent) of the students were in a grade for which the school did not administer a norm-referenced test, such as kindergarten. For a total of 155 students (34 percent) either no reason was provided for not providing assessment information or the reason was "Other".

**Table 4**  
Reasons for Not Providing Assessment Information

<b>Reason</b>	<b>Number of Students</b>
Student was sick or absent on the day of testing.	8
Student not enrolled, or not enrolled for testing.	51
School did not assess grade level (includes students in kindergarten and grade 12).	169
Parents opted their child out of testing.	8
Academic progress was assessed via other means including self-scored by teacher or staff.	3
Student with disabilities – allowable exemption	68
Other	16
<b>Total Reasons Given:</b>	<b>323</b>
<b>School provided no reason.</b>	<b>139</b>

## Compliance

One criterion for compliance is the percentage of schools providing individual student assessment information through the secure portal. Of 117 schools with student records from RFA, 109 (93 percent) provided valid student information (either assessment scores or a valid reason for not providing scores) for at least one student.

Another criterion for compliance is the percentage of students receiving ECENC scholarships for whom assessment information is provided. Three scenarios for summarizing student-level compliance are presented in Table 5.

Of the 2,261 students in kindergarten through grade 12 who received a grant from Exceptional SC in 2018-19, schools provided valid assessment data on 80 percent of the students. Calculating compliance as the percentage of students in grades 3 through 10 only for which assessment data were provided, resulted in a compliance rate of 87 percent (1,501 of 1,721 students, Table 5). Evaluating the compliance for students in grades 3 through 10 is reasonable because students in K-2 and 11-12 typically have less opportunity to take assessments. In the early grades, assessments are generally administered for diagnostic purposes while assessments in grades 11 and 12 are typically used for college admissions tests. Each of grades KG, 1, 2, 11, and 12 represent less than 6 percent of the population receiving ECENC grants, and collectively they receive 24 percent of the scholarships. Finally, if valid reasons for not submitting assessment data are considered to be valid responses, compliance was approximately 89 percent.

**Table 5**  
Summary of Student-Level Compliance

<b>Scenario 1: K-12 Students with Assessment Data</b>	
Number of Students ( <b>K-12</b> ) Receiving Exceptional SC Grants*	2,261
Number of students with Valid Assessment Data	1,799
Percent of Students ( <b>K-12</b> ) with Valid Assessment Data	<b>80%</b>
<b>Scenario 2: Grades 3-10 Students with Assessment Data</b>	
Number of Students ( <b>3-10</b> ) Receiving Exceptional SC Grants*	1,721
Number of students with Valid Assessment Data	1,501
Percent of Students ( <b>3-10</b> ) with Valid Assessment Data	<b>87%</b>
<b>Scenario 3: K-12 Students with Assessment Data or Valid Reasons</b>	
Number of Students ( <b>K-12</b> ) Receiving Exceptional SC Grants*	2,261
Number of Students ( <b>K-12</b> ) with Valid Assessment Data	1,799
Number of Students ( <b>K-12</b> ) with Valid Reasons for Not Submitting Assessment Data	210*
Percent of Students ( <b>K-12</b> ) with Valid Assessment Data or Reasons for Not Submitting Assessment Data	<b>89%</b>

\*Excludes 252 students for whom no reason was provided for not providing assessment information, or the reason was "Other".

## **Data Analysis Methods**

The EOC staff analyzed the assessment data to determine: (1) for all students who received a grant from Exceptional SC in 2018-19 and for whom assessment data were collected, how well did students in grades kindergarten through grade 12 statewide perform based on national percentile ranks; and (2) how well did students perform in schools for which at least 51 percent of students in the school received grants from Exceptional SC.

The EOC staff used or converted assessment data into percentile rank scores based on the test publisher national norms. When national percentile rank scores were not available, reports usually provided a scale score, for example, a reported score on the SAT of 540 or an ACT Score of 22 are examples of scale scores. For the ACT, SAT, and PSAT, EOC staff converted scale scores to percentile ranks using conversion tables published online. When national norms were not available, such as in the case with the Woodcock Johnson assessment, the assessment data were not included.

By reporting information from all assessments as percentile ranks, a common metric is in place; an assumption is made in this process that the national norms for different assessments are comparable – which may not be justified. For example, when a student has a national percentile rank score of 45, the student scored higher than 45 percent of students in a nationally representative sample of students. However, care must be taken when summarizing percentile rank scores, because whereas equal differences between scale scores imply equal differences in student achievement (or aptitude), equal differences in percentile ranks do not; therefore, percentile ranks should not be averaged. For example, on the SAT Verbal, the difference between scores of 530 and 550 (20 points) implies the same difference in student achievement as does the difference between scores of 640 and 660 (20 points). The corresponding percentile rank for an SAT Verbal score of 530 is 58 and for a SAT Verbal score of 550 is 65 (a 7-point difference in percentile rank), and the corresponding percentile rank for an SAT Verbal score of 640 is 88 and for a SAT Verbal score of 660 is 92 (a 4-point difference in percentile rank). Although the differences between SAT Verbal scores of 530 and 550, and 640 and 660 suggest the same differences in academic achievement, the differences between their percentile ranks are not the same.

Two possible solutions to this problem are available. The first is to report median percentile ranks. The median percentile rank is the percentile rank that half of the students are below, and half are above; it gives information about where a typical student performs. Percentile ranks can be computed for assessments in the 2017-18 school year and for assessments in the 2018-19 school year. If the median percentile rank from both academic years is the same, the inference can be made that these students increased in their academic achievement as a typical student would. If the median percentile rank from 2018-19 is higher than for 2017-18, these students may have made greater progress than typical students.



The second is to convert all percentile rank scores to Normal Curve Equivalents (NCEs). NCEs have a mean of 50, and a range from 0 to 100. A student with a percentile rank less than 50 will have an NCE less than 50. For example, a student with a percentile rank of 30 will have an NCE score of 39, while a student with a percentile rank of 70 has an NCE of 61. An advantage of NCEs is that they can be averaged. This is possible because equal differences (e.g., the 10 point differences from 35 to 45 and 70 to 80) imply the same increase in academic achievement. If the average of the NCEs for both years is the same (a difference of 0), the inference can be made that students made progress similar to a typical student. If the NCE in 2018-19 is greater than the NCE from 2017-18, these students appear to have higher achievement in 2018-19 than in 2017-18.

One advantage of using NCEs is that the scores from each student (2017-18 and 2018-19 are included in the indicator of student progress). A disadvantage of NCEs is that there is no simple reference for whether the difference in the average NCEs from 2017-18 to 2018-19 is large or small. What does it mean to have an average difference of NCEs of 5? It is not clear.

If percentile ranks are used, when the median 2018-19 percentile rank is 5 points higher than the median 2017-18 percentile rank, it means that in 2018-19 students scored higher than 5 percent more students in a national norm group than did the students in 2017-18.

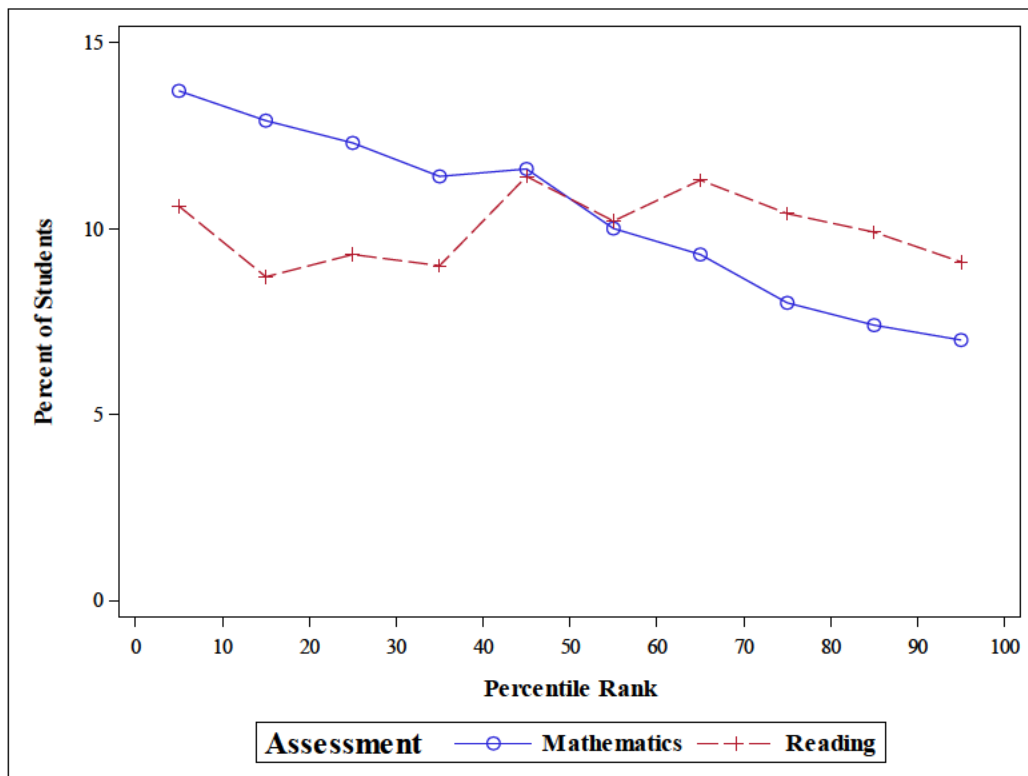
## Assessment Data of Exceptional SC Students in 2018-19

### Statewide Results:

Of all students who received ECENC grants in school year 2018-19, 60 percent or 1,399 students had valid assessment data collected. Assessment data results for some assessments like the Woodcock Johnson assessment were excluded because the scores could not be converted into national percentile rankings.

The distribution of scores for Reading and Mathematics are presented in Figure 1. For Reading, assessment results were evenly distributed from high to low percentile ranks, with approximately 10 percent of students in each 10-point range of percentile ranks, and not clear associated with the assessment score. For Mathematics, there were significantly more assessment results at lower percentile ranks, with a fairly regular decrease in the percentage of students in each increasing 10-point range of percentile ranks from 14 to 7 (Figure 1).

**Figure 1**  
Distributions of Mathematics and Reading Scores from 2018-19



The statewide results are presented in Table 6. The median Reading percentile rank is 51, and the median Mathematics percentile rank is 40; which suggest that the overall academic achievement of ECENC students is similar to students nationally for Reading but lower than students nationally in Mathematics. The mean NCE for Reading is 49.8 for Reading, and 45.0 for Mathematics. The overall Reading achievement of ECENC

students appears to be similar to students nationally, but for Mathematics the achievement level appears to be slightly lower. As a reminder: students receiving grants from Exceptional SC all have documented exceptional needs whereas national norms include students with and without disabilities; therefore, lower levels of achievement for ECENC students are not unexpected.

**Table 6**  
All Students in 2018-19

	Reading	Mathematics
Number of Students	1,648	1,664
Median Percentile Rank	51	40
Mean Normal Curve Equivalent (NCE)	49.8	45.0

Making direct comparisons between the academic performance of students receiving grants from Exceptional SC and South Carolina public school students with disabilities is not presented because it is problematic for several reasons. First, students in private schools cannot take state summative assessments; therefore, these students do not take assessments that measure their progress in learning state academic content standards. Instead, students in private schools participating in the ECENC program take national assessments or formative assessments like the Measures of Academic Progress (MAP). Second, students receiving grants from Exceptional SC are students who have an Individualized Education Program (IEP) or are students who have been diagnosed by a licensed speech-language pathologist, psychiatrist or medical, mental health or health care provider as having a neurodevelopmental disorder, a substantial sensory or physical impairment or some other disability or acute or chronic condition that impedes the students' ability to learn and succeed in school. On the other hand, public school students with disabilities who take the South Carolina College- and Career-Ready Assessment (SC READY) in grades 3 through 8 are students with an IEP. Public-school students with significant cognitive disabilities take the South Carolina Alternate Assessment on Alternate Achievement Standards (AA-AAS). Data from AA-AAS is not included in this report. Third, there are no data to confirm or deny that students with disabilities who are enrolled in public schools have comparable disabilities or exceptional needs to students receiving a grant from Exceptional SC or that students served in public schools or in the ECENC program have comparable socioeconomic status.

Schools with 51 percent or more students receiving grants from Exceptional SC: There were eight schools that had more than 51 percent of their total school enrollment receiving grants from Exceptional SC in 2018-19. Total school enrollment was determined using information provided by the schools on their 2019-20 application to participate in the ECENC program. These eight schools are:

- Camperdown Academy
- Einstein Academy
- Glenforest School
- HOPE Christian Academy
- Miracle Academy Preparatory School
- Sandhills School
- The Chandler School
- Trident Academy

Both Hope Christian Academy and Sandhills School administered the Woodcock-Johnson assessment which does not report percentile rank scores. Consequently, their assessment information could not be used in this evaluation.

A summary of the scores obtained from the schools for which data was available are provided in Table 7. For each school, the median percentile ranks in Reading range from 15 to 61, with only one median greater than 50; similarly, the mean NCE ranges from 37.5 to 53, with two values greater than 50. For Mathematics a similar pattern is present; the median percentile ranks range from 6.0 to 53 with only 1 school having a median percentile rank above 50, while the mean NCE in Mathematics ranges from 29.4 to 51.7 with only one value above 50. The trend appears to be that the students in these schools score lower on their assessments than do students nationally.

**Table 7**  
Reading, 2018-19

School	n	Median Percentile Rank	Mean NCE
Camperdown Academy	136	47.5	50.9
Einstein Academy	58	32.0	42.9
Glenforest School	39	15.0	37.5
Miracle Academy Preparatory School	34	61.0	53.0
The Chandler School	60	46.0	49.3
Trident Academy	39	45.0	44.8

## Mathematics, 2018-19

School	n	Median Percentile Rank	Mean NCE
Camperdown Academy	131	53.0	51.7
Einstein Academy	55	14.5	32.1
Glenforest School	41	6.0	29.4
Miracle Academy Preparatory School	33	44.0	45.8
The Chandler School	60	34.5	44.4
Trident Academy	40	26.0	34.5

**Gain scores from 2017-18 to 2018-19**

Of the 1,648 students with percentile rank Reading scores for the 2018-19 school year, 919 (56 percent) also had scores reported for the 2017-18 school year. Of the 1,664 students with percentile rank scores in Mathematics for the 2018-19 school year, 925 (56 percent) also had scores reported for the 2017-18 school year. Based on these sampling percentages, caution must be exercised not to over interpret the results presented here. Even greater caution must be exercised when considering data at the school level, as the numbers of students reported on for each school in the matched student samples are all less than 50.

Tables 9 through 13 document the assessment results for matched students in the schools having at least 51 percent of their students who received a grant from Exceptional SC as well as in all schools in the state. Both Camperdown Academy and Trident Academy administered portfolios to their students in the previous school year (2017-18), which do not have national percentile rank scores reported. Consequently, neither of these schools had students with scores for both 2017-18 and 2018-19.

For all matched students, the median Reading percentile rank in 2017-18 was 46, and the median percentile rank in 2018-19 was 52 (Table 8); the mean NCE in Reading was 48.4 in 2017-18, and 49.8 in 2018-19 (Table 10); and the average NCE gain was 1.4 (Table 12). All of these measures suggest that the 2017-18 scores may be slightly higher than the 2016-17 scores.

For Mathematics, the median percentile rank in 2017-18 was 40, and the median percentile rank in 2018-19 was 41 (Table 9); the mean NCE in Reading was 45.0 in 2017-18, and 44.9 in 2018-19 (Table 11); and the average NCE gain was -0.1 (Table 12). Both the median percentile rank and NCE differences between 2017-18 and 2018-19 were very small. The most appropriate conclusion based on these data is that there is not enough evidence to suggest a change in student achievement from 2017-18 to 2018-19.

No evaluation was made of the pattern of scores over time for individual schools because the number of students with data for both 2017-18 and 2018-19 was too small.

**Table 8**

Median Reading Scores for All Students in 2018-19 and for Students with Data in Both 2017-18 and 2018-19 (Matched Students)

School	Matched Student		
	n	Median Percentile Rank	
		2017-18	2018-19
Camperdown Academy	1	*	*
Einstein Academy	45	28	39
Glenforest School	37	15	13
Miracle Academy Preparatory School	27	69	64
The Chandler School	44	37	46
Trident Academy	0	*	*
<b>All Schools</b>	<b>919</b>	<b>46</b>	<b>52</b>

\* Fewer than 10 students.

**Table 9**

Median Mathematics Scores for All Students in 2018-19 and for Students with Data in Both 2017-18 and 2018-19 (Matched Students)

School	Matched Students		
	n	Median Percentile Rank	
		2017-18	2018-19
Camperdown Academy	1	*	*
Einstein Academy	42	17	26
Glenforest School	39	7	6
Miracle Academy Preparatory School	27	52	48
The Chandler School	44	29.5	30.5
Trident Academy	0	*	*
<b>All Schools</b>	<b>925</b>	<b>40</b>	<b>41</b>

\* Fewer than 10 students.



**Table 10**

Mean Reading NCE Scores for All Students in 2018-19 and for Students with Data in Both 2017-18 and 2018-19 (Matched Students)

School	Matched Students		
	n	Mean	
		2017-18	2018-19
Camperdown Academy	1	*	*
Einstein Academy	45	44.1	45.8
Glenforest School	37	36.8	36.1
Miracle Academy Preparatory School	27	55.3	53.1
The Chandler School	44	45.2	47.8
Trident Academy	0	*	*
<b>All Schools</b>	<b>919</b>	<b>48.4</b>	<b>49.8</b>

\* Fewer than 10 students.

**Table 11**

Mean Mathematics NCE Scores for All Students in 2018-19 and for Students with Data in Both 2017-18 and 2018-19 (Matched Students)

School	Matched Students		
	n	Mean	
		2017-18	2018-19
Camperdown Academy	1	*	*
Einstein Academy	42	30.2	35.3
Glenforest School	39	30.6	28.0
Miracle Academy Preparatory School	27	51.6	46.6
The Chandler School	44	41.4	40.8
Trident Academy	0	*	*
<b>All Schools</b>	<b>925</b>	<b>45.0</b>	<b>44.9</b>

\* Fewer than 10 students.

**Table 12**

Average NCE Gain Scores for Reading and Mathematics

School	Reading		Mathematics	
	N	Mean	n	Mean
Camperdown Academy	1	*	1	*
Einstein Academy	45	1.7	42	5.1
Glenforest School	37	-0.7	39	-2.6
Miracle Academy Preparatory School	27	-2.2	27	-5.0
The Chandler School	44	2.7	44	-0.6
Trident Academy	0	*	0	*
<b>All Schools</b>	<b>919</b>	<b>1.4</b>	<b>925</b>	<b>-0.1</b>

\* Fewer than 10 students.

## Findings

1. Schools participating in the ECENC program responded to the request for assessment data by providing either assessment information or a reason for not having the information for 2,009 (89 percent) of the 2,261 students who received grants from Exceptional SC in 2018-19.
2. Student level assessment information was obtained from 1,799 (80 percent) of all students who received a grant from Exceptional SC in school year 2018-19.
3. Of the assessment data provided, the EOC could use assessment data from approximately 1,650 students, or 73 percent of all students who received a grant from Exceptional SC in 2018-19 to calculate median percentile rankings in Reading and Mathematics.
4. At the state level, the assessment data results for school year 2018-19 for students who received a grant from Exceptional SC showed:
  - d. The median Reading percentile rank was 51, and the median Mathematics percentile rank was 40. In Reading, approximately, half of the students scored higher than 51 percent of students in a national representative sample of students. In Mathematics, half of the students scored higher than 40 percent of students in a nationally representative sample of students.
  - e. The mean Normal Curve Equivalents (NCEs) was 49.8 for Reading and 45.0 for mathematics, both of which are slightly lower than the national norm, which includes students with and without exceptional needs.
  - f. The data must be viewed in light of the following limitation. Students receiving grants from Exceptional SC all have documented exceptional needs. One would expect that students participating in the ECENC program would score lower than a nationally representative sample of students that includes students with and without exceptional needs. However, using median national percentile ranks over time will provide information on the relative performance of ECENC students and information on their academic growth.
5. Based on data from approximately 925 students with assessment information from 2017-18 and 2018-19, there appears to be a slight decline in Reading scores but no difference in Mathematics scores from school year 2017-18 to school year 2018-19. These results are consistent with the results obtained from the 2017-18 school year.
6. There were eight schools with more than 51 percent of their students who received grants from Exceptional SC in 2018-19. Of these eight schools:

- a. Two schools administered the Woodcock-Johnson assessment in 2018-19 which does not report percentile rank scores, and therefore could not be used in this evaluation.
- b. Two additional schools assessed students in the previous school year (2017-18) with portfolios, which also do not provide percentile rank scores. Current year (2018-19) scores are reported for these schools but gain scores from 2017-18 to 2018-19 could not be analyzed.
- c. The four schools with assessment information in both 2017-18 and 2018-19 differed markedly in their median percentile ranks and mean NCEs. There should be no inference to differences in school efficacy based on these data, as students self-select to attend each school.

## **Recommendations:**

1. For future submissions, the EOC recommends that Exceptional SC also collect the following information - child's date of birth as well as gender and race – to better facilitate matching student data across school years. This recommendation was included in the 2017-18 report, and was partially implemented for 2018-19.
2. The EOC recommends that first time recipients of ECENC grants be asked to provide information for previous year assessments in order to assess student improvement.
3. The EOC is concerned about the percentage of valid assessments reported. To address this concern, the EOC will highlight student assessment reporting requirements published in the Application Process for School Eligibility ([https://eoc.sc.gov/sites/default/files/Documents/ECENC%202020/ECENC%20Manual%20for%20SY2020-21.links\\_.pdf](https://eoc.sc.gov/sites/default/files/Documents/ECENC%202020/ECENC%20Manual%20for%20SY2020-21.links_.pdf)).
4. The EOC will monitor schools failing to report either valid assessment scores or a reason for not providing assessment scores.
5. The EOC will ensure that student information from portfolios can be received.

## **Appendix**



## **Memorandum of Understanding for Data Sharing**

This Agreement is entered into by [Click or tap here to enter text.](#), hereinafter referred to as “Data Owner” and the South Carolina Revenue and Fiscal Affairs Office, hereinafter referred to as “RFA”, collectively the “Parties.”

Data Owner and RFA mutually assure each other that they will protect the confidentiality of any and all individually identifiable information shared with or made available to other parties in compliance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232(g), the Individual with Disabilities Education Act (IDEA), and other applicable State and federal privacy regulations.

The purpose of this Agreement is for Data Owner to submit the assessment results of students receiving a grant from Exceptional SC to RFA to support the Education Oversight Committee’s (EOC) annual report documenting "the impact of the Educational Credit for Exceptional Needs Children Program on student achievement" as required by Act 247 of 2018, Section 12-6-3790(E)(6).

### **I. OBLIGATIONS AND ACTIVITIES OF DATA OWNER**

- A. Data Owner shall obtain consent, authorization, or permission from the individuals as may be required by applicable state or federal laws and/or regulations prior to furnishing the individually identifiable information pertaining to an individual to RFA. Such authorizations or permissions shall be furnished to RFA upon request.
- B. Provide to RFA with any changes in, or revocation of, permission by the individuals to use or disclose individually identifiable information, if such changes affect RFA’s permitted or required uses and disclosures.
- C. On an annual basis, provide to RFA via secure portal a copy of the test score sheet of each student who received a grant from Exceptional SC beginning with school year 2018-19 and for each successive school year through 2022-23.

### **II. OBLIGATIONS AND ACTIVITIES OF RFA**

- A. RFA will not use or disclose individually identifiable information other than as permitted or required by this Agreement or as required by state and federal law or as otherwise authorized by Data Owner.
- B. RFA will use appropriate safeguards to prevent use or disclosure of the individually identifiable information other than as provided for by this Agreement. RFA maintains and uses appropriate administrative, technical and physical safeguards to preserve the integrity and confidentiality of and to prevent non-permitted use or disclosure of individually identifiable information. These safeguards are required regardless of the mechanism used to transmit the information.



- C. RFA will mitigate, to the extent practicable, any harmful effect that is known to RFA of a use or disclosure of individually identifiable information by RFA or its workforce in violation of the requirements of this Agreement.
- D. RFA will report to Data Owner, in writing, any use and/or disclosure of individually identifiable information that is not permitted or required by this Agreement of which RFA becomes aware as soon as reasonable, but no more than 72 hours following knowledge of a breach of confidentiality, pursuant to Act No. 284, 2016 S.C. Acts, Proviso 117.
- E. RFA will ensure that any agent, including a subcontractor, to whom it provides individually identifiable information, received from, or created or received by RFA, executes a written agreement obligating the agent or subcontractor to comply with all the terms of the Agreement.

### **III. PERMITTED USES AND DISCLOSURES BY RFA**

- A. Functions and Activities: Except as otherwise limited in this and any other agreement between RFA and Data Owner, RFA may use or disclose individually identifiable information only for purposes authorized by Data Owners in a separate written agreement or amendment to this agreement, if such use or disclosure of individually identifiable information would not violate any applicable state or federal laws if done by Data Owners themselves. RFA may pass individually identifiable information to any of its subcontractors for use in fulfilling the obligations of this Agreement as long as the subcontractor adheres to the conditions of this Agreement. This includes, but is not limited to, data being sent directly to any subcontractor to be used in data aggregation and quality assurance on behalf of RFA or Data Owners.
- B. RFA may make available individually identifiable information, with permission of Data Owners and in compliance with any applicable state or federal laws, to other entities as authorized by Data Owners in a separate written agreement or amendment to this agreement, if such disclosure of individually identifiable information would not violate any state or federal laws.
- C. RFA and any of its subcontractors, except as otherwise limited in this Agreement, may use individually identifiable information to provide feedback on quality issues and comparative analyses using data solely from this project or data generated under the data aggregation authority of this Agreement.
- D. RFA upon entering into an agreement using individually identifiable information for any of its functions and activities on behalf of this project or in its general operations will make available that agreement to Data Owner or Data Owners upon request.

### **IV. TERM AND TERMINATION**

- A. Term. The Agreement shall be effective when signed by both Parties (the "Effective Date"). The Agreement will automatically extend annually on the anniversary of the Effective Date for four additional one-year terms unless either Party elects to not renew and gives thirty (30) days' written notice to the other Party.
  - 1. Termination for Cause: Upon Data Owner's reasonable determination that RFA has breached a material term of this Agreement, Data Owner shall be entitled to do any one or more of the following:

- a) Give RFA written notice of the existence of such breach and an opportunity to cure upon mutually agreeable terms. If RFA does not cure the breach or end the violation according to such terms, or if RFA and Data Owner are unable to agree upon such terms, Data Owner may immediately terminate any agreement between Data Owner and RFA which is the subject of such breach.
  - b) Immediately stop all further disclosures of individually identifiable information to RFA pursuant to each agreement between Data Owner and RFA which is the subject of such breach.
- 2. Effect of Termination: Upon termination of the contract or upon written demand from Data Owner, RFA agrees to immediately return or destroy, except to the extent infeasible, all individually identifiable information received from, created by, or received by RFA, including all such individually identifiable information which RFA has disclosed to its employees, subcontractors and/or agents. Destruction shall include destruction of all copies including backup tapes and other electronic backup medium. In the event the return or destruction of some or all such individually identifiable information is infeasible, individually identifiable information not returned or destroyed pursuant to this paragraph shall be used or disclosed only for those purposes that make return or destruction infeasible.
- 3. Continuing Privacy Obligation: The obligation of RFA to protect the privacy of individually identifiable information is continuous and survives any termination, cancellation, expiration, or other conclusion of this Agreement or any other agreement between Data Owner and RFA.
- B. Notices. All notices pursuant to this Agreement must be given in writing and shall be effective when received if hand-delivered or upon dispatch if sent by reputable overnight delivery service, facsimile or U.S. Mail to the appropriate address or facsimile number as set forth at the end of this Agreement.

**V. MISCELLANEOUS.**

- A. Data Owner and RFA agree that Individuals who are the subject of individually identifiable information are not third-party beneficiaries of this Agreement.
- B. The parties acknowledge that state and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements any applicable laws relating to the security or confidentiality of individually identifiable information. The parties understand and agree that Data Owner must receive satisfactory written assurance from RFA that RFA will adequately safeguard all Information that it receives or creates pursuant to this Agreement. Upon request by Data Owner, RFA agrees to promptly enter into negotiations with Data Owner concerning the terms of any amendment to the Agreement embodying written assurances consistent with the standards and requirements of any applicable laws. Data Owner may terminate this Agreement upon thirty (30) days written notice in the event RFA does not promptly enter into negotiations to amend this Agreement when requested by Data Owner pursuant to this Section.

- C. In the event that any provision of this Agreement violates any applicable statute, ordinance or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.
- D. This Agreement may not be amended, altered or modified except by written agreement signed by Data Owner and RFA.
- E. No provision of this Agreement may be waived except by an agreement in writing signed by the waiving party. A waiver of any term or provision shall not be construed as a waiver of any other term or provision. Nothing in Section 2 of this Agreement shall be deemed a waiver of any legally-recognized claim of privilege available to Data Owner.
- F. The persons signing below have the right and authority to execute this Agreement for their respective entities and no further approvals are necessary to create a binding Agreement.
- G. Neither Data Owner nor RFA shall use the names or trademarks of the other party or of any of the respective party's affiliated entities in any advertising, publicity, endorsement, or promotion unless prior written consent has been obtained for the particular use contemplated.
- H. All references herein to specific statutes, codes or regulations shall be deemed to be references to those statutes, codes or regulations as may be amended from time to time.

**VI. OWNERSHIP OF DATA**

- A. Nothing in this Memorandum of Understanding shall be construed as granting RFA any right, title or interest in or to, any license of any data. Ownership of client data remains that of Data Owner.

**IN WITNESS WHEREOF** the parties have executed this agreement effective upon last dated signature.

Click or tap here to enter text.

S.C. Revenue and Fiscal Affairs Office  
Health and Demographics Division  
Rembert C. Dennis Building  
1000 Assembly Street, Suite 240  
Columbia, SC 29201

BY:

Click or tap here to enter text.

Date

BY:

W. David Patterson, Ph.D.  
Division Director

Date

*The SC Education Oversight Committee is an independent, non-partisan group made up of 18 educators, business persons, and elected leaders. Created in 1998, the committee is dedicated to reporting facts, measuring change, and promoting progress within South Carolina's education system.*

<b>ADDITIONAL INFORMATION</b>
If you have questions, please contact the Education Oversight Committee (EOC) staff for additional information. The phone number is 803.734.6148. Also, please visit the EOC website at <a href="http://www.eoc.sc.gov">www.eoc.sc.gov</a> for additional resources.

The Education Oversight Committee does not discriminate on the basis of race, color, national origin, religion, sex, or handicap in its practices relating to employment or establishment and administration of its programs and initiatives. Inquiries regarding employment, programs and initiatives of the Committee should be directed to the Executive Director 803.734.6148.
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## EDUCATION OVERSIGHT COMMITTEE

Date: April 20, 2020

### **ACTION:**

Suspension of School Report Card Ratings for School Year 2019-20 due to COVID-19 Pandemic

### **PURPOSE/AUTHORITY**

SECTION 59-18-900. Annual report cards; performance ratings; criteria; annual school progress narrative; trustee training; data regulations; military-connected student performance reports

(A) The Education Oversight Committee, working with the State Board of Education, is directed to establish the format of a comprehensive, web-based, annual report card to report on the performance for the State and for individual primary, elementary, middle, high schools, career centers, and school districts of the State. The comprehensive report card must be in a reader-friendly format, using graphics whenever possible, published on the state, district, and school websites, and, upon request, printed by the school districts. The school's rating must be emphasized and an explanation of its meaning and significance for the school also must be reported. The annual report card must serve at least six purposes:

- (1) inform parents and the public about the school's performance including, but not limited to, that on the home page of the report there must be each school's overall performance rating in a font size larger than twenty-six and the total number of points the school achieved on a zero to one hundred scale;
- (2) assist in addressing the strengths and weaknesses within a particular school;
- (3) recognize schools with high performance;
- (4) evaluate and focus resources on schools with low performance;
- (5) meet federal report card requirements; and
- (6) document the preparedness of high school graduates for college and career.

(B)(1) The Education Oversight Committee, working with the State Board of Education and a broad-based group of stakeholders, including, but not limited to, parents, business and industry persons, community leaders, and educators, shall determine the criteria for and establish performance ratings of excellent, good, average, below average, and unsatisfactory for schools to increase transparency and accountability as provided below:

- (a) Excellent-School performance substantially exceeds the criteria to ensure all students meet the Profile of the South Carolina Graduate;
- (b) Good-School performance exceeds the criteria to ensure all students meet the Profile of the South Carolina Graduate;
- (c) Average-School performance meets the criteria to ensure all students meet the Profile of the South Carolina Graduate;

(d) Below Average-School performance is in jeopardy of not meeting the criteria to ensure all students meet the Profile of the South Carolina Graduate; and

(e) Unsatisfactory-School performance fails to meet the criteria to ensure all students meet the Profile of the South Carolina Graduate.

(2) The same categories of performance ratings also must be assigned to individual indicators used to measure a school's performance including, but not limited to, academic achievement, student growth or progress, graduation rate, English language proficiency, and college and career readiness.

(3) Only the scores of students enrolled continuously in the school from the time of the forty-five-day enrollment count to the first day of testing must be included in calculating the rating. Graduation rates must be used as an additional accountability measure for high schools and school districts.

(4) The Oversight Committee, working with the State Board of Education, shall establish student performance indicators which will be those considered to be useful for inclusion as a component of a school's overall performance and appropriate for the grade levels within the school.

(C) In setting the criteria for the academic performance ratings and the performance indicators, the Education Oversight Committee shall report the performance by subgroups of students in the school and schools similar in student characteristics. Criteria must use established guidelines for statistical analysis and build on current data-reporting practices.

(D) The comprehensive report card must include a comprehensive set of performance indicators with information on comparisons, trends, needs, and performance over time which is helpful to parents and the public in evaluating the school. In addition, the comprehensive report card must include indicators that meet federal law requirements. Special efforts are to be made to ensure that the information contained in the report card is provided in an easily understood manner and a reader-friendly format. This information should also provide a context for the performance of the school. Where appropriate, the data should yield disaggregated results to schools and districts in planning for improvement. The report card should include information in such areas as programs and curriculum, school leadership, community and parent support, faculty qualifications, evaluations of the school by parents, teachers, and students. In addition, the report card must contain other criteria including, but not limited to, information on promotion and retention ratios, disciplinary climate, dropout ratios, dropout reduction data, dropout retention data, access to technology, student and teacher ratios, and attendance data.

(E) After reviewing the school's performance on statewide assessments and results of other report card criteria, the principal, in conjunction with the School Improvement Council established in Section 59-20-60, must write an annual narrative of a school's progress in order to further inform parents and the community about the school and its efforts to ensure that all students graduate with the knowledge, skills, and opportunity to be college ready, career ready, and life ready for success in the global, digital, and knowledge-based world of the twenty-first century as provided in Section 59-1-50. The narrative must be reviewed by the district superintendent or appropriate body for a local charter school. The narrative must cite factors or activities supporting progress and barriers which inhibit progress. The school's report card must be furnished to parents and the public no later than November fifteenth for the 2016-2017 and 2017-2018 School Years. To further increase transparency and accountability, for



the 2018-2019 School Year, the school's report card must be furnished to parents and the public no later than October first. For the 2019-2020 School Year, and every subsequent year, the school's report card must be furnished to parents and the public no later than September first.

(F) The percentage of new trustees who have completed the orientation requirement provided in Section 59-19-45 must be reflected on the school district website.

(G) The State Board of Education shall promulgate regulations outlining the procedures for data collection, data accuracy, data reporting, and consequences for failure to provide data required in this section.

(H) The Education Oversight Committee, working with the State Board of Education, is directed to establish a comprehensive annual report concerning the performance of military-connected children who attend primary, elementary, middle, and high schools in this State. The comprehensive annual report must be in a reader-friendly format, using graphics whenever possible, published on the state, district, and school websites, and, upon request, printed by the school districts. The annual comprehensive report must address at least attendance, academic performance in reading, math, and science, and graduation rates of military-connected children.

### **CRITICAL FACTS**

Given the significant challenges which have arisen as a result of the COVID-19 pandemic and the subsequent suspension of assessments and federal accountability measures, it is recommended that the EOC request that the SC General Assembly suspend overall and indicator Report Card ratings for the 2019-20 school year per state statute. A March 24, 2020 letter was sent to members of the EOC from Ellen Weaver, Chair, outlining the reasons for this recommendation. New report cards will still be generated for each school with federally-required, un-waived data elements (i.e., Civil Rights data, teacher certification data, listing of schools in performance status, etc.). As a condition of SC's federal accountability waiver, the U.S. Department of Education states, "any school that is identified for comprehensive or targeted support and improvement or additional targeted support and improvement in the 2019-2020 school year will maintain that identification status in the 2020-2021 school year and continue to receive supports and interventions consistent with the school's support and improvement plan in the 2020-2021 school year."

### **ECONOMIC IMPACT FOR EOC**

**Cost:** No fiscal impact beyond current appropriations

**Fund/Source:**

### **ACTION REQUEST**

☒ **For approval**

☐ **For Information**

☐ **Approved**

☐ **Amended**

☐ **Not Approved  
(explain)**

☐ **Action deferred**

### **ACTION TAKEN**

# Memo

**To:** Members of The South Carolina Education Oversight Committee

**From:** Ellen Weaver, Chair

**cc:** The Honorable Henry McMaster, Governor  
The Honorable Harvey Peeler, President of the South Carolina Senate  
The Honorable Jay Lucas, Speaker of the South Carolina House  
Mr. Mike Brennan, Chair of the State Board of Education  
Dr. Rainey Knight, EOC Interim Executive Director  
Mr. Matthew Ferguson, EOC Incoming Executive Director

**Date:** March 24, 2020

**Re:** EOC Response to COVID-19

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I hope that this finds you and your families healthy and safe.

On behalf of the full EOC, I want to extend a heartfelt “thank you” to Superintendent Spearman, school administrators, teachers, staff, and parents across our state for their tireless efforts on behalf of students in these challenging times. Our thoughts are with all those impacted as we all seek to safely navigate the immediate health threat facing our communities.

I want to also commend our staff for their hard work in recent weeks. Since 2018, the EOC has worked closely with 15 school districts to pilot a high-quality eLearning program for inclement weather closures. This current crisis has necessitated introducing “lessons learned” from that experience into much wider practice, as EOC staff provide assistance to other school districts implementing different variations of “emergency eLearning” for the first time due to statewide school closure.

Additionally, staff have compiled a helpful list of supplemental instructional resources for parents and caregivers who are now working to help their children learn at home. This shareable resource can be found at <https://expectmoresc.com/support-for-families-helping-students-learn-at-home/>.

Our greatest concern is for the short and long-term impact of this crisis on the children of South Carolina. While educators and families are doing their best to provide learning solutions during this time, children will lose valuable learning, and we must stand ready to assist when and where we are able.

Looking ahead, we know that many decisions impacting the future of our students loom large. Yesterday, the U.S. Department of Education gave South Carolina approval to suspend assessments and waived all federal accountability measures as a result of a request submitted by the State Department of Education (SDE) in response to the COVID-19 pandemic.

While unavoidable, this will have significant implications in education policy decisions for the current school year and many to come, including but not limited to the administration of the Education Accountability Act.

Based on the most recent correspondence to district superintendents from the SDE, all of the rated report card indicators are impacted by the U.S. Department of Education waiver, with the exception of high school graduation rate. In short, it is quite impossible to build a meaningful accountability system during a school year interrupted by unexpected turmoil.

Because of this, I have asked EOC staff to make a full review of pertinent state laws and regulations—in consultation with the Governor, State Superintendent, and other key stakeholders—in order to make informed joint recommendations to the Education Oversight Committee and Members of the General Assembly on potential solutions to these challenges. Staff will give special attention to what requirements may still require statutory authorization and what might be handled administratively.

Given the challenges outlined above, it is very likely that staff will recommend that the EOC suspend new School Report Cards for the 2019-20 school year. While certainly not optimal, this is not unprecedented in recent years. However, we must be ready to provide guidance and certainty for schools on these issues as soon as possible once the immediate health crisis has abated.

We will plan to hold our regularly scheduled April 20<sup>th</sup> meeting of the full EOC by teleconference. At that meeting, we will limit our regular business to only reports that require immediate action, so that we may focus the majority of our time on these time-sensitive discussions around the 2019-20 Report Card; expanding the EOC's official eLearning pilot program; and an update of the ongoing, legislatively-required Cyclical Review of South Carolina's Accountability System.

We don't yet know the full scope of the challenge we will face in terms of weeks of lost instructional time and other important variables in this new education paradigm. But we do know that there will be many complicated decisions to make in short order to provide maximum clarity for educators and parents.

Navigating these uncharted waters will require careful listening, clear communication, and a large dose of common sense. But keeping students and their learning needs as our North Star, we may also find unexpected opportunities to address long-standing challenges in new ways.

I am confident that the EOC stands ready with a "can do" attitude to partner with education and legislative leaders to reimagine what is possible and raise the expectations for what all children in our state can achieve. I look forward to speaking with you on April 20<sup>th</sup>, if not before. Please don't hesitate to reach out with ideas, questions, or concerns.



## UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF ELEMENTARY AND SECONDARY EDUCATION

March 27, 2020

The Honorable Molly Spearman  
Superintendent of Education  
South Carolina Department of Education  
1429 Senate Street, Room 1006  
Columbia, SC 29201

Dear Superintendent Spearman:

I am writing in response to South Carolina's request on March 20, 2020 that the U.S. Department of Education (Department) waive statewide assessment, accountability and reporting requirements in the Elementary and Secondary Education Act (ESEA) for the 2019-2020 school year due to widespread school closures related to the novel Coronavirus disease (COVID-19).

Specifically, South Carolina requested a waiver of the following:

- Assessment requirements in section 1111(b)(2) for the school year 2019-2020.
- Accountability and school identification requirements in sections 1111(c)(4) and 1111(d)(2)(C)-(D) that are based on data from the 2019-2020 school year.
- Report card provisions related to assessments and accountability in section 1111(h) based on data from the 2019-2020 school year. These include:
  - Section 1111(h)(1)(C)(i) (accountability system description);
  - Section 1111(h)(1)(C)(ii) (assessment results);
  - Section 1111(h)(1)(C)(iii)(I) (other academic indicator results);
  - Section 1111(h)(1)(C)(iv) (English language proficiency results);
  - Section 1111(h)(1)(C)(v) (school quality or student success indicator results);
  - Section 1111(h)(1)(C)(vi) (progress toward meeting long-term goals and measurements of interim progress);
  - Section 1111(h)(1)(C)(vii) (percentage of students assessed and not assessed);
  - Section 1111(h)(1)(C)(xi) (number and percentage of students with the most significant cognitive disabilities taking an alternate assessment); and
  - Section 1111(h)(2)(C) with respect to all waived requirements in section 1111(h)(1)(C) as well as 1111(h)(2)(C)(i)-(ii) (information showing how students in an LEA and each school, respectively, achieved on the academic assessments compared to students in the State and LEA).

After reviewing South Carolina's request, I am pleased to approve, pursuant to my authority under section 8401(b) of the ESEA, a waiver of the assessment, accountability and reporting requirements listed above for the 2019-2020 school year.

400 MARYLAND AVE., SW, WASHINGTON, DC 20202  
<http://www.ed.gov/>

As part of this waiver, South Carolina assures that:

- Any school that is identified for comprehensive or targeted support and improvement or additional targeted support and improvement in the 2019-2020 school year will maintain that identification status in the 2020-2021 school year and continue to receive supports and interventions consistent with the school's support and improvement plan in the 2020-2021 school year.
- The State educational agency will provide the public and all LEAs in the State with notice of and the opportunity to comment on this request (*e.g.*, by posting information regarding the waiver request and the process for commenting, on the State website).

I know that you are doing all in your power to support your districts and schools to ensure the health and well-being of students and educators. Thank you for your dedication to this effort. If you have any questions about this waiver, please contact my staff at [OESE.TitleI-a@ed.gov](mailto:OESE.TitleI-a@ed.gov)

Sincerely,

A handwritten signature in black ink, reading "Frank T. Brogan". The signature is fluid and cursive, with the first name "Frank" and last name "Brogan" clearly legible, and "T." as a middle initial.

Frank T. Brogan  
Assistant Secretary  
for Elementary and Secondary Education

## **EDUCATION OVERSIGHT COMMITTEE**

**Date: April 20, 2020**

### **INFORMATION:**

Final Report of the eLearning Pilot Districts Project

### **PURPOSE/AUTHORITY**

2019-20 General Appropriation Bill, 1A.83. (SDE-EIA: Digital Learning Plan) The Education Oversight Committee is responsible for implementing the second year of a pilot program for alternative methods of instruction for make-up days. The five school districts that participated in the initial pilot program in the prior fiscal year shall have the option of continuing to participate during the current fiscal year. As a condition of their continued participation, these five school districts shall assist the committee in reviewing and approving additional school districts to participate in the second year of the pilot program and shall provide technical assistance and support to new districts participating in the pilot. From funds available to the committee, the committee is authorized to allocate funds to the five districts for providing technical support to the new districts participating in the pilot program.

All districts participating in the pilot in the current fiscal year shall utilize alternative methods of instruction which may include, but are not limited to, online or virtual instruction for scheduled make up time. All make up time must reflect the number of hours of the make-up days the instruction will cover. All make up time must meet state requirements for elementary and secondary school days. All districts shall continue to report to the Department of Education all days missed, reasons for the absences, days made up, and now the alternative method of instruction used. The Education Oversight Committee shall work with the Educational Television Commission (ETV) and the State Library to utilize and coordinate available ETV and State Library resources and explore alternative means of delivery to districts that may lack proper access to online instruction. All school districts shall report the following information to the Education Oversight Committee by April 1, 2020: method(s) of implementation utilized, advantages and disadvantages of the method(s) used, any feedback received from administrators, teachers, parents or guardians, and recommendations for how the program can be implemented statewide.

By June 1, 2020 the Education Oversight Committee shall report to the Governor, the General Assembly, the Department of Education, and the State Board of Education a plan for implementing the eLearning program for make-up days statewide.

### **CRITICAL FACTS**

The EOC constructed and implemented the second year of a pilot program for alternative methods of instruction for make-up days. In summer 2019, the anonymous scoring process by school districts from Cohort 1, the EOC selected ten (10) school districts as Cohort 2 (Anderson 1, 2, and 3; Berkeley; Florence 1; Georgetown; Lexington 2 and 3; York 2 and 3) for the pilot program to utilize alternative methods of instruction which may include, but are not limited to, online or virtual instruction for scheduled make up time. These districts joined the

five (5) districts in Cohort 1 (Anderson 5, Kershaw, Pickens, Spartanburg 1 and 7) selected in school year 2018-2019 to implement the project in school year 2019-2020. The Cohort 1 group agreed to serve as mentors to the new districts in Cohort 2.

**ECONOMIC IMPACT FOR EOC**

**Cost:** No fiscal impact beyond current appropriations

**Fund/Source:**

**ACTION REQUEST**

☒ **For Information**

☐ **For Approval**

☐ **Approved**

**ACTION TAKEN**

☐ **Amended**

☐ **Not Approved  
(explain)**

☐ **Action deferred**





**eLearning Pilot Districts Project**  
Final Report to the  
Education Oversight Committee  
April 20, 2020

Prepared by Lee M. D'Andrea, Ph.D.

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## **Introduction and Background**

Pursuant to Proviso 1A.83 of the 2019-20 General Appropriation Act (Appendix A), the Education Oversight Committee (EOC) constructed and implemented the second year of a pilot program for alternative methods of instruction for make-up days. In summer 2019, the anonymous scoring process by school districts from Cohort 1, the EOC selected ten (10) school districts as Cohort 2 (Anderson 1, 2, and 3; Berkeley; Florence 1; Georgetown; Lexington 2 and 3; York 2 and 3) for the pilot program to utilize alternative methods of instruction which may include, but are not limited to, online or virtual instruction for scheduled make up time. These districts joined the five (5) districts in Cohort 1 (Anderson 5, Kershaw, Pickens, Spartanburg 1 and 7) selected in school year 2018-2019 to implement the project in school year 2019-2020. The Cohort 1 group agreed to serve as mentors to the new districts in Cohort 2. Mentoring included hosting virtual meetings, sharing resources, providing examples of communications, and building extended capacities.

The selection process for Cohort 2 included an application (Appendix B) requiring the districts to define the readiness of the district to implement an eLearning day in lieu of a face-to-face school day. The readiness factors were based on device distribution among students, teachers' familiarity with the use of a learning management system, technology infrastructure and current integration status of instructional technology as a part of the overall learning process.

The districts in Cohort 1 scored the 23 applications using a pre-designed rubric available to the applicants (Appendix C). All applications were redacted of identifying information making them anonymous. The scorers were also unidentified in any feedback. In early July, districts were notified of selection.

The EOC contracted with Dr. Lee M. D'Andrea to structure the pilot project, to assist cohort districts in implementation, and to establish a working network among the cohorts and South Carolina ETV (SCETV) and the SC State Library as required by the proviso. The following report documents the implementation, findings, and conclusions from the second year of the pilot program.

For the purpose of this report, the following terms are defined and used accordingly:

- Digital learning (or instructional technology integration) – the use of technology resources with teaching lessons, regardless of whether the lessons are face-to-face, online exclusively or in hybrid modes. This includes the use of hardware, the use of the web, cloud applications, social media, and other software programs.
- eLearning – the use of technology resources through a systemic delivery method (or Learning Management System – LMS) allowing teachers and students to provide or continue existing instruction for multiple reasons, including, but not limited to, inclement weather, local disasters or interruptions in basic services such as power or water, student suspension from school, and student medical related absences from school. In the pilot project over the last two years, this period of time for absences has ranged from 1-5 days in length.
- Online learning – the exclusive use of technology resources for teaching and learning. Face-to-face classes are *not* a part of the regular planning, teaching, learning activities or submission of materials.

### *Special Note in the Introduction and Background*

During the COVID-19 health crisis, South Carolina teachers and students migrated from classrooms with little digital learning to a full online environment, in some districts. In districts, such as the 15 pilot districts with demonstrated robust digital learning environments in the classroom *and experience in eLearning*, the migration to full online learning was a gentler transition. Yet, even this transition is filled with challenges and prompted questions. For example, how should special education services prescribed in the student Individual Education Plan (IEP) be delivered without the stated resources; or how can “wet labs” in science classes be reproduced digitally, or how to provide wrap-around services related to health, counseling or guidance?

The SC State Department of Education is the leader of this transition related to COVID 19. When the COVID-19 issues are “resolved” and public education resumes at some level of normal delivery, information, reflections and feedback should be collected for integration into eLearning Pilot Projects in the future. Further, the accurate collection of data such as analytics regarding teacher online time/sign-ins and student online time/sign-ins as an indicator of readiness for eLearning should be a priority. Districts, schools and classrooms were forced to transform overnight. We should learn the lessons and chart the best practices for the future from this unprecedented disruption of the system. Out of the worst of times, can come good, useful data.

### **Implementation Process**

Upon notification of award to serve as a pilot project district in Cohort 2, mentee assignments were made to Cohort 1 districts. Considering size of district (students and staff), level of readiness, Learning Management System platforms, and in some cases distances apart, the assignments are shown in Table A. The EOC provided compensation to the mentor districts.

**Table A**

Cohort One (Mentoring District)	Cohort 2 (Mentee Districts)
Anderson 5	Anderson 1, 2, and 3; Lexington 2 and 3
Kershaw	Florence 1 and Georgetown
Pickens	Berkeley
Spartanburg 7	York 2 and 3

*\*Spartanburg 1 did not use any eLearning days in 2018-2019 and chose not to serve as mentoring district. They did participant in meetings, etc. in 2019-2020.*

Monthly meetings were scheduled between July and December with a final summary meeting in March of 2020. The agendas for each meeting are in Appendix D. In general, the topics for the meetings included:

1. district sharing of current instructional technology implementation status and device distribution implementation plans;
2. learning about additional resources at SCETV and SC State Library;
3. delivery of eLearning in compliance with IEPs and 504s;
4. communication strategies (with board members, parents, students, teachers and staff);
5. findings from the Mock or Practice days each district scheduled;
6. absence rates; and
7. collection of recommendations for future pilot districts.

On the July 31, 2019, meeting at SCETV, all districts were encouraged to plan for any early fall events (hurricane and/or flooding). Districts were expected to schedule and implement a “mock-day” for the purpose of ensuring all participants were implementing their role with fidelity. This included teachers, administrators, students, and technology support staff. The students were still in the buildings, but various scenarios were created to ensure students were exclusively engaged in digital learning, thus the “mock eLearning Day.” These “mock days” were implemented differently in the districts. For example, sometimes elementary schools used one day, middle and high schools used another day. In other incidences, some feeder clusters practiced on one day and different feeder clusters practiced on another day. In both cases and in every district, the majority of teachers (75-93%) reported it was helpful to have the mock day *and* to engage with other teachers across schools at the same grade levels or in vertical alignment as the planning took place.

The ten districts in Cohort 2 reported that the Cohort 1 districts’ lessons from school year 2018-2019 helped in preparation for “mock days,” especially in the planning for communications to all stakeholders, development of web pages and use of online resources for parents and students, as well as setting expectations of staff. Even with the assistance in planning, Cohort 2 districts reported the discovery that some teachers and staff needed significantly more help or direction than anticipated. In many of these classrooms, individuals were using digital learning less frequently than other classrooms prior to beginning the eLearning Pilot Project.

From the beginning of school in August 2019 through March 6, 2020, eLearning days were used by each of the pilot districts in Cohorts 1 and 2.



**eLearning Data for School Year 2019-2020**

<b>Cohort 1 Districts</b>	<b>Enrollment</b>	<b>1st eLearning date</b>	<b>1st day absent and using eLearning later</b>	<b>Later date used in eLearning</b>	<b>2nd eLearning date</b>	<b>2nd day absent and using eLearning later</b>	<b>Later date used in eLearning</b>	<b>3rd eLearning date</b>	<b>3rd day absent and using eLearning later</b>	<b>Later date used in eLearning</b>
Anderson 5	13,110	Feb. 20, 2020				-				
Kershaw	10,756	Sept. 5, 2019				-				
Pickens	16,212	Feb. 7, 2020			Feb. 21, 2020	-				
Spartanburg 1	5,153					-				
Spartanburg 7	7,356	Feb. 21, 2020				-				
<b>Total</b>	<b>52,587</b>									
<b>Cohort 2 Districts</b>										
Anderson 1	10,185	Feb. 21, 2020						-		
Anderson 2	3,762				-			-		
Anderson 3	2,609	Feb. 21, 2020						-		
Berkeley	35,794		Sept. 2, 2019	Oct. 25, 2019	-	Sept. 3, 2019	Mar. 13, 2020	-	Sept. 4, 2019	Apr. 10, 2020
Florence 1	16,102				-					
Georgetown	9,306		Sept. 2, 2019	Oct. 25, 2019		Sept. 3, 2019	Jan. 17, 2020	-	Sept. 4, 2020	Mar. 20, 2020
Lexington 2	8,947		Sept. 5, 2019	Nov. 11, 2019				-		
Lexington 3	2,082	Feb. 14, 2020						-		
York 2	8,037		Oct. 9, 2019	Feb. 17, 2020	-	Feb. 7, 2020	Mar. 23, 2020	-		
York 3	17,722		Oct. 9, 2019	Apr. 13, 2020		Feb. 17, 2020	22-May-20			
<b>Total</b>	<b>114,546</b>									
<b>Total Students in Cohorts 1&amp;2</b>										
<b>167,133</b>										

Until the COVID-19 health crisis emerged, the fifteen districts were on track to bring eLearning days to a close, complete the school year and bring closure to Year 2 of the eLearning Pilot. The landscape clearly changed with the suspension of face-to-face school days across all of South Carolina on March 16, 2020. At the time of this report writing, the suspension of face-to-face school remains in effect through the end of April.

## **Findings**

The following Findings are a result of observations and interviews, site visits, data collection and network meetings. While the Findings are in the scope of the original Pilot Project as described in Proviso 1A.83, it is challenging to ignore the new context with public school in PreK 4 through grade 12 currently exclusively in online delivery. The three Findings in this report have implications for Cohort Three, should the General Assembly decide to pursue this option; also, the Findings are lessons for all districts in the pursuit of global and world-class instruction programs.

### **1. In the implementation of eLearning, district leadership and organizational structure were vital and critical to the overall success of each district.**

In conversations with superintendents from the fifteen pilot districts, the vision and the expectations were clearly described, and the commitment evident through communications and dedication of resources. Using multiple sources of funding: dovetailing state and local revenues, seeking federal, foundation and business grants, dedicating parts of 8% bonds, even securing referendum approved bonds, the superintendents, chief financial officers, instructional and technology district leaders developed the vision into a reality. The enormity and complexity of building these learning environments are not school by school initiatives, but rather system ventures.

When organizational charts were reviewed, districts had a variety of organizational structures in place to support both the instructional side of the implementation and the technical side of the implementation. Regardless of the exact organizational chart, human capital (people) were dedicated to the endeavor at both the district and the school level. The great majority of the people did not have eLearning as the sole responsibility, but rather it was naturally integrated with an existing responsibility. For example, a technology integration coach might work with teachers daily to use digital resources in the classroom and then, be the “on-call” resource for the Learning Management System (LMS) during eLearning.

2. **Successfully separating from the physical school space is based on the foundation of a well-established digital learning environment within the physical classroom. eLearning is not the same as online learning. eLearning is the use of technology resources through a systemic delivery method (or Learning Management System – LMS) allowing teachers and students to provide or continue existing instruction for multiple reasons. Online learning is the exclusive delivery of teaching and learning via technology. This pilot project examined the use of eLearning when schools were forced to close (or separate students from the physical space) for short periods of time, in cases of inclement weather, utility emergencies, out of school suspension or student illness.**

In the networking meetings, all fifteen pilot districts described the extensive digital learning landscapes they had created as a part of the overall teaching and learning environment in the district. The readiness to implement predicated the ability to offer the eLearning day to students and families as a strategy for continuing instruction without interruption. In each of the fifteen pilot districts, digital learning (instructional technology integration) and 1:1 devices were in existence for at least two years. The districts reported this amount of time was necessary to fully implement an effective Learning Management System (LMS), secure devices and establish practices for use both in school and at home. In addition, professional development was ongoing during the entire implementation process. Even during implementation, the 15 pilot project districts reported the need to identify teachers with less skill in these teaching strategies and provide professional development. Helping and supporting teachers on topics such as Learning Management System (LMS) uses, digital instructional strategies and location of resources were scheduled in face-to-face meetings, summer seminars, webinars and Professional Learning Communities (PLC) time. Both the SC State Library and SCETV provided help to district staff and teachers in one or more of these deliveries. Multiple resources are available on each organization's website - <http://www.statelibrary.sc.gov/> and <https://www.scetv.org/elearning>.

3. **Preparation and planning make a difference in the quality of the migration from digital learning environment (in school) to eLearning (away from school).**

Even with the foundation of digital learning in place, the actual execution of eLearning required implementation details and support be in place. The mock or practice days were positive learning experiences for the districts. Each district reported “small, but important details” related to communications with parents, student downloading assignments, software interfacing and log-ons, and a few teachers still lacked skill or commitment to integrate technology in the learning environment. All districts reported the mock or practice days as an integral part of the process. But all districts reiterated the desire for eLearning as an alternative to canceling school is only because digital learning is an operational part of their learning environments and this opportunity truthfully lessens interruptions in instruction. In fact, the districts reported the laser focus on being prepared for either mock or practice days as well as actual eLearning days strengthened the overall teaching and learning plans in their districts. This only happens with a strong digital learning foundation and high level of readiness in all stakeholders, including students with devices, teachers working in this instructional technology environment and administrators communicating clearly to all stakeholders.

When the planning and preparation were extensive, transparent and well communicated, parents, community members, board members and business/industry and faith-based groups were included and a part of the overall implementation process. Parents understood the expectations and where to seek help if needed. Sometimes this help came from the teacher via text or email, other times the district IT department answered technical calls and, on many occasions, the community provided Wi-Fi areas or special offerings from internet providers.

When asked, the districts reported thousands of man hours had gone into the planning for every aspect: financing, procurement, LMS structure, communications, IT set-up and backup, migration and interface with PowerSchool, defining curriculum and instruction expectations and creating learning resources. While many of these tasks were a part of building the high-quality digital learning environment, significant amounts of time were invested in preparation for eLearning day(s). Districts also reported this is an ongoing

process and after eLearning day(s) were used debriefings were integral part of the process to improve this option.

*Special Note on Online Learning – As defined earlier in this Report, Online Learning is the delivery of a course or content exclusively via technology. This option is in increasing demand and offerings in every field of work and study. Just as the development of textbooks, software and other education resources require teams of experts in multiple fields – content specialists, online learning specialists, production and audio technicians and communications experts – online education delivery for students in PK-12 requires a sophisticated and team approach. Even making the content 100% assessible (ADA compliant) to all students can be a challenge beyond the scope and resources of a single district. While IEP compliance was addressed in eLearning through the understanding that the short time period away from prescribed services could be made up, it was noted that longer periods of time (two weeks was discussed) would require an updated IEP, etc.*

*SCETV is a great resource for the conversation, but without a doubt this endeavor is a state or regional level project. As noted earlier in the Report, eLearning is not Online Learning; however, the Pilot Project brought the topic of Online Learning into the realm of discussion and possible action. In general, Online Learning addresses the needs and situations in which physical school access over a sustained period is not feasible, i.e. rurality or distance to source of the educator, need to offer more flexibility in times, long-term natural disasters, or group/ individual health issues.*

### **Recommendations for Year Three eLearning**

The pilot districts are so positive about the experience, and strongly encourage a Year 3 Cohort. The pilot districts worked, collaborated and shared: forms, communication strategies, how some issues were resolved and even readiness checklists. They even built common websites with resources to share. While different Learning Management Systems (Google Classroom, Canvas and Schoology) were used and different devices, the central focus of all the districts is quality, student-focused instruction. This common mission served as a strong bond for networking.

Given the COVID-19 health crisis and the South Carolina State Department of Education (SCDE) approval of some districts to use eLearning for delivery of instruction while public school is suspended, these districts are recommended to be a part of Cohort 3 without application as described below. The lessons learned as well as the questions and challenges they encountered in implementation can be a vital part of a statewide exemplary eLearning platform. Their lessons and innovations can also be a part of the development of a systematic delivery on instruction in online learning. Both options may be a significant part of multiple future endeavors, i.e. long-term weather disasters, pandemic readiness, and even addressing equity and equality challenges across the state.

Contingent on passage of the budget proviso directing the EOC to conduct Year 3, the fifteen districts will read the Cohort 3 applications (with identifying information redacted), score their readiness and applications. Once Cohort 3 is chosen, the process for planning and implementing includes creating regions for meetings (instead on one statewide per month). Each region would have one lead district (chosen from the 15 districts in Cohorts 1 and 2). The lead district would convene networking meetings, coordinate communications and assist the EOC and SDE representatives in data collections and site visits. The remaining districts in Cohorts 1 and 2 would be assigned as Mentor districts to the new Cohort 3 and the Readiness Cohort. Again, monthly



meetings in the late summer and fall will build capacity, increase resources and even share professional development opportunities.

## **Final Conclusions**

Finally, the eLearning days used were successful because of the significant amount of instructional technology existing in the districts, laser focus on preparation for continuing this learning environment without being in a traditional classroom, the resources, activities and lessons extended the existing lesson plans (and not arbitrary busy work) and the support and help that was available during the day (via phone, social media, text or email).

Prior to the suspension of face-to-face school (due to COVID19), the districts were asked to survey the teachers, the administrators the students and the parents using one question: *Was the eLearning day a positive learning experience for you?* The parents, teachers and administrators' results were overwhelmingly positive. Each district reported over ninety percent (90%) **Yes** in these three groups. The students reported a 65-80% positive response; however, in the comments it revealed that the students missed being with their friends and wanted a day off.

The General Assembly has supported pilot projects for decades. This writer was professionally involved in implementing a Target 2000 grant in the early nineties. Pilot projects are, by design, an opportunity to innovate or solve a problem differently. And when the final Findings are positive, as is the case in this pilot project Years 1 and 2, (and there has been an emergency use of technology for some model of delivery during COVID-19), there may be a proclivity to move to 100% implementation. Clearly, these fifteen districts had foundations in place on which to build this Pilot Project. Minus this level of readiness, the results may be very different and can be disastrous for everyone: students, policymakers, teachers, and communities. The General Assembly is strongly encouraged to continue the pilot project for one more year using the data and information from this Report. In the school year 2020-2021, the EOC and the SDE would work together to assist all districts – a Cohort 3 of districts with resources in place and a Readiness Cohort of districts acknowledging they are not ready but seek to build the essential foundation. In school year 2021-2022, the eLearning project would reside in the SC State Department of Education.

Given the “overnight” migration of digital learning environments in physical classrooms to Online Learning, this writer suggests a review of the emergency implementation, gathering information and data related to building the solid digital foundation and other aspects of successful implementation. This review and report should be used for future planning and preparation.

## **Appendix A**

### **Proviso 1A.83. of the Conference Committee Report 2019-20 General Appropriation Bill, H.4000**

1A.83. (SDE-EIA: Digital Learning Plan) The Education Oversight Committee is responsible for implementing the second year of a pilot program for alternative methods of instruction for make-up days. The five school districts that participated in the initial pilot program in the prior fiscal year shall have the option of continuing to participate during the current fiscal year. As a condition of their continued participation, these five school districts shall assist the committee in reviewing and approving additional school districts to participate in the second year of the pilot program and shall provide technical assistance and support to new districts participating in the pilot. From funds available to the committee, the committee is authorized to allocate funds to the five districts for providing technical support to the new districts participating in the pilot program.

All districts participating in the pilot in the current fiscal year shall utilize alternative methods of instruction which may include, but are not limited to, online or virtual instruction for scheduled make up time. All make up time must reflect the number of hours of the make-up days the instruction will cover. All make up time must meet state requirements for elementary and secondary school days. All districts shall continue to report to the Department of Education all days missed, reasons for the absences, days made up, and now the alternative method of instruction used. The Education Oversight Committee shall work with the Educational Television Commission (ETV) and the State Library to utilize and coordinate available ETV and State Library resources and explore alternative means of delivery to districts that may lack proper access to online instruction. All school districts shall report the following information to the Education Oversight Committee by April 1, 2020: method(s) of implementation utilized, advantages and disadvantages of the method(s) used, any feedback received from administrators, teachers, parents or guardians, and recommendations for how the program can be implemented statewide.

By June 1, 2020 the Education Oversight Committee shall report to the Governor, the General Assembly, the Department of Education, and the State Board of Education a plan for implementing the eLearning program for make-up days statewide.

## **Appendix B**

### **Application for Cohort 2 eLearning Pilot Project**

Pursuant to Proviso 1A.83. of the 2019-20 General Appropriation Bill as passed by the House of Representatives, the Education Oversight Committee (EOC) is responsible for implementing the second year of a pilot program for alternative methods of instruction for school make-up days. The five school districts that participated in the eLearning pilot in school year 2018-19 (Anderson 5, Kershaw, Pickens, Spartanburg 1 and Spartanburg 7) will assist the EOC in reviewing and approving additional school districts, between five and ten districts, to participate in the pilot program in school year 2019-20. Decisions will be finalized at the June 10, 2019 meeting of the EOC.

Districts applying to participate in the eLearning program in 2019-20 must submit the following to the EOC by **May 1, 2019**:

- Coversheet with information that identifies the school district;
- An application that identifies the assurances or requirements for participating. Please do **NOT** include any information that would identify your school district in this part of the application; and
- Signatures of the school district superintendent and chair of the school district board of trustees.

#### **Instructions:**

1. Please complete the attached application in Word. All supplemental information requested should be included as an appendix which may be a pdf or other file.
2. Include the name of the district on the Coversheet **ONLY**. On all other documentation do **not** include the name of the district or any school in the district or the name of any district employee. The individuals, representing the initial cohort of districts, will review the applications and insist upon anonymity.
3. All applications will be reviewed to determine the readiness of the district to participate in the pilot. A rubric is attached that explains that readiness is measured against the following:
  - a. Access of students to devices
  - b. Teachers' familiarity and use of a Learning Management System
  - c. The district's technology infrastructure

- d. The current status of the district's ability to use instructional technology in the overall learning process; and
  - e. District interest and support of participating in the pilot.
4. If you have questions about the application, please contact Melanie Barton at [mbarton@eoc.sc.gov](mailto:mbarton@eoc.sc.gov) or Dr. Lee D'Andrea at [leedandrea@gmail.com](mailto:leedandrea@gmail.com).

## **COVERSHEET**

Please provide the name, title and contact information for the district employee who will be responsible for implementation of eLearning:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## FY2019-20 APPLICATION

<b>Assurances</b>	<b>Certification or Information Needed from District</b>
<b>School Access</b>	<p>The district certifies that eLearning will be implemented for <b>all</b> schools in the district for one or more make-up days due to inclement weather.</p> <p style="text-align: center;">___ <b>YES</b>                      ___ <b>NO</b></p>
<b>Instructional eLearning Days</b>	<p>Section 59-1-425 of the South Carolina Code of Laws defines an instructional day and the requirements for make-up days. The law defines an instructional day for elementary students to be a minimum of 5.5 hours a day and for secondary students, 6.0 hours. Regulation 43-172 stipulates that “a pupil shall maintain membership in a minimum of 200 minutes of daily instruction or its equivalency for an annual accumulation of 36,000 minutes.”</p> <p>For any eLearning day used, the district certifies that each eLearning day will be 5.5 hours for students in kindergarten through grade 8 and 6.0 hours for students in grades 9-12, or a minimum of 200 minutes of daily instruction.</p> <p style="text-align: center;">___ <b>YES</b>                      ___ <b>NO</b></p> <p>Will any eLearning days be used for specific built-in, make-up days like Martin Luther King Day, Presidents’ Day, Memorial Day, etc.?</p> <p style="text-align: center;">___ <b>YES</b>                      ___ <b>NO</b></p> <p><b>If Yes, which days?</b></p> <p>_____</p> <p>_____</p>
<b>Number of eLearning Days</b>	<p>Will the district limit the number of days of eLearning used for make-up days?</p> <p style="text-align: center;">___ <b>Yes</b>                      ___ <b>No</b></p> <p><b>If Yes . . .</b></p> <p>At a maximum, how many eLearning days could be used for make-up days?</p> <p>_____</p> <p>How will the district decide when/if eLearning days will occur?</p> <p>_____</p> <p>_____</p> <p>How will the district notify parents and staff of implementation of an eLearning day? _____</p> <p>_____</p>





Assurances	Certification or Information Needed from District
	<p>___ The district will allow students to work offline in a learning management system like Google Drive or allow for offline work.</p> <p>___ Other (Please specify)</p>
<b>Instructional Technology</b>	<p>Please provide evidence of the systemic use of instructional technology in the classroom (instructional directions or teacher handbook, strategic plan, etc.) sample files, lessons from some classrooms including lessons in multiple content areas, etc.</p> <p>Please provide <b>at least 3</b> support letters from teachers and administrators.</p>
<b>Notification</b>	<p>The district certifies that students and parents/guardians will be informed of their eLearning targets for any day missed by inclement weather and made up with eLearning by 9 a.m.</p> <p style="text-align: center;">___Yes                      ___No</p>
<b>Teacher Responsibility</b>	<p>The district certifies that each classroom teacher of record will be responsible for uploading eLearning assignments and will have “office hours” to answer questions or assist parents/guardians and students in completing the virtual assignments.</p> <p style="text-align: center;">___Yes                      ___No</p> <p>What are the specific responsibilities of classroom teachers?</p> <p>_____</p> <p>_____</p>
<b>Student Responsibility</b>	<p>The district certifies that each student and parents/guardians have a clear understanding of the responsibility of students to complete the eLearning assignments.</p> <p style="text-align: center;">___Yes                      ___No</p> <p>Please respond to the following questions:</p> <p>How will the district communicate to students and parents? _____</p> <p>_____</p> <p>How many days will the student have to complete all make-up work? ___</p>

Assurances	Certification or Information Needed from District
	<p>How will incomplete work be handled? _____</p> <p>_____</p> <p>_____</p>
<b>Accommodations</b>	<p>For students with disabilities who do not use an online platform for eLearning or for whom an online platform is not appropriate, teachers will provide parents/caregivers with appropriate educational materials and learning activities for student use.</p> <p>All students who have accommodations for instruction will be provided with or have access to those accommodations.</p> <p>For limited English proficient students, teachers will provide parents/caregivers appropriate educational materials and learning activities for student use per the Individual Learning Plan.</p> <p style="text-align: center;"><b>Yes                      No</b></p> <p>Please describe how the district will handle the above accommodations.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<b>District IT Support and Infrastructure</b>	<p>If students or parents have problems with accessing the eLearning assignments, how will the district respond to questions or concerns?</p> <p>_____</p> <p>_____</p> <p>Please provide a copy of the district's organization chart that identifies IT and instructional technology support at the district <i>and/or</i> school level. Do NOT include the names of individuals; only include their titles and denote whether they are full or part-time employees.</p> <p>Please provide evidence, including a narrative, of the IT and instructional technology support services provided at the district and school.</p>
<b>Learning Management System</b>	<p>The district has a learning management system that will post the assignments for eLearning day and will document that student assignments are collected and completed.</p> <p style="text-align: center;"><b>___Yes                      ___No</b></p> <p>Please identify the learning management system or systems to be used.</p> <p>_____</p>

<b>Assurances</b>	<b>Certification or Information Needed from District</b>
	Please denote grade levels served: _____
<b>Other Support</b>	<p>Is the district interested in reviewing and using eLearning resources provided by Discus through the South Carolina State Library and/or SC ETV?</p> <p style="text-align: center;">___Yes                      ___No</p>
<b>Reporting</b>	<p>The district agrees to work with the Education Oversight Committee (EOC), its staff, and at least one school district that participated in the pilot program in the prior year to monitor and document the implementation and impact of eLearning for school make-up days. The reporting will include but is not limited to: methods of implementation utilized; advantages and disadvantages; barriers and opportunities; and feedback from administrators, teachers, students, and parents/ guardians. The EOC will not assess the impact on student achievement.</p> <p style="text-align: center;">___Yes                      ___No</p>

## SIGNATURES

By signing below, \_\_\_\_\_ (*District name*) certifies that it meets the above requirements to participate in the eLearning pilot for school make-up days and that it will provide the necessary data and cooperation to the Education Oversight Committee (EOC) to monitor and evaluate implementation of the eLearning pilot for school make-up days.

Superintendent:

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Signature of Superintendent:

---

Date:

---

Chair of Board of Trustees:

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Signature of Board Chair:

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Date:

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\* The support of the full Board is best to implement the eLearning project. If the application was approved by the Board, please include a copy of the Agenda and/or Minutes.

## Appendix C

District Application: \_\_\_\_\_ Reviewer: \_\_\_\_\_

### eLearning Pilot Two 2019-2020

### Application Rubric and Scoring

Based on year one research, observations and feedback from pilot districts, the following rubric serves as the scoring basis for the selection of year two pilot districts. The application completed and submitted by the district, along with the assurances signed by the superintendent and board chair, serve as the document scored by the rubric.

#### Readiness to Implement

	<i>Zero Points</i>	<i>1-4 Point</i>	<i>5-8 Points</i>	<i>9-10 Points</i>	<i>Dist. Score</i>
<b>Device distribution among students</b>	The district does not have a device distribution plan implemented	The district has a device distribution written plan including financing, less than seven grade levels have been implemented. Range of points allows to consider time in implementation.	The district has a device distribution written plan including financing, 7-9 grade levels have been implemented. Range of points allows to consider time in implementation.	The district has a device distribution written plan including financing, at least 9 grade levels have been implemented. Range of points allows to consider time in implementation.	
<b>Teachers' familiarity and use of a Learning Management System.</b>	The district does not have a K-12 Learning Management System	The district has systemic Learning Management System(s) (LMS) and the application describes how it is used. Range of points allows to consider time in implementation.	The district has robust Learning Management System(s) (LMS) that will aide in the implementation of eLearning and the application includes evidence (screen shots, files, etc.) how it is used. Range of points allows to consider time in implementation.	The district has robust Learning Management System(s) (LMS) that will aide in the implementation of eLearning and the application includes evidence (screen shots, files, etc.) how it is used. The application includes letters of support from teachers and administration. Range of points allows to consider time in implementation.	
<b>Technology infrastructure.</b>	The district's organization chart shows no IT or instructional technology support at the district or school level.	The district's organization chart shows <b>some</b> IT <b>or</b> instructional technology support at the district <b>or</b> school level. Titles may vary; responsibilities must be clearly articulated.	The district's organization chart shows IT <b>and</b> instructional technology support at the district or school level. Titles may vary; responsibilities must be clearly articulated.	The district's organization chart shows IT <b>and</b> instructional technology support at the district <b>and</b> school level. Titles may vary; responsibilities must be clearly articulated.	

	<i>Zero Points</i>	<i>1-4 Point</i>	<i>5-8 Points</i>	<i>9-10 Points</i>	<i>Dist. Score</i>
<b>Current status of instructional technology as a part of the overall learning process.</b>	There is no evidence of instructional technology as a part of the overall learning process.	Evidence is included for systemic use of instructional technology in the classroom (instructional directions or teacher handbook, strategic plan, etc.). Sample files, lessons from some classrooms are included less than five grades.	Evidence is included for systemic use of instructional technology in the classroom (instructional directions or teacher handbook, strategic plan, etc.). Sample files, lessons from some classrooms are included 6-8 grades.	Evidence is included for systemic use of instructional technology in the classroom (instructional directions or teacher handbook, strategic plan, etc.). Sample files, lessons from some classrooms are included 6-8 grades in multiple content areas and include support letters from teachers and administration.	
<b>Sub-total Readiness</b>					

#### Assurances

	<i>Zero Points</i>	<i>4 Point</i>	<i>7 Points</i>	<i>10 Points</i>	<i>District Score</i>
<b>The superintendent and the board chair signatures are included in the application.</b>	The district application does not have any signatures.	The district application does not have <b>one</b> of the signatures.	The district application has both the superintendent's and the board chair's signatures.	The district application has both the superintendent's and the board chair's signatures. The board voted to approve and support the application (minutes included).	
<b>Sub-total Assurances</b>					
<b>Total Score (combination of Readiness and Assurances)</b>					

#### Observations:

#### Strengths of the Application:

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**Weaknesses of the Application:**

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**Name(s) of Individual(s) who Reviewed the Application**

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**Signature(s) of Individual(s) who Reviewed the Application:**

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**Date of Submission:** \_\_\_\_\_

## **Appendix D**

### **Cohort Meeting Agendas**

SC Pilot Program – eLearning  
Year 2 -Cohort 2 (10 districts)  
July 31, 2019

Host: SCETV, George Rogers Blvd., Columbia, SC

Agenda (draft)

10:00 am Welcome and Introductions

10:15 am Review of Proviso 1A.86, expectations and general reporting (handouts)  
– discuss infrastructure, data collection and design

- Information to Melanie Barton and Lee D'Andrea (for reporting and answering questions) Please report via email to Melanie Barton and me when you do use an eLearning day. She needs to know for questions that come from the members of the General Assembly and the media. I need it for the written report to the GA.
- Description of Reports for EOC and General Assembly Per the Proviso 1A.86 the districts shall report to the EOC (me) and I will prepare the report. The report will focus on preparations to provide an eLearning environment, methods of implementation utilized, advantages and disadvantages of the methods, and any feedback from parents or guardians. (Melanie Barton remarks at conclusion of the meeting.)

10:30 am Sharing from Cohort 1 Districts using eLearning 2018-2019

11:00 am SC State Library Resources Overview

11:30 am SCETV Resources Overview

12:00 pm (*Determine*) Meeting dates, locations and plans:

September 4 or 6 – Anderson 5, AIT facility - Resources and Communications

October 2 or 4 – Columbia, tbd - Professional development and Trial Days

November – No statewide meeting. District trial/practice days.

December 4 or 6 – Kershaw, tba facility – Results of Trial Days: Challenges and Successes

January – No statewide meeting. Progress Reporting and Status Updates.

February – Statewide Forum (Columbia) progress reporting and status updates

March 6 – Spartanburg 7, Spartanburg High – Review Information for Report to General Assembly

12:15 pm Concluding Comments - Melanie Barton

12:30 pm Adjourn

SC Pilot Program – eLearning  
Year 2 -Cohort 2 (10 districts)  
September 4, 2019

Host: Anderson School District 5 at Anderson Institute of Technology  
315 Pearman Dairy Rd, Anderson, SC 29625

Agenda – **Canceled due to hurricane and flooding statewide**

- |          |  |
|----------|--|
| 10:00 am | Welcome and Introductions; Update on Education Oversight Committee Leadership  |
| 10:15 am | Anderson 5 – Short review purpose of the facility  |
| 10:30 am | SCETV Resources – Chronicling the Journey  |
| 10:50 am | Review data collection form; set site visits for me  |
| 11:00 am | What are the questions you have right now? Administrative processes, communications, best teaching strategies, resources, technology, etc. |
| 11:30 am | Mentor and mentee group time – share resources and communications  |
| 12:00 pm | Short tour of the facility; technology integration spaces and idea gathering   |
| 12:30 pm | Adjourn  |

SC Pilot Program – eLearning  
Year 2 - Cohort 2 (10 districts); Cohort 1 (5 districts)  
October 2, 2019

Host: SCETV, George Rogers Blvd., Columbia, SC

Agenda

- |          |   |
|----------|---|
| 10:00 am | Welcome and Introductions; Update on Education Oversight Committee Leadership; Update on SDE reporting  |
| 10:30 am | SCETV Resources – Chronicling the Journey   |
| 10:50 am | Review data collection form; set site visits for me<br>Georgetown and Florence 1 (Monday, October 14?)<br>York 2 and York 3 (Wednesday, October 16?)<br>Anderson 1, 2, and 3 (Thursday, October 10?)<br>Lexington 2 and 3 (Wednesday, November 20?)<br>Berkley (Thursday, November 21?) |
| 11:00 am | What are the questions you have right now? Administrative processes, communications, best teaching strategies, resources, technology, etc.  |
| 11:20 am | Mentor and mentee group time – share resources and communications; trial and mock day experiences   |
| 12:15 pm | Summaries and sharing   |
| 12:30 pm | Adjourn   |

Future Meeting Dates, Locations and Plans:

- November – No statewide meeting. District trial/practice days.
- December 6 – Kershaw, tba facility – Results of Trial Days: Challenges and Successes
- January – No statewide meeting. Progress Reporting and Status Updates.
- March 6 – Spartanburg 7, Spartanburg High – Review Information for Report to General Assembly

SC Pilot Program – eLearning  
Year 2 - Cohort 2 (10 districts); Cohort 1 (5 districts)  
December 6, 2019

Host: Kershaw School District  
Location: 874 Vocational Lane, Camden, SC (updated 12.2.2019)

Agenda

- |          |   |
|----------|---|
| 10:00 am | Welcome and Introductions; Update on Education Oversight Committee Executive Director search; Update on site visits and findings  |
| 10:30 am | SCETV – Chronicling the Journey; Producer David Adams will join us, and some video and interviews will be arranged  |
| 11:00 am | Review data collection form (please bring or send me the initial Information Form requested); additional information needed <ul style="list-style-type: none"><li>• Geographical area of your district</li><li>• 45-day enrollment number</li></ul> |
| 11:30 am | Recommendations for 2020-2021 <ul style="list-style-type: none"><li>• Cohort 3 or statewide</li><li>• “Must do or have” for other districts</li><li>• Sharing and mentoring options</li></ul>   |
| 12:00 pm | Mentor and mentee group time – share resources and communications;  |
| 12:15 pm | Summaries and sharing   |
| 12:30 pm | Adjourn   |

Future Meeting Dates, Locations and Plans:

- January – No statewide meeting. Progress Reporting and Status Updates.
- March 6 – Spartanburg 7, Spartanburg High – Review Information for Report to General Assembly

SC Pilot Program – eLearning  
Year 2 - Cohort 2 (10 districts); Cohort 1 (5 districts)  
March 6, 2020

Host: Spartanburg School District 7  
Location: Spartanburg High School, 2250 East Main Street, Spartanburg, SC

Agenda (updated 2/26/2020)

10:00 am	Welcome and Introductions; Introduce new Executive Director of Education Oversight Committee; Update of the Report Summary for 2019-2020
10:15 am	SCETV – Chronicling the Journey; preview of the video
10:30 am	Share lessons learned from eLearning Days used since December 6 <sup>th</sup> meeting; update from Kershaw on tornado and recovery
11:00 am	Review summary of data collection (for presentation to EOC and General Assembly)
11:20 am	Review timeline and application for Cohort 3 for 2020-2021; review scoring rubric; determine date for summer mentoring meeting with Cohort 3
Noon	Tour new Spartanburg High School (30-45 minutes)
12:30 pm	Adjourn



**Appendix E**

**District Information Sheets**

## INFORMATION FOR eLEARNING REPORT

**District:** Anderson School District One

**District Person Completing Report:** Kristen Hearne

**Date:** 12/2/2019

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	Yes	
If days were missed, how many days?	1 (December 10)	
How many days were made up?	1 (March 25)	
What was the ADM on the make-up days?	9,544	10,199 total enrollment at the time
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	The district conducted mock eLearning days on three scheduled days, and the school could determine the time of the practice. In the majority of elementary schools, each grade level conducted their mock eLearning at the same time so that it did not interfere with their daily schedule. High school and middle school classrooms conducted a practice time for the first ten minutes of each class period. This was decided so that students could see and begin a practice assignment for each class.	
Please provide calendar dates for these practices.	October 16, 17, 18	
Has the district distributed or released communications regarding eLearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	Parents were sent an email with information as well as a printed letter. The district has also posted information on social media and shared a link to our eLearning website.	
If the district has gotten feedback and/or comments, please describe the general or majority remarks.	The overwhelming majority of the feedback has been positive, and all of our teachers and students have been open-minded and excited about the possibility of eLearning.	
If you have a district webpage with information about eLearning, please provide the url.	<a href="https://sites.google.com/apps.anderson1.org/elearningasd1/home?authuser=0">https://sites.google.com/apps.anderson1.org/elearningasd1/home?authuser=0</a>	
Please suggest glossary terms for this reference page(s). Think about terms you've clarified with public, board members, press, teachers, et.	Learning Management System Mock eLearning Day	

## INFORMATION FOR ELEARNING REPORT

**District:** Anderson School District 2

**District Person Completing Report:** Tara L. Brice

**Date:** 12/2/19

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	Yes	
If days were missed, how many days?	#1	
How many days were made up?	#1	
What was the ADM on the make-up days?	3451/3723	92.7% attendance rate on make-up day
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	A block of time was scheduled for each school during the last week in October.	
Please provide calendar dates for these practices.	HPMS-Oct. 25; BHP-Oct. 28; MPS, BMS, WES-Oct. 30; BES-Oct. 31; WES-Nov. 1	
Has the district distributed or released communications regarding eLearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	A webpage for eLearning is posted on our website. After the Dec. principals' meeting, we will distribute all information to schools and parents.	
If the district has gotten feedback and/or comments, please describe the general or majority remarks.	A survey was distributed to teachers following the mock day. The feedback was very positive with most feedback commenting on how smooth the mock day went and how thankful they were to have one. They were appreciative of the resources that we provided. The teachers emphasized that we will need to remind students of the procedures before an actual eLearning day.	
If you have a district webpage with information about eLearning, please provide the url.	<a href="https://sites.google.com/asd2.org/elearningdays/faqs?authuser=0">https://sites.google.com/asd2.org/elearningdays/faqs?authuser=0</a>	
Please suggest glossary terms for this reference page(s). Think about terms you've clarified with public, board members, press, teachers, et.	eLearning The type of programs that the schools use such as Remind, Google Classroom, School Messenger, etc.	

## INFORMATION FOR eLEARNING REPORT

District:	Anderson School District 3	
District Person Completing Report: Stewart Lee		Date: 12/4/19

Questions	Responses	Special Notes
Geographical area of your district	167 mi <sup>2</sup>	Largest, geographically, of the 5 Anderson Districts.
45-day enrollment number	2623	2019-2020 School Year
Were any days missed due to inclement weather during 2018-2019?	Yes	We missed school on 12/10/2018 for inclement weather.  We made up day on 3/25/2019.
If days were missed, how many days?	1	
How many days were made up?	1	
What was the ADM on the make-up days?	<a href="#">Anderson 3 ADA/ADM Reports, Make-up Days 18-19</a>	
Questions	Responses	Special Notes
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	All of our schools and students in grades K-12 participated in an eLearning practice day. Each School practiced on a separate day so the Admin Team could be there to observe and note areas for improvement. <a href="#">Mock eLearning Plan</a>	
Please provide calendar dates for these practices.	9/16/19, 9/18/19, 9/19/19, 9/20/19	
Questions	Responses	Special Notes
Has the district distributed or released communications regarding eLearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	Social Media Posts, <a href="#">District and School Websites</a> , <a href="#">Local Print Media</a> , <a href="#">District App</a> , <a href="#">Parent Letters</a>	



### 3 Anderson school districts will instead of makeup days

Kathy Pierre, Anderson Independent Mail Published 6:09 a.m. ET July 16, 2019

Facebook Twitter LinkedIn Comment Email Print

Three more Anderson school districts have been selected to use eLearning instead of canceling classes for inclement weather for the upcoming school year according to the South Carolina Education Oversight Committee.

Anderson districts 1, 2 and 3 are among 10 districts that will become part of the eLearning Pilot. Two of the five districts will be in the first year.

#### Parents and Guardians,

Valuing instructional time, the eLearning pilot allows Anderson School District 3 to extend learning into the home and keep everyone safe during inclement weather. The goal is to keep students learning, even when events occur that would inhibit more traditional methods. An eLearning day is very similar to a normal school day.

#### What can I do to make sure my student is successful with their eLearning Day?

The eLearning Program is new for Anderson School District 3 and the teachers. Our number one goal with eLearning is to make sure your student continues to learn, and is safe from the hazards of inclement weather. With a new process, while your student continues the learning process at home, we know there will also be some areas of improvement needed for the whole system. When students return to school, there will be an opportunity for you at home and the students to share strengths as well as needs for improvement about the eLearning Day.

#### How will my students get the eLearning assignments that they need to complete at home?

Teachers will have eLessons for your student loaded in their Google Classroom, our learning management system for students. Prior to leaving the school building, students will receive the necessary resources to complete their work at home. Elementary students will bring home packets of work depending on their grade - instructions will be posted for all PK-12 grades in Google Classroom still.

Students, grades 6-12, will be able to use Google Docs (create and edit documents), Google Sheets (create and edit spreadsheets), Google Slides (create and edit presentations), and Google Drawings (create and edit diagrams) offline. There will be some lessons that will have videos or other media. Teachers will work with the students to have this information downloaded to their Chromebook, prior to leaving the school for the day.

If students do not have the Internet, they can still complete the eLesson(s), and upload/sync their work when they return to school. Google Classroom App for [Android](#) and [Apple](#) can be used as well. The Chromebook battery has been tested to last a little over 10 hours.

#### How many lessons will my student need to complete?

PK-2 - students will take home an activity packet with checklists/choice boards. Students will need guidance from the parent to complete the activities.

3-5 - Homeroom teachers should plan for 1 ELA lesson/assignment, 1 Math lesson/assignment, 1 Science lesson/assignment, and 1 Social Studies lesson/assignment. Each lesson should be 50 minutes each.

## eLEARNING FOR THE HOME

If the district has gotten feedback and/or comments, please describe the general or majority remarks.



Teachers met today during professional development to work on policies and lessons for future e-learning days! #A3eLearning

4 MONTHS AGO, A3 DAILY



The SC Education Oversight Committee announced Tuesday that Anderson 3 has been chosen to participate in Year 2 of the State eLearning Pilot! The eLearning Pilot allows Anderson 3 students to complete school work at home on inclement weather days, removing the need for snow make-up days in our district calendar. This will support the continuity of instruction and keep students engaged. We will provide more information as soon as details are finalized.

5 MONTHS AGO, A3 DAILY




The Director of Instructional Innovation & eLearning presented information about the eLearning practice day to the school board and provided them with a flyer that explained eLearning findings.

[eLearning Board Overview](#)

The Superintendent received comments from stateholders at the Superintendent's Roundtable Meeting on 10/3/19. The teachers also participated in a survey after the practice day.

[eLearning Teacher Survey Results](#)



Questions	Responses	Special Notes
<p>If you have a district webpage with information about eLearning, please provide the url.</p>	<p><a href="https://acsd3.org">acsd3.org</a> -&gt; <a href="#">eLearning Day Site</a></p> <p>There is a custom eLearning link on the district's homepage for all stakeholders (parents, teachers, and students).</p> <p><a href="#">eLearning Resource Page</a></p> 	
<p>Please suggest glossary terms for this reference page(s). Think about terms you've clarified with public, board members, press, teachers, et.</p>	<p><b>"URL"</b> is an abbreviation that stands for "Universal Resource Locator". It's another name for a web address, the text that you type into your internet browser when you want to go to a website.</p> <p><b>"LMS"</b> is an abbreviation that stands for "Learning Management System". It is a software application for the administration, documentation, tracking, reporting, and delivery of educational courses, training programs, or learning and development programs. The Learning Management System concept emerged directly from eLearning.</p> <p><b>Anderson 3 uses Google as our LMS.</b></p> <p><b>A Choice Board</b> is a document (print or electronic) where students have a choice of activities to complete but the whole document need not be completed.</p> <p><b>A HyperDoc</b> is a digital document such as a Google Doc where all components of a learning cycle have been pulled together into one central hub. Within a single document, students are provided with hyperlinks to all of the resources they need to complete that learning cycle.</p> <p><b>A hyperlink</b> is an electronic link providing direct access from one distinctively marked place in a hypertext or hypermedia</p>	

	<p>document to another in the same or a different document.</p> <p>Hypertext is a database format in which information related to that on a display can be accessed directly from the display.</p> <p>Hypermedia is a database format similar to hypertext in which text, sound, or video images related to that on a display can be accessed directly from the display.</p> <p><b>A WebQuest is an inquiry-oriented online tool for learning. This means it is a classroom-based lesson in which most or all of the information that students explore and evaluate comes from the World Wide Web. Beyond that, WebQuests can be as short as a single class period or as long as a month-long unit, usually (though not always) involve group work, with division of labor among students who take on specific roles or perspectives, and are built around resources that are preselected by the teacher. Students spend their time using information, not looking for it.</b></p>
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INFORMATION FOR ELEARNING REPORT		
District:	Berkeley County School District	
District Person Completing Report: Diane Driggers, Chief Information and Technology Officer		Date: 11/15/19

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	Yes	Our district missed 4 instructional days due to Hurricane Dorian
If days were missed, how many days?	#4	
How many days were made up?	#3 (will be)	
What was the ADM on the make-up days?	See attached report	
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	BCSD conducted a district wide mock day/days throughout all of the schools.	
Please provide calendar dates for these practices.	Elementary School – 09/25/19 Middle and High School – 09/23/19-09/27/19	
Has the district distributed or released communications regarding eLearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	Mass parent email, district wide email to faculty/staff, mass call-out to parents, distribution of bookmarks to all elementary age students	
If the district has gotten feedback and/or comments, please describe the general or majority remarks.	We have created a survey via Google Forms for parents, students, and teachers to complete. We are currently collecting the feedback.	
If you have a district webpage with information about eLearning, please provide the url.	<a href="https://sites.google.com/bcsdschools.net/bcsdelearningpilot">https://sites.google.com/bcsdschools.net/bcsdelearningpilot</a>	
Please suggest glossary terms for this reference page(s). Think about terms you've clarified with public, board members, press, teachers, et.		

## INFORMATION FOR ELEARNING REPORT

**District:** Florence 1 Schools

**District Person Completing Report:**

**Date:** 11-21-19

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	Yes	YES - 1 for Dorian – We did not use eLearning this day as the coast evacuated to our District.
If days were missed, how many days?	1	
How many days were made up?	We will make the day up Jan 6th	
What was the ADM on the make-up days?	TBD	
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	At School Mock Day At Home Mock Day <a href="https://www.f1s.org/Page/22753">https://www.f1s.org/Page/22753</a>	
Please provide calendar dates for these practices.	November 15 <sup>th</sup> & November 19 <sup>th</sup>	
Has the district distributed or released communications regarding eLearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	Email, Multiple Press Releases, Social Media, Blackboard Communication(Calls, Text, & Emails), and Formal Letter from Superintendent.	
If the district has gotten feedback and/or comments, please describe the general or majority remarks.	Yes, the District has surveyed all students, teachers, and parents. We continue to work to strengthen the quality and length of our eLearning lessons and assignments.	
If you have a district webpage with information about eLearning, please provide the url.	<a href="https://www.f1s.org/domain/3540">https://www.f1s.org/domain/3540</a>	
Please suggest glossary terms for this reference page(s). Think about terms you've clarified with public, board members, press, teachers, et.	eLearning, Mock eLearning at School, and Mock eLearning at Home, Learning Platform, Google Classroom, Wi-Fi	

## INFORMATION FOR eLEARNING REPORT

District:	Georgetown County School District	
District Person Completing Report: Genia Smith, Keith Brown, Marc Frechette, Doug Henderson		Date: 10/7/19 Updated: 12/2/19

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	<u>Yes</u> or No	
If days were missed, how many days?	#12	
How many days were made up?	# 5	
What was the ADM on the make-up days?	9289.6	
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	Mock Days were conducted, using our LMS (Google Classroom) one attendance zones per date. We had a variety of methods including, early in the morning for all subjects on a shortened time frame, per period, all in one period, and all in one subject area teachers class per period of attendance to that class.	
Please provide calendar dates for these practices.	Sept. 18, 20, 24 and Oct. 1	
Has the district distributed or released communications regarding eLearning?	<u>Yes</u> or No	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	Community Key Leaders Meeting, Parent Cabinet Meetings, Press Release, Newspaper Articles from Board Meetings, Facebook and letters to parents from the schools.	
If the district has gotten feedback and/or comments, please describe the general or majority remarks.	<b>FEEDBACK:</b>  (S= Student Responses, T=Teacher Responses)  (S) Are you excited for the opportunity to make up missed school days without having to actually come to school? 81.9% "Yes" or "Maybe."  (S) Do you know how to get to your assignments in Google Classroom for the "real" eLearning Days? 93.5% "Yes" or "Maybe"  (T) Did you feel this mock eLearning Day has <u>helped you as a teacher</u> better understand, or become better prepared for our real eLearning Days? 91.2% "Yes" or "Maybe"	

	<p>(T) Did you feel this mock eLearning Day has helped your <u>students</u> better understand, or become better prepared for our real eLearning Days? 90.5% “Yes” or “Maybe”</p> <p>COMMENT(S):</p> <p>Average Daily Attendance = 95.2%</p> <p>First eLearning Attendance = 94.8%</p>	
If you have a district webpage with information about eLearning, please provide the url.	Our eLearning website is: <a href="http://tinyurl.com/qcsdelearning">http://tinyurl.com/qcsdelearning</a>	
Please suggest glossary terms for this reference page(s). Think about terms you’ve clarified with public, board members, press, teachers, etc.	<p>LMS (Learning Management System)</p> <p>Mock (Practice eLearning Day)</p>	

## INFORMATION FOR ELEARNING REPORT

District: Lexington County School District Two

District Person Completing Report: Casey Jordan Hallman

Date: 10/10/19

Updated, 12/6/19

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	Yes	We missed school on 9/11/18, 9/12/18, 9/13/18, 9/14/18, and 10/11/18 for 2 different hurricanes.  We had a schedule Early Release Day on 9/26/18. We cancelled the Early Release and went to school for a full day. This isn't included in the count, but we wanted to note that time for instruction was made up.  We made up days on 1/14/19, 2/18/19, and 3/22/19. Two days were local board forgiven.
If days were missed, how many days?	5	
How many days were made up?	3	
What was the ADM on the make-up days?	<a href="#">Lexington Two A DA/ADM Reports, Make-up Days 18-19</a>	
Questions	Responses	Special Notes
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	All of our schools and students in grades 3-12 participated in an eLearning practice day.	
Please provide calendar dates for these practices.	9/25/19	
Questions	Responses	Special Notes
Has the district distributed or released communications regarding eLearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	Social Media Posts, <a href="#">District and School Websites</a> , <a href="#">Local Print Media</a> , and <a href="#">Local News Media</a>	

Lexington School District Two  
July 16 at 4:35 PM  
Lexington School District Two is one of 10 SC districts selected to participate in the eLearning program for school make-up days in the 2019-20 school year. Read more here: <https://bit.ly/2SiLC6K> ... More

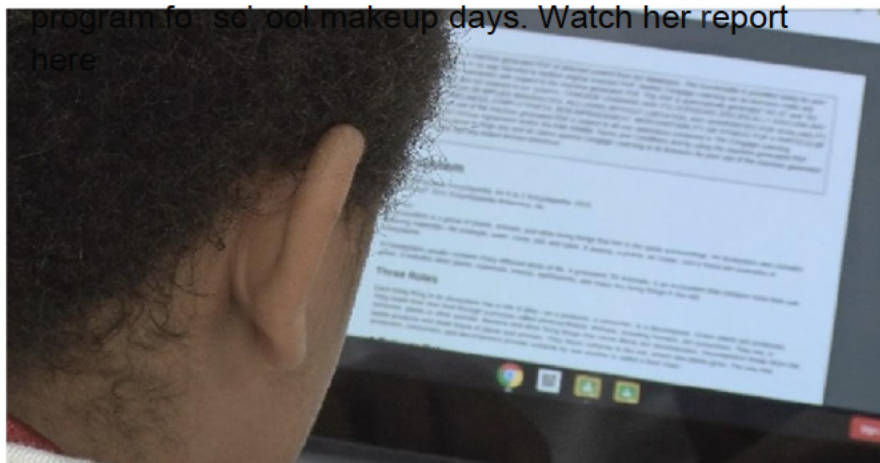


99 Likes • 13 Comments

## **LE** Lexington School District Two

September 26 at 8:42 AM • ""

Thank you Emily Scarlett WIS TV for sharing this story about Lexington School District Two's eLearning program for school makeup days. Watch her report here



WISTV.COM

**eLearning in SC: After test run this week, Lexington Two students are ready to learn from...**

24 Likes • 6 Shares





## Lexington School District Two

September 25 at 4:42 PM · 🌐

Our Lexington School District Two schools had a practice run today for our upcoming eLearning weather makeup day, scheduled for Nov. 11. Emily Scarlett WIS TV stopped in at Cyril B. Busbee Creative Arts... More



33 Likes

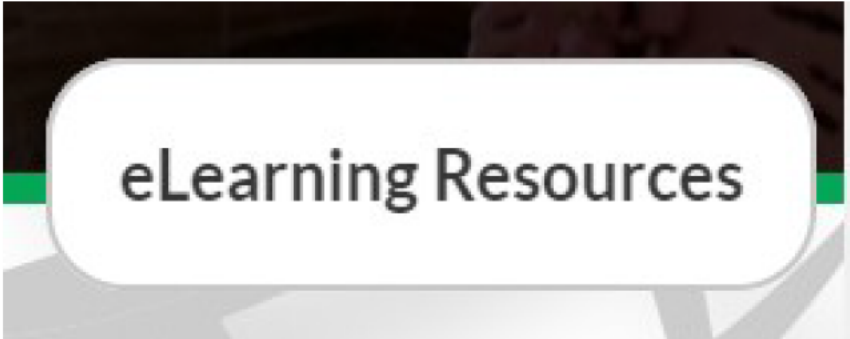
If the district has gotten feedback and/or comments, please describe the general or majority remarks.

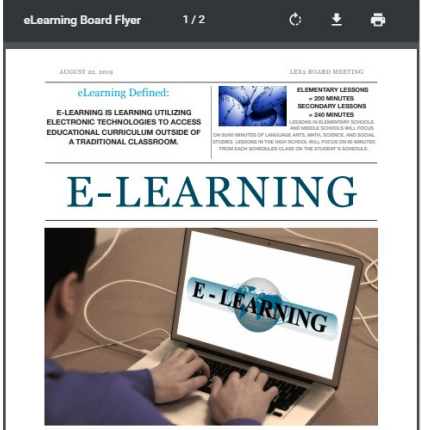
The Chief Instructional Officer presented information about the eLearning practice day to the school board and provided them with a flyer that explained eLearning.

[eLearning Board Flyer](#)

The district was featured on a local news channel after the practice day. This feature included comments from the students. The Superintendent received comments from stateholders at the Superintendent's Roundtable Meeting on 10/3/19. The teachers also participated in a survey after the practice day. [eLearning Teacher Survey Results](#) The district's Technology Facilitators include eLearning updates in our bi-weekly [Instructional Newsletter](#).



	<div data-bbox="618 142 1149 907"> <div> 10:20 <span></span> <span></span> <span></span> </div> <div> Greeting Edit </div> <div>Voicemail</div> <div> 0:00 -0:38 </div> <div> <span></span> <span></span> <span></span> </div> <div> Transcription Beta <p>"Good afternoon parents this is Miss _____ at the Academy calling with a very quick announcement please take a minute to complete the three questions survey regarding our first e-learning day we appreciate your feedback you can use the link in this email or you can visit our website and click the parents tab followed by the e-learning survey ___ we appreciate your help in providing the feedback if you have any questions please give us a call at our main office at 739-4070 thank you to opt out of future messages Tom 855-502-7867 goodbye..."</p> <p>Was this transcription <a href="#">useful</a> or <a href="#">not useful</a>?</p> </div> </div>	
Questions	Responses	Special Notes
<p>If you have a district webpage with information about eLearning, please provide the url.</p>	<div data-bbox="618 999 1507 1465"> <p><a href="http://www.lex2.org">www.lex2.org</a></p> <p>There is a custom eLearning tab on the district's homepage for families.</p>  <p><a href="#">eLearning Resource Page</a></p> </div>	

	<p><a href="#">eLearning » Home</a></p> <h2>Home</h2> <p><b>Welcome to the eLearning Page for Lexington School District 2!</b></p> <p>On this page you will find everything you need to know regarding eLearning. We are in the process of gathering and developing all the material you will need to have before, during, and after an eLearning day. Please check back frequently in the coming weeks for added content. For now, we have attached the eLearning Flyer for your perusal.</p> <p> <a href="#">eLearning Board Flyer</a></p>  <div data-bbox="1278 153 1490 329"> <p>Home</p> <p>Parent Resources</p> <p>Tech Support</p> <p>FAQ</p> </div>
<p>Please suggest glossary terms for this reference page(s). Think about terms you've clarified with public, board members, press, teachers, et.</p>	<p><b>"URL" is an abbreviation that stands for "Universal Resource Locator". It's another name for a web address, the text that you type into your internet browser when you want to go to a website.</b></p> <p><b>"LMS" is an abbreviation that stands for "Learning Management System". It is a software application for the administration, documentation, tracking, reporting, and delivery of educational courses, training programs, or learning and development programs. The Learning Management System concept emerged directly from eLearning.</b></p> <p><b>Lexington Two uses Google as our LMS.</b></p> <p><b>A HyperDoc is a digital document such as a Google Doc where all components of a learning cycle have been pulled together into one central hub. Within a single document, students are provided with hyperlinks to all of the resources they need to complete that learning cycle.</b></p> <p><b>A hyperlink is an electronic link providing direct access from one distinctively marked place in a hypertext or hypermedia document to another in the same or a different document. Hypertext is a database format in which information related to that on a display can be accessed directly from the display.</b></p> <p><b>Hypermedia is a database format similar to hypertext in which text, sound, or video images related to that on a display can be accessed directly from the display.</b></p> <p><b>A WebQuest is an inquiry-oriented online tool for learning. This means it is a classroom-based lesson in which most or all of the information that students explore and evaluate comes from the World Wide Web. Beyond that, WebQuests can be as short as a single class period or as long as a month-long unit,</b></p>

	usually (though not always) involve group work, with division of labor among students who take on specific roles or perspectives, and are built around resources that are preselected by the teacher. Students spend their time using information, not looking for it.
<b>Geographical Area</b>	
<a href="#">District Map</a> <a href="#">Elementary School Boundaries</a> <a href="#">Middle School Boundaries</a> <a href="#">High School Boundaries</a>	
<b>45 Day Count</b>	
<a href="#">Lexington Two 45 Day Count</a> 2019-2020	

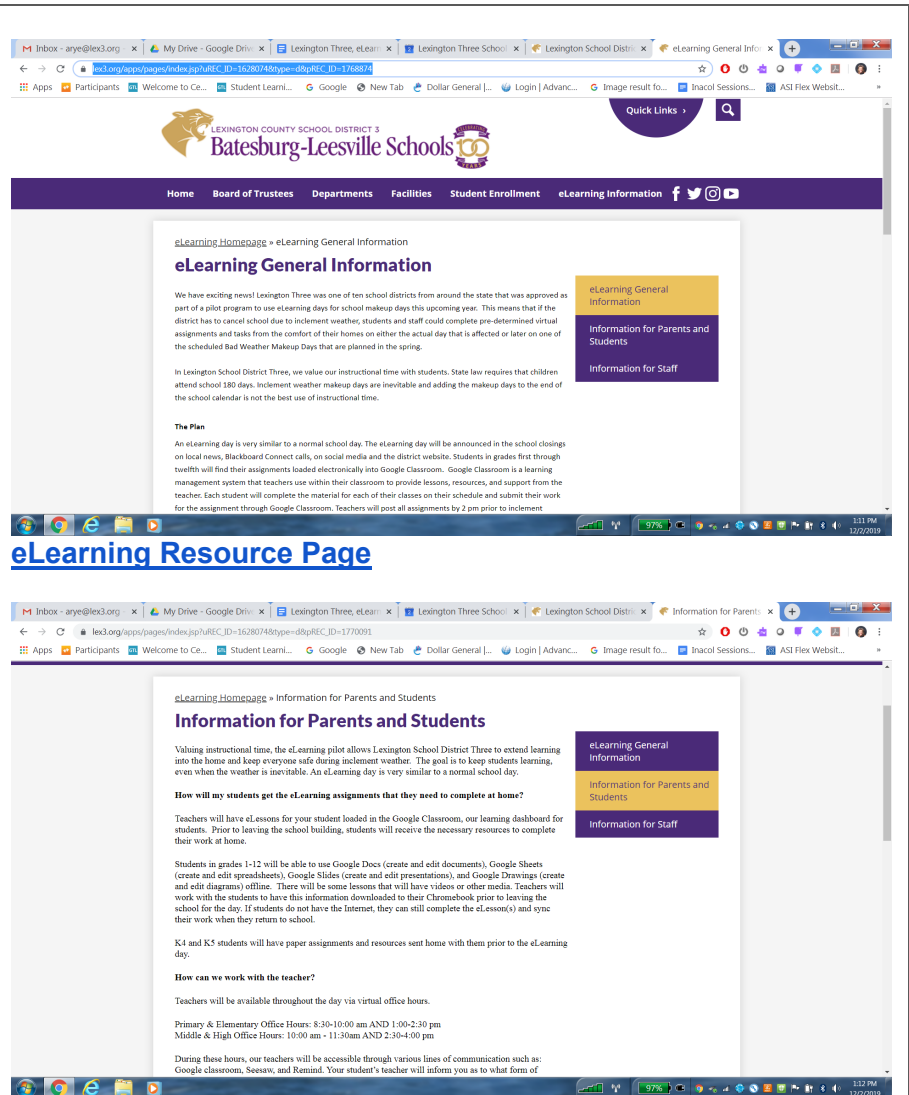
## INFORMATION FOR eLEARNING REPORT

District: **Lexington County School District Three**

District Person Completing Report: **Angie Rye**

Date: **12/2/2019**

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	Yes	<p>We missed school on 9/11/18, 9/12/18, 9/13/18, 9/14/18, and 10/11/18 for 2 different hurricanes.</p> <p>We made up days on 2/18/19, 3/15/19 and 4/22/19. Two days were local board forgiven.</p>
If days were missed, how many days?	5	
How many days were made up?	3	
What was the ADM on the make-up days?	<a href="#">2018-19 Make Up Day Attendance</a>	
Questions	Responses	Special Notes
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	All of our schools and students in grades 1-12 participated in two eLearning practice days.	
Please provide calendar dates for these practices.	September 16, 2019 and November 21, 2019	
Questions	Responses	Special Notes
Has the district distributed or released communications regarding eLearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	Social Media Posts, <a href="#">District and School Websites</a>	
If the district has gotten feedback and/or comments, please describe the general or majority remarks.	<p>The staff was given opportunity for feedback after our second eLearning practice day. The feedback was generally positive with most concerns being from teachers at the lower grade levels regarding students remembering how to access assignments and/or returning devices after the eLearning event.</p> <p><a href="#">eLearning staff survey responses</a></p>	
Questions	Responses	Special Notes
If you have a district webpage with information about eLearning, please provide the url.	<p><a href="http://www.lex3.org">www.lex3.org</a></p> <p>There is a custom eLearning tab on the district's homepage for families.</p>	



Please suggest glossary terms for this reference page(s). Think about terms you've clarified with public, board members, press, teachers, et.

**"URL" is an abbreviation that stands for "Universal Resource Locator". It's another name for a web address, the text that you type into your internet browser when you want to go to a website.**

**"LMS" is an abbreviation that stands for "Learning Management System". It is a software application for the administration, documentation, tracking, reporting, and delivery of educational courses, training programs, or learning and development programs. The Learning Management System concept emerged directly from eLearning.**

**Lexington Three uses Google as our LMS.**

## INFORMATION FOR ELEARNING REPORT

**District:** York #2 (Clover)

**District Person Completing Report:** Millicent Whitener Dickey

**Date:** 10/29/2019

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	Yes	
If days were missed, how many days?	# 3	9/14/18-Hurricane Florence; 10/11/18 Hurricane Michael; 2/10/19-Snow
How many days were made up?	# 3	
What was the ADM on the make-up days?	See attached chart	
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	October 4, 2019 was the mock day for the entire district. Elementary student had a 30-45 minute block for students to practice. Middle schools practiced in each of 6 content area blocks/periods. High schools practiced with one assignment during flex time.	
Please provide calendar dates for these practices.	October 4, 2019	
Has the district distributed or released communications regarding eLearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	District official spoke to community groups. Emails and an eLearning infographic has been shared with parents. There was an article in the local paper, and eLearning has a presence on the district website.	
If the district has gotten feedback and/or comments, please describe the general or majority remarks.	The district will use eLearning for a make up day later in a the year for 3 schools who had to close due to a water main break. Some parents were a little confused as to why the eLearning was not done on the actual day. The district had to clarify that due to timing, it was not feasible to use eLearning on the day of the event. This feedback led to the development of the eLearning infographic.	
If you have a district webpage with information about eLearning, please provide the url.	<a href="https://www.clover.k12.sc.us/site/default.aspx?PageType=3&amp;DomainID=4&amp;ModuleInstanceID=483&amp;ViewID=6446FE88-D30C-497E-9316-3F8874B3E108&amp;RenderLoc=0&amp;FlexDataID=31142&amp;PageID=1">https://www.clover.k12.sc.us/site/default.aspx?PageType=3&amp;DomainID=4&amp;ModuleInstanceID=483&amp;ViewID=6446FE88-D30C-497E-9316-3F8874B3E108&amp;RenderLoc=0&amp;FlexDataID=31142&amp;PageID=1</a>  We will publish a live site within Canvas in the next couple of weeks.	

## INFORMATION FOR ELEARNING REPORT

**District:** Rock Hill Schools

**District Person Completing Report:** John Jones/ Chris Odom

**Date:** 12/4/2019

Questions	Responses	Special Notes
Were any days missed due to inclement weather during 2018-2019?	Yes	3 days due to threat of hurricane, in Fall semester.
If days were missed, how many days?	# 3	
How many days were made up?	# 3	
What was the ADM on the make-up days?		
How is the district conducting mock days or practice time, etc.? (Days in some schools, certain times of day, etc.)	Each school is scheduling their own mock day experience for students to learn about the purpose of elearning, the expectations for students, and the workflow needed in our LMS. The district has standardized the mock day for all students so that a clear message has been provided. Principals experienced a mock day experience during district leadership, complete with a fake phone call from our PIO saying school was cancelled. This mock experience was around the facts of elearning and their responsibilities. Principals have been given a checklist to ensure each school is ready for elearning.	
Please provide calendar dates for these practices.	Each school is scheduling their own mock day experience within the window of 12/3/19-12/20/19. (working around EOC, exams, and Holiday programming)	
Has the district distributed or released communications regarding elearning?	Yes	
If yes, please list communication types and audiences, i.e. email-parents, press release-public, etc.	Letters sent home to all parents (English and Spanish), Tweets, Facebook postings, press release, information on the elearning page of Rock Hill Schools, video communication, presentations to school board and teacher groups., robocalls	
If the district has gotten feedback and/or comments, please describe the general or majority remarks.	Overall, very positive. We have developed both parent/public FAQs and a teacher/staff FAQ. We are handling questions as they come in from principals, teachers, staff. No real negative issues at this time.	
If you have a district webpage with information about elearning, please provide the url.	http://www.rock-hill.k12.sc.us/domain/L2535	
Please suggest glossary terms for this reference page(s). Think about terms you've clarified with public, board members, press, teachers, et.	elearning, LMS (Learning Management System), Canvas, IEP, Mock elearning Day, PowerSchool, Technical Support	



## **Appendix F**

### **Examples of Resources and Communications Created by Cohort Districts**

## FOR THE TEACHER

Valuing instructional time, the eLearning pilot allows Anderson School District 5 to extend learning to the home and keep everyone safe during inclement weather. The goal is to keep students learning, even when the weather prevents schools from operating. An eLearning day is very similar to a normal school day.

**How will my students get the eLearning assignments that they need to complete at home?**

Teachers will need to load the eLesson(s) in Google Classroom, keeping in mind that during inclement weather days, students may be without power. The goal for the teacher is to make sure students have access to their assignment(s), including students downloading information from Google Classroom to their Chromebooks, while they are in the school building. Students are able to access Google Docs, Sheets, Slides, and Drawings without having an Internet connection. Some videos and media outside of the Google platform may be accessible as well. Sharing videos and media as part of the eLesson will require teachers to load these materials to their drive, provide students with a link in the Google Classroom, and have students download the media to their Chromebooks, while in the school building.

**How many lessons do I need to post? When do they need to be posted?**

PK-2 - Students do not have take-home devices. PK-2 students will take home an activity packet with checklists. Students need guidance from the parent to complete the activities.

Elementary 3-5 - Homeroom teachers should plan for 3 ELA lessons/assignments, 3 Math lessons/assignments, 3 Science lessons/assignments, and 3 Social Studies lessons/assignments. Each lesson should be 50 minutes each.

Middle -Core teachers (ELA, Math, Science, and Social Studies) should prepare 3, one-hour lessons/assignments for students.

High - Each teacher will post a one hour lesson per day; plan for three days.

Teachers (3-12) will post all assignments by 2 pm prior to inclement weather in Google Classroom. This will allow students without Internet access to download assignments to their Chromebooks for offline use.

**What are my 'Virtual Office Hours'?**

Teachers will be available throughout the day via virtual office hours.

Pre-K and Elementary: 9-10:30 am AND 1:30-3:00 pm

Secondary: 10:30 am - 12 pm AND 3:00-4:30 pm

During these hours, the teacher needs to be accessible through a line of communication. While Google Classroom is our learning management system, if a home does not have Internet access, this system will not be available.

eLEARNING FOR THE TEACHER



1

### What are my 'Virtual Office Hours'? [Continued from Page 1]

Making sure you have a clear line of communication with the home and your students, we recommend using [Remind](#), a quick and simple messaging system that will allow communication from the teacher to the home, allowing messages to be sent to any device, for free. With Remind, teachers will be able to see who read messages, send home photos, PDFs, voice clips and other meaningful communication.

If a student is under 13, the parent/guardian will need to join or sign-up for Remind, and be the communicator in the home to the student. If a student is over 13, they have access to their teachers utilizing Remind.

### What if we have another way of communicating with our parents, guardians, and students that is not Remind?

Part of the success of eLearning days will be to have a holistic system where the same conversation is happening PK-12. By utilizing Google Classroom (as age appropriate) and Remind, we can continue strong, instructional conversations into the home.

### What is the student's responsibility? How long do the students have to make up the eLesson(s) assigned on intermittent weather days?

Students are expected to complete the eLesson(s) assigned by their teachers. eLearning days are about extending learning outside of the school building and not stopping instruction.

Students have FIVE school days to complete their make up work. The FIVE days will begin on the returning day. (Ex: Students return on Monday. The eLesson(s) will be due that Friday.)

### What if the student does not complete the eLesson(s) on the weather days AND did not complete the work after the five day make up period?

Students who did not complete the eLesson on the intermittent weather day(s) and five school days have passed, the student will be marked absent.

### How do I keep my students accountable?

PK-2 teachers will utilize a classroom record for work and document instructional time when their students return to the classroom. While PK-2 students do have devices, they are not a 'take-home' device.

If you use Google Classroom, a record of submitted assignments will be accessible. Students have the opportunity to utilize their Chromebook or cell phone, if this is their preferred method of communication. If students do not have the Internet, they can still complete the eLesson(s), and upload/sync their work when they return to school. Google Classroom App for [Android](#) and [Apple](#).



## FOR THE HOME

Valuing instructional time, the eLearning pilot allows Lexington School District Two to extend learning into the home and keep everyone safe during inclement weather. The goal is to keep students learning, even when inclement weather is inevitable. An eLearning day is very similar to a normal school day.

### What can I do to make sure my student is successful with their eLearning Day?

The eLearning Program is new for Lexington School District Two and the teachers. Our number one goal with eLearning is to make sure your student continues to learn, and is safe from the hazards of inclement weather. With a new process, there will be many things your student can share about their learning and demonstrate success, but there will also be some areas of improvement for the whole system. When students return to school, there will be an opportunity for the home and students to share, strengths and needs improvement, about the eLearning Day.

### How will my students get the eLearning assignments that they need to complete at home?

Teachers will have eLessons for your student loaded in the Google Classroom, our learning dashboard for students. Prior to leaving the school building, students will receive the necessary resources to complete their work at home.

Students, grades 3-12, will be able to use Google Docs (create and edit documents, Google Sheets (create and edit spreadsheets), and Google Slides (create and edit presentations) offline. There will be some lessons that will have videos or other media. Teachers will work with the students to have this information downloaded to their device, prior to leaving the school for the day.

If students do not have the Internet, they can still complete the eLesson(s), and upload/sync their work when they return to school via the Google Classroom App for [Android](#) and [Apple](#). The device battery has been tested to last a little over 10 hours if used for eLearning only.

### How many lessons will my student need to complete?

PreK-2nd grade: Students do not have take-home devices. PreK-2nd students will bring home an activity packet with checklists. Your student will need guidance from the home to complete the activities.

Elementary 3rd-5th: Students will have 50 minute lessons from each subject: ELA, Math, Science, and Social Studies to be completed on their device.

Middle School: Students will have one-hour lessons from their core teachers (ELA, Math, Science, and Social Studies) to be completed on their Chromebook.

High School: Each teacher will post a one hour lesson, per day, for each class they teach to be completed on their device.



## How can we work with the teacher?

Teachers will be available throughout the day via virtual office hours.

Elementary: 9-10:30 am AND 1:30-3:00 pm

Secondary: 10:30 am - 12 pm AND 3:00-4:30 pm

During these hours, our teachers will be accessible through a line of communication (e-mail, Class Dojo, Remind, etc.).

## What is my student's responsibility? How long do the students have to make up the eLesson(s) assigned on intermittent weather days?

Students are expected to complete the eLesson(s) assigned by their teachers. eLearning days are about extending learning outside of the school building and not stopping instruction.

Students in grades PreK-8 have **FIVE** and students in grades 9-12 have **THREE** school days to complete their make up work. The days will begin on the returning day. (Ex: Students return on Monday. For students in grades PreK-8, the eLesson(s) will be due that Friday and for students in grades 9-12, the eLesson(s) will be due that Wednesday.)

## What if the student does not complete the eLesson(s) on the weather days AND did not complete the work after the make up period?

Students who did not complete the eLesson on the intermittent weather day(s) and the given school days (3 or 5) have passed, the student will be marked absent and their grade may be affected as zeroes will be entered in the gradebook for those assignments.







## FAQ - Digital Learning Days for Inclement Weather Makeup

### Pilot

In the School District of Pickens County, we value our instructional time with students. State law requires that children attend school 180 days. The instructional day is six hours, excluding lunch and recesses for middle and high, and six hours including lunch for elementary. Inclement weather makeup days are inevitable, and adding the makeup days to the end of the school calendar doesn't work! The School District of Pickens County was chosen by the Education Oversight Committee to pilot an Inclement Weather Virtual Learning Option.

### Plan

A Digital Learning Day is very similar to a normal school day. The Digital Learning Day will be announced in the School Closings on local news, the School Messenger calls, and the district website. Students will find their assignments loaded electronically into Schoology. Schoology is our learning management system that all teachers use within their classroom to provide lessons, resources, and support from the teacher. Each student will complete the material for each of their classes on their schedule and submit their work for the assignment through Schoology. Teachers will post all assignments by 2 pm prior to inclement weather in Schoology, and allow students w/o internet access to download assignments to Chromebooks for offline use. Announcement will be made at each school for teachers to post and students to download. Students should begin working on their lessons on the day missed when possible. Student work is due five school days upon returning to school.

Teachers will be available throughout the day via virtual office hours to answer student and their parent/guardian questions. Virtual Office Hours are **Elementary**: 9-10:30 am and 1:30-3:00 pm and **Secondary**: 10:30-12 pm and 3-4:30 pm. Teachers can communicate with students/parents via Schoology, Email, Remind, or Class DoJo to answer questions or provide help during office hours. (If you do not have Internet at your house, all of these are able to be used as apps on personal devices.)

### Accountability

Teachers keep a record of submitted assignments in Schoology. Students who don't have Internet access receive credit for the day missed when their work is submitted upon returning to school. The teacher will provide opportunities outside of the school day for students to complete unsubmitted "Digital Learning Lessons". Students will have **five school days** to complete the assignments. Students who do not complete "Digital Learning Lessons" will be marked with an unexcused absence.

Our mission is to educate students who are college and career-ready and will positively contribute to an ever-changing world. As we prepare "future ready" students, technology gives us an opportunity to continue with instruction despite inclement weather. With great teachers and access to our technology investment, we are ready to serve students at every level when the weather turns bad.

#### **No Internet Access/No Power - No Worries...**

Students without Internet access can download assignments to his/her Chromebooks ahead of time to be sure of access in the case of wifi outage. All students can access, complete, and submit work via cellphone on the Schoology app ([iOS](#) & [Android](#)). The Schoology app is free and allows you to do anything on a phone that you can do on a computer!

All students will have an opportunity to complete their "Digital Learning Lessons" regardless of Internet connectivity. The Chromebook battery has been tested to last a little over 10 hours. It also charges fast. A completely dead Chromebook was charged for 30 minutes and regained a charge of 35 percent, which is good for over three hours of work according to the battery life indicator. It takes about 90 minutes to charge it completely.

The district will provide information to parents concerning reduced rate internet access. The [Access](#) program from AT&T provides an affordable way for low-income consumers to have access to the internet.

#### **ESOL Teachers**

Elementary ESOL teachers will not need to create lesson plans for the Digital Learning Lessons days. You will participate in the PD that is released for related arts teachers to make up the time. Teachers will also hold office hours on the Digital Learning days

Middle/High ESOL teachers will do lesson plans for classes that meet during a designated class time. Teachers will also hold office hours on the Digital Learning days.

#### **Elementary GT Teachers**

Elementary GT teachers will create lessons for their students to complete on Digital Learning days. Teachers will also hold office hours on the Digital Learning days

#### **Non Classroom Teachers (certified employees: Principal, Assistant Principal, Instructional Facilitator, Media Specialists, etc.)**

1. May work a flexible schedule with their supervisor to make up the time
2. Their supervisor may assign online professional development or view up to 5 Safe Schools videos
3. Employee may be permitted to take a vacation day

#### **Classified Employees**

1. May work a flexible schedule with their supervisor to make up the time
2. Their supervisor may assign up to 5 Safe Schools videos
3. Employee may be permitted to take a vacation day

**\*\*Food Service, bus drivers, shadows, bus companions**

#### **Therapists, Vision and Hearing Teachers**



Be available during the Virtual Office Hours for **Elementary**: 9-10:30 am and 1:30-3:00 pm and **Secondary**: 10:30-12 pm and 3-4:30 pm.

**Resource Teachers**

Resource teachers will create lessons for their students to complete on Digital Learning days. Teachers will also hold office hours on the Digital Learning days.

**Special Education Self Contained Classrooms**

All teachers should post activities to Schoology for students to do at home and communicate with parents how to access these activities.



## EMPLOYEE eLEARNING DAY MAKE-UP TIME

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As the school system is closed due to inclement weather, employees are asked to make-up time missed at work during the closure or within 5 days following the eLearning Day. Make-up time should total 3.5 hours for employees. Whenever possible, we aim to provide choice in how this time is made up.

A description of the employee make-up opportunities include:

**Deliver Content to Students/ Office Hours:** Teachers and instructional staff prepare digital lessons/packets, participate in 2 office hours, via Outlook and/or Canvas, during eLearning Day, and collect/process student work in order to record who is present or absent following the eLearning Day. Office hours are to be communicated with stakeholders. A roster of student attendance is turned in by the end of the 5<sup>th</sup> day following the eLearning Day. Employees participate in the eLearning feedback survey issued following the eLearning Day.

**Office Hours:** Employees provide office hours for 2.0 hours during the eLearning Day via Outlook and/or Canvas. Office hours are to be communicated with stakeholders. Employees participate in the eLearning feedback survey issued following the eLearning Day.

**eLearning Virtual PD/ 321 Insights Virtual PD/ SafeSchools Virtual PD:** Modules embedded within 321 Insights, SafeSchools, or other approved platform (approved by the direct supervisor) are completed for a total of 3.5 hours. Employee should record the module name and time on a log (totaling 3.5 hours) and turn form into the direct supervisor. Employees participate in the eLearning feedback survey issued following the eLearning Day.

**Log of Work- Related Tasks:** A log of work-related tasks are provided that represents 3.5 hours of work completed on the eLearning Day or within the 5 days following the eLearning Day. Tasks may not take place during the employee's regular working hours (except during the eLearning Day). The log should be turned in to the direct supervisor.

**3.5 Hour Timesheet:** Within the 5 days following the eLearning Day, the employees may complete supervisor- approved work tasks in the workplace above and beyond the working day. The time should reflect 3.5 hours of work. Work cannot be made up during the lunch period. For example, Ms. Jones may work 1 hour beyond her normal working hours for 3 days and 30 minutes one day, totaling 3.5 hours. Timesheet must be turned in to the supervisor. Employees participate in the eLearning feedback survey issued following the eLearning Day.

**Other Online Training:** Employees may choose to participate in a supervisor-approved on-line professional development. Employees participate in the eLearning feedback survey issued following the eLearning Day.

**Personal Day:** Employees may choose to take 1.0 Personal Day for the eLearning Day as make-up for work. Employees participate in the eLearning feedback survey issued following the eLearning Day.



**Matrix of Roles for Employee Groups.**

Each employee role group has options for work time to account for the school day(s) that are missed due and replaced by eLearning for students. This matrix provides an overview of those.

Click [HERE](#) to view the options

**Documentation**

For documentation purpose, time/task must be recorded. Some options may require supporting documentation. Please provide that documentation. Click [HERE](#) for a log to record time/task for your supervisor.

Each employee will be sent a link to a survey to complete to collect role specific feedback to guide the planning of future events.

If you have any questions, please contact

Dr. John Jones ([jjones@rhmail.org](mailto:jjones@rhmail.org)) Or Dr. Tanya Campbell ([tcampbel@rhmal.org](mailto:tcampbel@rhmal.org))

## eLearning Parent Information

Rock Hill Schools



### **What is an eLearning Day?**

On eLearning Days, students and teachers do not report to school, but will complete classroom activities using technology (grades 3-12) or packets that are sent home (grades PreK- 2). Rock Hill Schools may use up to two eLearning Days during this year's spring semester and will decide if it uses the days on a case-by-case basis. If an eLearning Day is activated, it will always be announced as it *may* be used to make up missed time due to a school closure. Time to adequately prepare for an eLearning day will play a factor in this decision (students will need time to download assignments and/or PreK-2 students will need time to get packets from teachers).

### **How will I know if a day that school is closed becomes an eLearning Day?**

The district will communicate school cancellations and the announcement of an eLearning Day through phone calls, district/school websites, social media (Facebook and Twitter), Canvas, Launchpad, and local media.

### **How will students be prepared for an eLearning Day?**

In grades 3-12, teachers will post eLearning assignments for students in Canvas. When possible, students will download their assignments to their laptops ahead of time at school. For students in Grades PreK – Grade2, packets will be prepared and sent home with students. (Some teachers may have their eLearning lessons posted in their classroom newsletter.)

### **What if I experience technical difficulties or have questions on an eLearning Day?**

The Rock Hill Schools Technology Department staff will be on-call to help with technology issues. Technicians can be reached via email at [helpdesk@rhmail.org](mailto:helpdesk@rhmail.org).

For questions regarding an assignment, your child's teacher will be available through Canvas and e-mail during office hours on the eLearning day, which will be communicated by teachers.

### **How does my child turn in his/her work in order to receive attendance credit for the eLearning Day?**

As 3rd - 12th grade students complete their work, they should upload their assignments. If an internet connection is not available, they will have up to five (5) school days after the last school cancellation to turn in assigned work. PreK - 2 grade students may bring in their completed packets, with signatures, within the five (5) day window to receive credit for the missed day. Attendance will not be made official in district systems until the end of the 5- day window to turn in work. Again, all students will have five (5) days in which to complete and turn in work for attendance credit. Students not completing work within this period of time will receive an unexcused absence for the scheduled eLearning Day.

### **Am I expected to teach my child his/her assignment?**

No, the assignment should be an extension activity of material learned in class. Like homework assignments, parents may support their child in completing work. Do not hesitate to communicate with your child's teacher if there was difficulty in your child completing the assignment.

### **What if an eLearning make-up Day does not take place?**

Teachers will work with students on continuing their lessons and assignments. Parents of students in PreK-Grade 2 are asked to return packets to the classroom teacher as these may need to be updated for future eLearning Days.

### **What if I have further questions?**

More information may be found at the Rock Hill Schools website: <https://www.rock-hill.k12.sc.us/eLearning>  
If a parent has any questions about completed work and attendance, please contact your child's teacher.

# Supporting the Review of South Carolina's Accountability System

## DRAFT Project Plan

February 18, 2020

### Background

Section 59-180-910 (Cyclical review of accountability system; stakeholders; development of necessary skills and characteristics) of the South Carolina Code of Law mandates the following:

*Beginning in 2020, the Education Oversight Committee, working with the State Board of Education and a broad based group of stakeholders, selected by the Education Oversight Committee, shall conduct a comprehensive cyclical review of the accountability system at least every five years and shall provide the General Assembly with a report on the findings and recommended actions to improve the accountability system and to accelerate improvements in student and school performance. The stakeholders must include the State Superintendent of Education and the Governor, or the Governor's designee. The other stakeholders include, but are not limited to, parents, business and industry persons, community leaders, and educators. The cyclical review must include recommendations of a process for determining if students are graduating with the world class skills and life and career characteristics of the Profile of the South Carolina Graduate to be successful in postsecondary education and in careers. The accountability system needs to reflect evidence that students have developed these skills and characteristics.*

The South Carolina Department of Education (SCDE) and the Education Oversight Committee (EOC) convened a broad-based group of stakeholders to conduct an initial review of the accountability system in 2014. The key findings and recommendations from that first cyclical review are summarized in [Appendix A](#). Pursuant to Section 59-180-910, the SCDE and the EOC is required to conduct another comprehensive cyclical review in 2020. The SCDE and the EOC have contracted with the Center to support the review process. This document is a formal project plan that describes the deliverables, timelines and key tasks for the Center's work to support SCDE and the EOC.

### Deliverables

Per the legislative requirement, the main deliverables for the cyclical review process include:

1. The convening of an **accountability advisory committee** (AAC) comprised of a broad-based group of stakeholders from South Carolina, including the State Superintendent of Education and the Governor, or the Governor's designee as well as parents, business and industry persons, community leaders, and educators.
2. The drafting of a culminating **accountability framework report** for the South Carolina General Assembly that outlines the findings and recommended actions by the AAC to improve South Carolina's accountability system and to accelerate improvements in student and school performance.

## Timeline

Table 1 shows the proposed timeline for 2020 cyclical review process. Overall, the process includes five meetings of the AAC. Three of the meetings will convene in Columbia, South Carolina; while the other two meetings will take place remotely as webinars. The accountability framework report will be developed iteratively throughout the process seeking to reflect the priorities of the AAC, adhere to state and federal requirements, and honor established professional practices to ensure that the recommended accountability framework is feasible and technically defensible. Additional details of the key tasks (indicate in bold) are given in the next section.

#	Task	Timeframe (in 2020)	Responsible
1	Initial list of AAC membership	January	SCDE, EOC, Center
2	Send invitations to AAC candidates	January	SCDE, EOC
3	<b>Finalize AAC membership</b>	<b>February</b>	<b>SCDE, EOC, Center</b>
4	Determine priorities for AAC meeting #1	January	SCDE, EOC, Center
5	Generate agenda for AAC meeting #1	February	Center
6	Assemble materials for AAC meeting #1	February-March	Center
7	Finalize agenda for AAC meeting #1	February-March	SCDE, EOC
8	<b>AAC meeting #1 (in-person)</b>	<b>February-March</b>	<b>SCDE, EOC, AAC, Center</b>
9	Draft meeting #1 summary	March	Center
10	Review of meeting #1 summary	March	SCDE, EOC, AAC
11	Finalize meeting #1 summary	March	Center
12	Determine priorities for meeting #2	April	SCDE, EOC, Center
13	Generate agenda for AAC meeting #2	April	Center
14	Assemble materials for AAC meeting #2	April-May	Center
15	Finalize agenda for AAC meeting #2	April-May	SCDE, EOC
16	<b>AAC meeting #2 (in-person)</b>	<b>April-May</b>	<b>SCDE, EOC, AAC, Center</b>
17	Draft meeting #2 summary and initial outline of Framework report	May	Center
18	Review of meeting #2 summary	May	SCDE, EOC, AAC
19	Finalize meeting #2 summary	May	Center
20	Determine priorities for meeting #3	June	SCDE, EOC, Center
21	Generate agenda for AAC meeting #3	June	Center
22	Assemble materials for AAC meeting #3	June-July	Center
23	Finalize agenda for AAC meeting #3	June-July	SCDE, EOC
24	<b>AAC meeting #3 (webinar)</b>	<b>June-July</b>	<b>SCDE, EOC, AAC, Center</b>
25	Draft meeting #3 summary and updates to working Framework report	July	Center
26	Review of meeting #3 summary	July	SCDE, EOC, AAC
27	Finalize meeting #3 summary	July	Center
28	Determine priorities for meeting #4	August	SCDE, EOC, Center
29	Generate agenda for AAC meeting #4	August	Center



#	Task	Timeframe (in 2020)	Responsible
30	Assemble materials for AAC meeting #4	August-September	Center
31	Finalize agenda for AAC meeting #4	August-September	SCDE, EOC
32	<b>AAC meeting #4 (in-person)</b>	<b>August-September</b>	<b>SCDE, EOC, AAC, Center</b>
33	Draft meeting #4 summary and updates to working Framework report	September	Center
34	Review of meeting #4 summary	September	SCDE, EOC, AAC
35	Finalize meeting #4 summary	September	Center
36	Draft full Accountability Framework report	October	Center
37	<b>AAC meeting #5 (webinar)</b>	<b>October-November</b>	<b>SCDE, EOC, AAC, Center</b>
38	Review Accountability Framework report	November	SCDE, EOC, AAC
39	Update Accountability Framework report based on feedback	November-December	Center
40	<b>Approve Accountability Framework report</b>	<b>December</b>	<b>SCDE, EOC</b>

## Description of Key Tasks

In this section we provide additional details about the key tasks (in **bold**) listed in the proposed timeline for South Carolina's 2020 accountability system cyclical review process.

### AAC Membership

The Center will work with the SCDE and the EOC to assemble the Accountability Advisory Committee so it in compliance with the membership requirements specified in Section 59-180-910 and includes members that represent the interests and priorities of various educational stakeholders in South Carolina. Based on the Center's experience working with similar committees in other states, we suggested a committee size of about 10-15 members from state leadership, schools, districts, advocacy groups, and the broader community. The primary focus of the AAC will be to address the big-picture policy issues and lay the foundation for the overall accountability system framework. However, it may be informative to collect feedback on specific elements of the system from a broader audience via polls or surveys between the AAC meetings.

The SCDE and the EOC has put together a committee that meets the legislative requirements and criteria recommended by the Center. The preliminary list of members of the 2020 AAC is provided in [Appendix B](#).

### AAC Meetings

The AAC will convene five times during 2020 to identify educational policy priorities, discuss system design and implementation considerations and constraints, review key elements of the current accountability system, and, if deemed necessary, recommend changes to the accountability system. The Center will facilitate the AAC meetings using a principled approach to understand, evaluate and develop the framework for South Carolina's next generation accountability system. During this process, we will encourage AAC members to explore and suggest innovative ideas and not be constrained by prior practices. However, we will also attend to critical technical and operational considerations to ensure



that the framework is coherent, defensible, useful, feasible, and compliant with state and federal requirements. We will guide the committee's work by bringing in research and examples from the field when appropriate. The tentative goal of each of the AAC meetings are as follows:

- **Meeting #1** (in-person, around February-March): overview the current accountability system and design principles; specify the goals and priorities of the educational system; and evaluate what is working well and not working well in the current accountability system in light of the vision and priorities.
- **Meeting #2** (in-person, around April-May): understand key elements of the accountability system; determine which elements should be preserved and which should be changed; discuss additional elements that can be integrated into the system; and suggest initial framework for the accountability system.
- **Meeting #3** (webinar, around June-July): review initial framework; consider feasibility of implementation including data requirements, constraints and timelines; and discuss input to collect from the field between meetings.
- **Meeting #4** (in-person, around August-September): review feedback from the field and update framework; solidify recommendations for key elements of the accountability system including indicators and measures, business rules, communication plans (e.g., reports), consequences and supports, and plans for continuous evaluation and improvement.
- **Meeting #5** (webinar, around October-November): walk through candidate-final version of the Accountability Framework Report; resolve gaps/points of disagreement; confirm findings and recommendations.

### Accountability Framework Report

The final product from the 2020 cyclical review process is the Accountability Framework Report. As specified in Section 59-180-910, the intended audience of the report should be the South Carolina General Assembly. However, it will be written with the goal of communicating the key findings and recommendations of the AAC to broad group of educational stakeholders in the state. The report will be drafted iteratively through the process, starting with an initial framework in the second AAC meeting and culminating in a final version after the fifth meeting. The final report will be approved and available for publishing by December 31, 2020. Preliminarily, the report will include the following main sections:

- Vision, Goals and Priorities of the South Carolina Education System
- Overview of Federal and State Requirements for School Accountability
- Design Decisions and Implementation Considerations
- Elements of the School Accountability System
- Review of the Current School Accountability System
- Recommendations

## Appendix A: Key Outcomes from 2014 Cyclical Review Process

Pursuant to Section 59-18-910, the first cyclical review of the accountability system was approved by the EOC. The committee spent over one year reviewing the state's accountability system with a broad-based group of stakeholders and with the assistance of the Educational Policy Improvement Center (EPIC). The review also included an analysis of the accountability systems of peer states and the recommendations of the then State Superintendent of South Carolina, Dr. Mick Zais.

### Findings

In 2014, the following findings were made:

- Individual learners need to be placed at the center of the education system and decisions need to be focused first and foremost on the skills, knowledge, and expertise individual students must master to succeed in college, careers, and life.
- The current system should be transformed to meet the needs of individual students. A system of competency-based learning should be developed and piloted in order to allow students to develop mastery of skills at their own level and make learning more personalized, relevant and meaningful.
- The academic performance of students in public schools and school districts in South Carolina is measured and reported by two accountability systems that give conflicting messages to parents, educators and communities.
- While South Carolina has witnessed sustained improvement in student performance since passage of the Education Accountability Act in 1998, the rate of improvement must accelerate to meet the 21st century needs of our state and employers. Too many South Carolina students are still ill-served by the current public education system.

### Recommendations

In 2014, the following recommendations were made:

1. The General Assembly should adopt the following as South Carolina public education's mission: All students graduating from public high schools in South Carolina should have the knowledge, skills, and opportunity to be college ready, career ready, and life ready for success in the global, digital and knowledge-based world of the 21st century. All graduates should qualify for and succeed in entry-level, credit bearing college courses without the need for remedial coursework, in postsecondary job training, or significant on-the-job training.
2. South Carolina must set goals to measure and improve college, career, and citizenship readiness. Such goals would communicate the vision to the public, demonstrate the importance, and inspire transformative changes in the delivery of education. These goals would be set collaboratively with early childhood education, public education, postsecondary education, parents, and business. Annually, the EOC would monitor the state's progress toward these goals.
3. To encourage progress towards these goals, the EOC recommends amending the current state accountability system to measure the postsecondary success of public school graduates. Year-end summative assessments and high school graduation rates are necessary but no longer sufficient. The accountability system would be a balanced system of multiple measures that give comprehensive, valid, and vital data to ensure that every student is prepared for the 21st century. Multiple

measures would include extended performance tasks that rely upon the professional judgment of teachers to evaluate student mastery and critical thinking skills.

4. In addition to public reporting, accountability requires that standards for the core content areas be aligned to the mission and goals, and assessments accurately measure the standards.
5. To accelerate improvement, professional educators must be empowered to deliver new forms of radically, personalized, technology-embedded, education. The accountability system must be flexible enough to allow and even support schools and districts to be incubators of change and innovation.
6. South Carolina must evaluate and amend existing policies to remove barriers to transformation. For example, are there barriers that restrict the number of high school students who take dual enrollment classes? How can South Carolina prepare, recruit, retain and empower highly qualified teachers to lead the transformation, especially in historically low achieving schools?

## Appendix B: 2020 Accountability Advisory Committee (AAC) Members

Committee Member	Group Representation
Molly Spearman	State Superintendent (Required in section 59-180-910)
Melanie Barton	Governor or designee (Required in section 59-180-910)
Cynthia Downs	State Board of Education
Brian Newsome	EOC, principal, parent
Jessica Jackson	Business representative (Boeing)
Michele Pridgen	Business representative (Honda)
Jo Anne Anderson	Community member
J.T. McLawhorn	Community member
Chandra Jefferson	Educator: classroom teacher
Neil Vincent	Educator: district superintendent
Sandy Brossard	Educator: district instructional leader
Takesha Pollock	Parent
Ian Feigel	Parent
Wanda Hassler	Local school board member (Darlington County)
Hope Rivers	Higher Education representative
Georgia Mjarten	Early Childhood education representative

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The South Carolina Education Oversight Committee (EOC) is an independent, non-partisan group made up of 18 educators, business people, and elected officials appointed by the Governor and General Assembly.

The EOC is charged with encouraging continuous improvement in SC public schools, approving academic content standards and assessments, overseeing the implementation of the state's educational accountability system, and documenting improvements in education.



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# Dear Friend,

Since its inception over 20 years ago, South Carolina's Education Oversight Committee (EOC) has faithfully discharged its mandate to report facts, measure change, and promote progress.

As animated debates about the future of education in our state continue, this kind of clear-eyed analysis has never been more needed.

Facts are stubborn things, and often raise as many questions as they answer:

- Student performance is stagnant.  
While 81% of South Carolina students are graduating from high school, recent data has shown that only 42 percent are college ready and 73 percent are career ready. What is the disconnect?
- Neighboring states are closing achievement gaps.  
Our Southeastern neighbors confront many of the same challenges we face yet are making significant progress for students. What lessons can we take from their success?
- System-wide revenue is comparatively high and increasing.  
The most recent estimates from South Carolina's Revenue & Fiscal Affairs Office show that revenues per pupil are at an historic high, averaging just over \$14,000 a student across South Carolina's 79 districts (amounts range from just over \$10,000 to up to \$25,000). That's over \$10 billion in combined federal, state, and local revenues (and excludes bond revenue). Meanwhile, according to the U.S. Census Bureau, our per pupil and administrative spending outpace that our Southeastern neighbors. Are we "spending smart" with current resources?

Facing these questions honestly—and then taking action—will present enormous challenges and take tremendous courage. But in order to chart our course to where we need to go, we must know where we currently are. The EOC remains committed to help illuminate this urgent work.

In this Annual Report, you will find analysis of the unified federal/state accountability system and various other programs the law requires the EOC to produce. These reports are available in their entirety at [eoc.sc.gov](http://eoc.sc.gov), as are the additional reports listed at the back of this publication.

On behalf of the full EOC, I am grateful for the numerous task forces, focus groups, committees, and organizations around the state and nation that assisted us in accomplishing this work; many are noted in this report. A special thanks also belongs to Dr. Rainey Knight for her steady interim leadership, and to the entire staff for their unflagging dedication to the EOC's continuing mission.

To our educators—we extend our deepest thanks for your tireless work in classrooms across our state. 2020 marks a year of exciting opportunity ahead, as we welcome Matthew Ferguson, an experienced local education leader and classroom veteran himself, as EOC's new Executive Director.

Finally, to the students of South Carolina—you inspire the work we do each day. We believe in you, we know you can succeed, and we renew our commitment to provide learning environments that equip you to reach your highest potential.

Together for Students,



Ellen Weaver, EOC Chair

## EOC MEMBERS

*current February 26, 2020*

Ellen Weaver, Columbia (Chair)  
Bob Couch, Anderson (Vice Chair)  
Rep. Terry Alexander, Florence  
April Allen, Columbia  
Rep. Neal Collins, Easley  
Rep. Raye Felder, Fort Mill

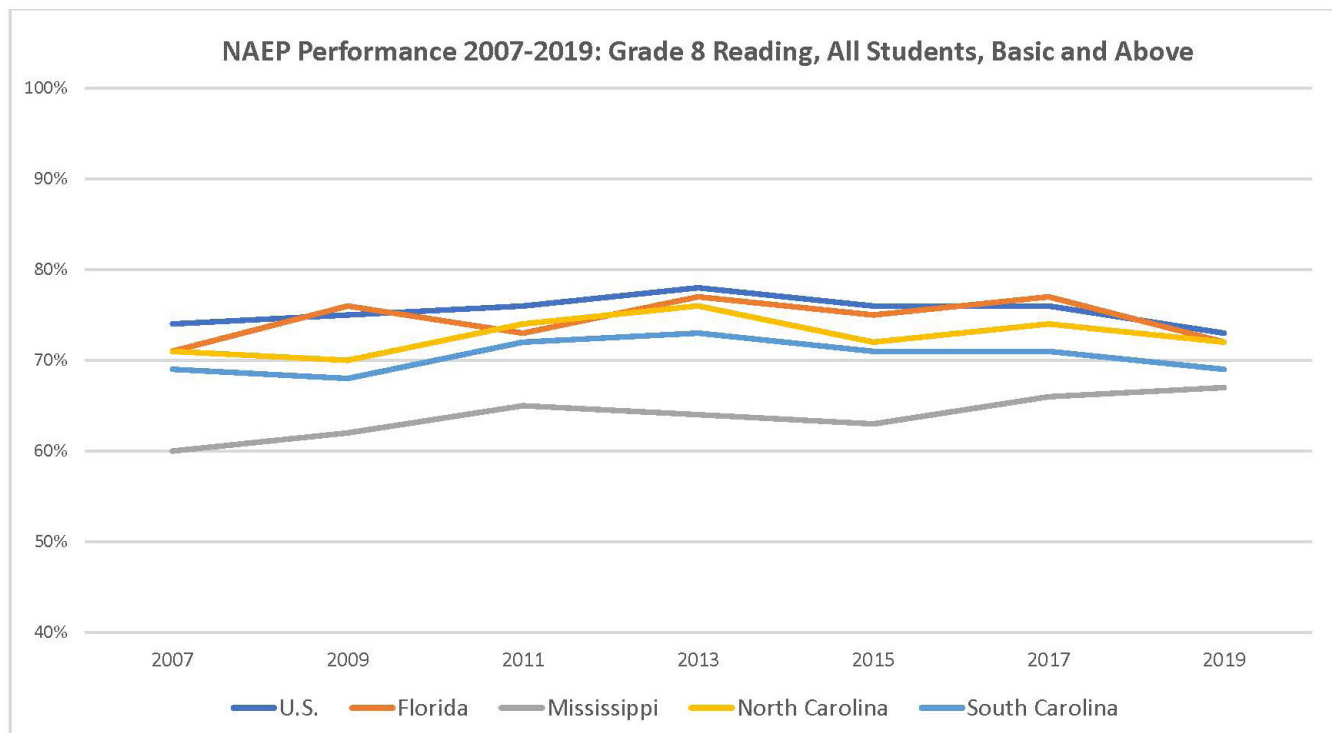
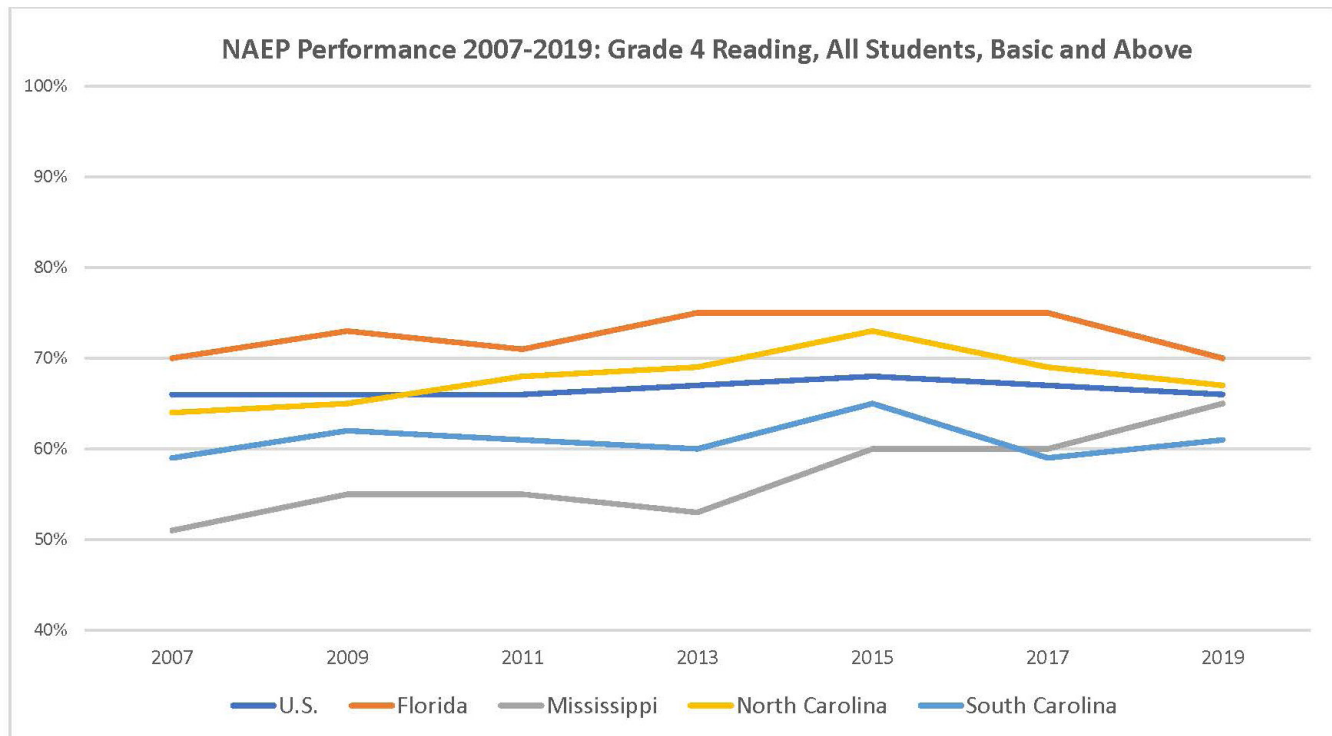
Barbara B. Hairfield, Charleston  
Sen. Greg Hembree, Myrtle Beach  
Sen. Kevin Johnson, Manning  
Sen. John Matthews, Jr., St. Matthews  
Governor Henry McMaster, Columbia  
Brian Newsome, West Columbia

Neil Robinson, Charleston  
State Superintendent Molly Spearman,  
Columbia (ex-officio)  
John Stockwell, Spartanburg  
Patti Tate, Rock Hill  
Scott Turner, Greenville

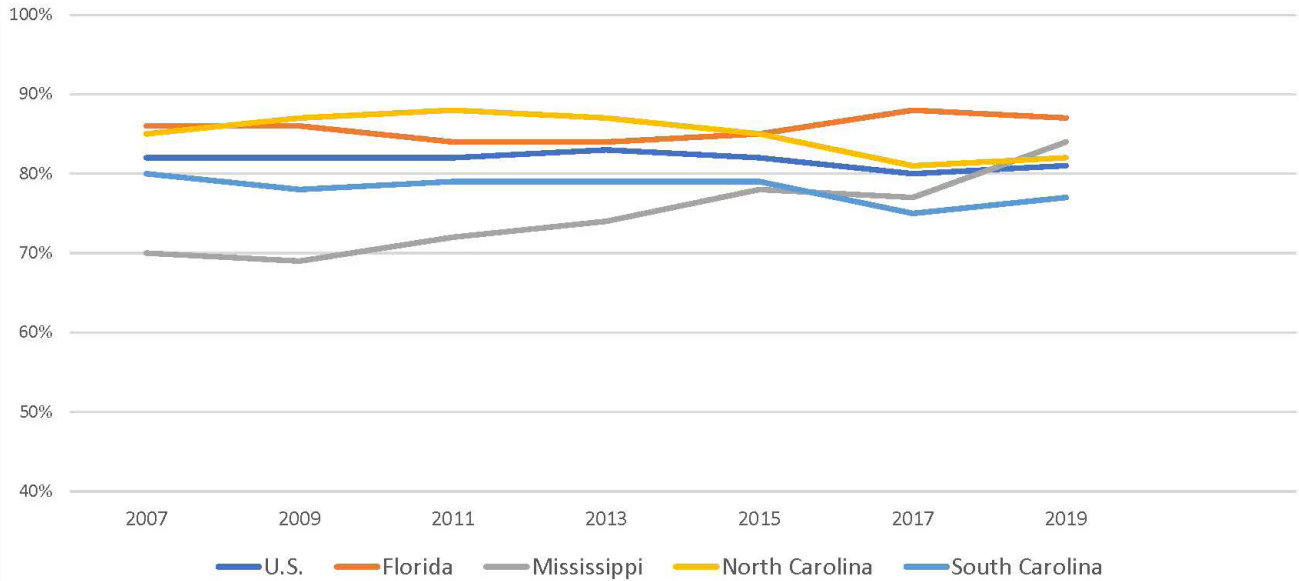
# Neighboring states are making faster progress than South Carolina...

The National Assessment of Educational Progress (NAEP) is administered uniformly across states.

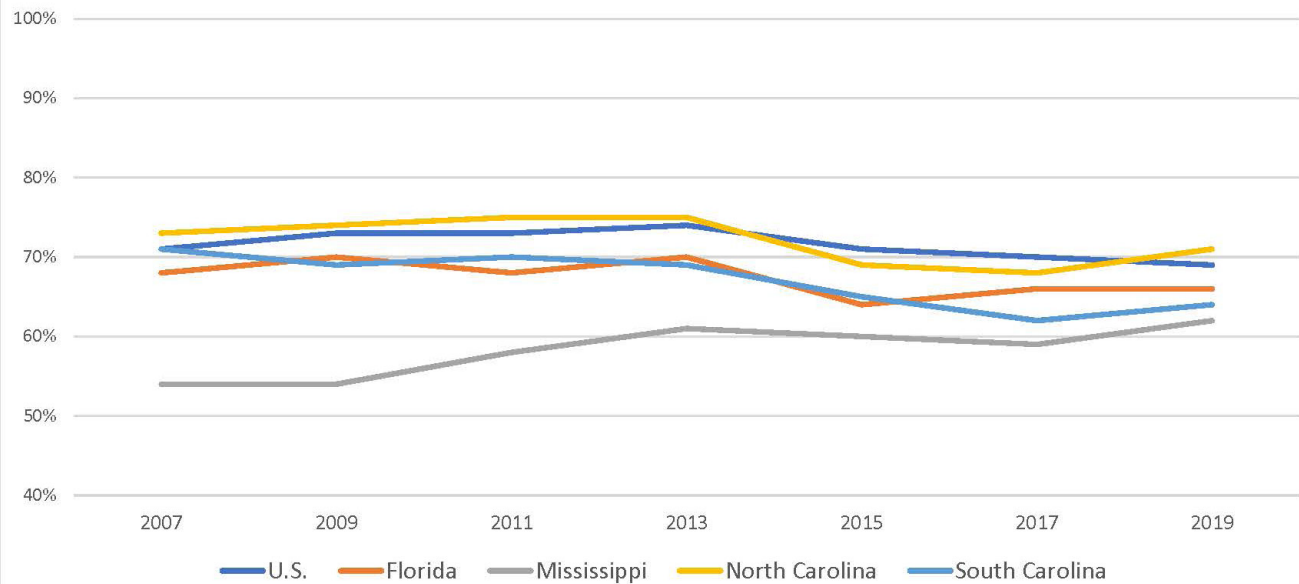
The NAEP Basic level is defined as "Partial mastery of knowledge and skills."



**NAEP Performance 2007-2019: Grade 4 Math, All Students, Basic and Above**



**NAEP Performance 2007-2019: Grade 8 Math, All Students, Basic and Above**



## **The Year in Review**



**Analyses, Updates, and Program Summaries  
from March 2019 to February 2020**

## Kindergarten Readiness Assessment (KRA) Analysis

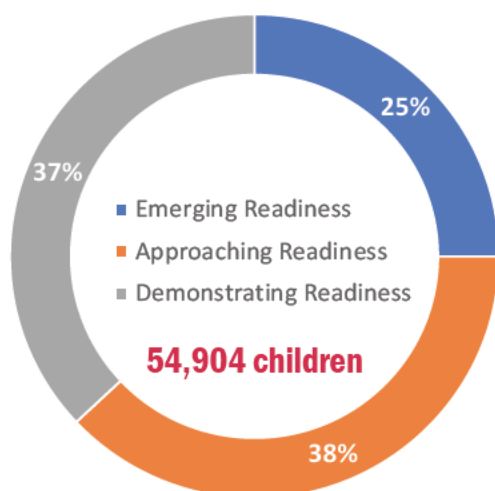
The Kindergarten Readiness Assessment (KRA), which provides information on children's preparedness for kindergarten, is administered to each child entering kindergarten in the SC public schools at least once during the first 45 days.

The KRA is comprised of four domains:

- Language and Literacy: skills such as reading, writing, speaking, and listening.
- Mathematics: skills such as counting, comparison, and sorting.
- Physical Well-Being & Motor Development: abilities such as dexterity, muscular coordination, and balance.
- Social Foundations: demonstration of following rules, asking for help, task persistence, and other skills necessary to the functioning within the kindergarten classroom.

School Year	Number of Students	Emerging Readiness	Approaching Readiness	Demonstrating Readiness
<b>Social Foundations</b>				
Fall 2017	54,927	28%	27%	45%
Fall 2018	54,904	25%	26%	49%
<b>Language and Literacy</b>				
Fall 2017	54,927	23%	43%	34%
Fall 2018	54,904	24%	43%	33%
<b>Mathematics</b>				
Fall 2017	54,927	31%	38%	31%
Fall 2018	54,904	32%	39%	29%
<b>Physical Development and Well-Being</b>				
Fall 2017	54,927	28%	24%	48%
Fall 2018	54,904	26%	22%	52%

### 2018 Statewide KRA Overall Results



More information and downloadable resources:

<https://tinyurl.com/qmjgole>

<https://tinyurl.com/ttvo32o>

### Next Steps

EOC members discussed the KRA results, focusing on the following questions and issues:

1. What is the next step for South Carolina? How can we improve the percentage of children ready to learn upon entering kindergarten?
2. There appears to be some discrepancies in districts where the KRA results for early literacy and mathematics are significantly higher than the 3rd grade SC Ready scores for children in those districts. How do we reconcile the results?
3. Without having a statewide system of formative assessments in the early grades (kindergarten through grade 2) that districts can use and that are aligned to SC Ready, how will the state ensure students are reading proficiently by the end of 3rd grade?
4. How and when will the state address expanding prekindergarten assessment beyond language and literacy to include the other developmental domains (physical well-being, social and emotional development, approaches to learning, and numeracy skills) as outlined in Act 284 of 2014?



## Community Block Grant Evaluation, 2017-18

For the third year in FY 2017-18, the South Carolina General Assembly authorized and funded the South Carolina Community Block Grants for Education Pilot Program in Proviso 1.70. After an independent review of applicants by a grants committee, seven applicants were awarded 2017-2018 Community Block Grants: Cherokee County School District; Chesterfield County School District; Lancaster County School District; McCormick County School District; Pee Dee Consortium; Consortia of Spartanburg School Districts 3 and 7; and York School District One. Funding ranged from \$97,250 to \$206,857. The EOC contracted with USC and Clemson University to evaluate the impact of these grants.

### Impact

#### Overall Numbers

- 15 school districts
- 65 schools
- 220 classrooms
- 3,867 students

#### Professional Development

- 387 professional development sessions or activities
- 1,553 educators or stakeholders participated

### General Findings

- Improvement (on average) occurred on interaction measures among 170 classrooms assessed
- Demonstrated growth in 4K language/literacy
- Higher levels of readiness (KRA) in 2018 in most districts/consortia compared to 2017



**More information and downloadable resource:**

**<https://tinyurl.com/rfely6q>**

## Community Block Grants Awarded in December 2019

Awardees for the South Carolina Community Block Grants for Education Pilot Program were announced in December 2019, given to six initiatives throughout the state that are focused on improving children's readiness for kindergarten by enhancing the quality of pre-kindergarten programs for four-year-old children. This one-year block grant program is a matching grants initiative designed to encourage sustainable partnerships among South Carolina school districts and community groups.

### Charleston County School District

Charleston County School District plans to implement Sound Beginnings in two high-poverty, rural schools with low student achievement, E.B. Ellington Elementary and Minnie Hughes Elementary. The project focus is to improve home and school language and literacy environments. The anticipated outcome of the project is an increased number of students on target for success in kindergarten. The school district was awarded \$85,580.

### Chesterfield County School District

Chesterfield County School District plans to provide additional math professional development for 4K and 5K teachers and assistants through virtual and face to face sessions working with Clemson University. The district will continue to provide job-embedded, ongoing professional development that impacts teacher and child interactions and their effects on literacy and mathematical thinking. The grant will also provide literacy and math readiness workshops for families as well as books for home libraries. The school district was awarded \$132,100.

### Florence 1 / Pee Dee Consortium

Florence School District 1 continues to lead this collaborative professional development project in eight school districts and Head Start, implementing a Pyramid Model, which focuses on building educator capacity toward supporting and enhancing children's social-emotional development. The Pee Dee Consortia is a regional initiative that has grown from the partnership of Florence 1 and Florence 2 to include eight additional Pee Dee districts and Head Start. The school district/consortium was awarded \$221,900.

### York One

This project capitalizes on community partnerships and incorporates strategies to improve kindergarten readiness. It incorporates professional development for 4K teachers, assistants and Head Start staff as well as summer programming for at-risk rising kindergarten students and a year-long Parent Institute. The district will work to support families during the summer to ensure rising kindergarten students have a solid social and emotional foundation before entering kindergarten. The school district was awarded \$77,179.

### Lexington-Richland School District Five

Grant funds awarded will be used by the school district to expand the Pyramid Model in all six Title 1 District schools, providing resources and educator professional development training focused on supporting and enhancing the social-emotional development of young children. The school district received \$57,550.

### Lexington One

Lexington School District One plans to use grant funds to increase opportunities for play, increasing language and literacy development among children at Pelion Elementary School. This project allows for the expansion of professional learning with 4K teachers and staff in a more targeted approach. The school district received \$74,222.

**More information and downloadable resource:** <https://tinyurl.com/v2mq9q>



## Report of Publicly Funded 4K Programs

The General Assembly first created and funded the Child Development Education Pilot Program (CERDEP) by a budget proviso in Fiscal Year 2006-07. In 2014 the General Assembly codified the program in Act 284 and renamed it the South Carolina Child Early Reading Development and Education Program.

The program is referred to as CERDEP or state-funded full-day four-year-old kindergarten. CERDEP provides full-day early childhood education for at-risk children who are four years of age by September 1. In school year 2018-19, eligibility is defined as an annual family income of 185 percent or less of the federal poverty guidelines as promulgated annually by the U.S. Department of Health and Human Services, or Medicaid eligibility. Both public schools and non-public childcare centers licensed by the South Carolina Department of Social Services (DSS) may participate in the program and serve eligible children. The South Carolina Department of Education (SCDE) oversees implementation of CERDEP in public schools and the South Carolina Office of First Steps

to School Readiness (OFS) oversees implementation in non-public childcare settings, including private childcare centers and faith-based settings.

In 2018-19, over 36,000 four-year-olds, or 62.5 percent of all four-year-olds in our state, lived in poverty. Nearly 16,500 of these children participated in either CERDEP or Head Start; therefore, at a minimum, 48 percent of four-year-olds in poverty in South Carolina received a full-day, publicly funded, education program. The EOC documents that another 7,908 four-year-olds in poverty received either full or half-day early education programs offered by: local school districts who were not eligible to participate in CERDEP or who chose not to participate; and non-public centers operating in non-CERDEP districts for which the child's district of residence could not be determined. With these additional children in poverty served in either a full or half-day education program, approximately 70 percent of four-year-olds in poverty received some publicly funded educational program. An additional 5,325 children participated in the ABC Voucher program.

### Summary of Four-Year-Olds in Poverty Served Statewide, FY 2018-19

	2018-19
Public CERDEP Enrollment	9,812
Non-public CERDEP Enrollment	2,458
<b>Total CERDEP Enrollment</b>	<b>12,270</b>
Total Head Start Enrollment	5,188
<b>Estimated Number of Four-Year-Olds Served by CERDEP or Head Start</b>	<b>17,458</b>
<b>Estimated Number of Four-Year-Olds in Poverty</b>	<b>36,038</b>
Estimated Percentage of Four-Year-Olds in Poverty Served by CERDEP or Head Start	48.4%
Estimated Percentage of Four-Year-Olds in Poverty Not Served by CERDEP or Head Start	51.6%
Four-Year-Olds in Poverty in Non-CERDEP Public 4K	7,908
<b>Total Number of Four-Year-Olds in Poverty in Formal 4K (CERDEP, Head Start, and Non-CERDEP Public 4K)</b>	<b>25,366</b>
Estimated Percentage of Four-Year-Olds in Poverty Served	70.0%
Total ABC Vouchers Provided	5,325*

\* Child care voucher data are not included in the estimated number of four-year-olds served because it may include children who receive 4K services through another resource, such as CERDEP or Head Start.

## Recommendations: 2020 CERDEP Report

1. Continue to share waiting lists for the purpose of serving as many children as possible. SCDE should maintain a master list with schools, number of 4K classrooms, 45 day count and 135-day count enrollments and make available to the public and other agencies (through a website or statewide coordinator for 4K data collection). The OFS should maintain a list of provider classrooms with vacancies noted on October 1 and March 1. Determination regarding efficiencies in providing learning opportunities can be made and become part of any expansion formula.
2. While the ideal statewide system would have all state-funded, pre-kindergarten program operating in one office, this may be too ambitious at the current time. The recommendation is the designation of a 4K data collection office/center. With the input of all involved agencies serving 4K children using state monies (as well as benchmarking other state models), a centralized place for the collection of information in similar formats, matched expectations including assessment data, hours of instruction, district of residence, level of teacher training, etc., be established. Therefore, the data and accountabilities help establish consistencies in programs and allow for research to provide the General Assembly meaningful information regarding investment in 4K in South Carolina.
3. The current multitude of assessments used in Pre-K 4, kindergarten, first and second grade do not provide an accurate student growth continuum for teachers to use in determining next steps in instruction. Neither does it provide parents with substantive information regarding their child's progress, including the growth needed to meet third grade targets. Since the stated focus of Act 284 is a "comprehensive, systemic approach to reading," it is necessary to have a comprehensive and systemic assessment continuum established.
4. Reorganize current agency responsibilities and oversight regarding licensing, teacher renewal requirements, and student health and safety practices in order to eliminate duplicity and undue burden in paperwork, inspections, and costs to schools, both public and private.
5. Continue to increase availability of transportation for 4K students, especially in districts and/or counties with large geographical areas of high poverty.

### 4K Expansion

The SC General Assembly asked the EOC to consider expansion in this year's report. With the efforts to serve more four-year-old children and increase the expenditures in programs, analysis of effectiveness and student outcomes is critical. Absent useful data and a centralized, coordinated repository for data collection and program coordination, expansion efforts are based on some determination other than student success and achievement outcomes. Each student in a 4K classroom will also experience a kindergarten through 3rd grade learning environment, either in public or private school.

**Growing numbers of students served may increase kindergarten readiness, as measured by the Kindergarten Readiness Assessment (KRA, but it is not a predictor of increasing the number of students reading on grade level at the end of third grade.**



**More information and downloadable resource:**

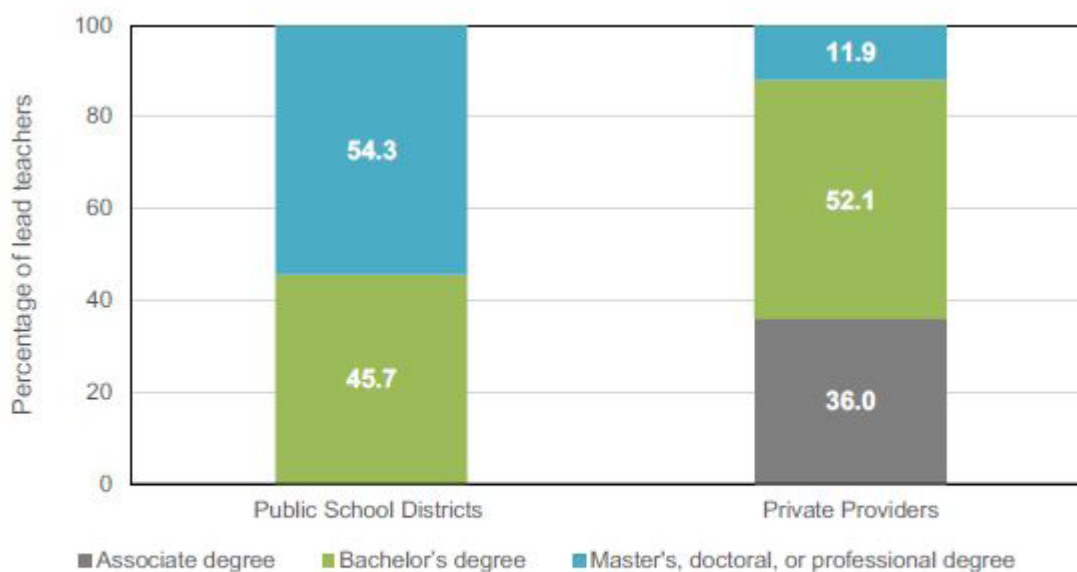
**<https://tinyurl.com/ubb6rdc>**

## The SC CERDEP Workforce

As part of an ongoing commitment by the South Carolina legislature to evaluate aspects of The SC Child Early Reading Development and Education Program (CERDEP), the South Carolina Education Oversight Committee (EOC) contracted with the RAND Corporation to address questions related to per-pupil costs, teacher education, and teacher professional development.

- Recommendation 1: Convene CERDEP stakeholders to discuss teacher education requirements.
- Recommendation 2: Build on the South Carolina Center for Child Care Career Development's (CCCCD) current database to establish a comprehensive statewide workforce registry system.
- Recommendation 3: Provide more specific professional development guidelines to ensure that content is consistent and instructionally specific. Develop a set of common competencies that all CERDEP teachers must master. Offer more shared professional development offerings across private and public CERDEP providers to support teachers in building these competencies.
- Recommendation 4: Work to provide more sustained and long-term professional development opportunities.
- Recommendation 5: Document CERDEP providers' receipt of coaching to ensure all teachers receive individualized support.

### Distribution of Lead Teacher Education Levels for CERDEP Public School Districts and Private Providers



SOURCE: Public school district data as reported in SCDE (2018a); authors' analysis of First Steps administrative data (2017–2018).

NOTE: There are 211 CERDEP teachers working in private providers and 599 CERDEP teachers working in public school districts.

More information and downloadable resource: <https://tinyurl.com/vz8la5h>

## e-Learning Pilot Initiative for School Make-up Days

Pursuant to Proviso 1A.86 of the 2018-19 General Appropriation Act, the Education Oversight Committee (EOC) constructed and implemented a pilot program for alternative methods of instruction for make-up days. On August 6, 2018 the EOC selected five (5) school districts around the state (Anderson 5, Kershaw, Pickens, Spartanburg 1 and Spartanburg 7) for a pilot program to utilize alternative methods of instruction which may include, but are not limited to, online or virtual instruction for scheduled make up time.

The selection process included an application which required the districts define the readiness of the district to implement an eLearning day in lieu of face-to-face school day. The readiness factors were based on device distribution among students, teachers' familiarity and use of a learning management system, technology infrastructure and current status of instructional technology as a part of the overall learning process.

Actual eLearning days were used by four of the five districts during the fall and early winter. The reasons included flooding and rain associated with Hurricane Michael and snow and ice the week of December 10, 2018.

The EOC contracted with Dr. Lee M. D'Andrea to structure the pilot project, to assist districts in implementation, and to establish a working network among the districts and South Carolina ETV (SCETV) and the SC State Library as required by the proviso. Ten districts were announced as Year Two pilot districts for school year 2019-20.



Year 1 Districts School Years 2018-19 and 2019-20	Year 2 Districts School Year 2019-20
Anderson 5	Anderson 1
Kershaw	Anderson 2
Pickens	Anderson 3
Spartanburg 1	Berkeley
Spartanburg 7	Florence 1
	Georgetown
	Lexington 2
	Lexington 3
	York 2
	York 3

More information and downloadable resource: <https://tinyurl.com/yx5r4fn3>



## Palmetto Digital Literacy Project

For a third consecutive year, the General Assembly funded a pilot program, the Palmetto Digital Literacy Program – an initiative of Learning.com, in the 2018-19 state budget for districts and schools in the Abbeville equity lawsuit or districts and schools with a poverty index of 80 percent or greater. The General Assembly designated and appropriated \$1.3 million in non-recurring Education Improvement Act (EIA) revenues to continue the pilot program, the Palmetto Digital Literacy Program, through Proviso 1A.65 of the 2018-19 General Appropriation Act.

### Key Findings:

1. There continues a demonstrated and articulated need for instructional materials in the areas of keyboarding, digital literacy, internet safety, inquiry learning through technology integration and coding in schools among students K-8.
2. There continue to be significant unmet infrastructure needs in the provision of digital learning environments for students.
3. The effectiveness of the software is evident, yet the results are mixed due to a variety of factors outside the scope of the Learning.com product.

### Recommendations:

1. The three-year pilot should be closed and the decision to integrate Learning.com should be determined at the district level.
2. Given that the examination of this software has revealed the wide variety of hardware distribution models and technology plans, guidance and support from the state should be provided for districts.
3. Technology as a tool and as an area of study must be the focus of instructional technology integration for students.



More information and downloadable resource: <https://tinyurl.com/ul7u5f2>

## Release of the 2019 School Report Cards

On October 1, 2019, the South Carolina Department of Education released the school report cards, the second release under SC's joint school accountability system, which combined the state and federal accountability systems for public schools. Not to be confused with student report cards, the School Report Cards show improvement in many schools across South Carolina.

This year, there was a significant increase in the number of schools rated Excellent and Good, 569 schools compared to 438 schools last year. While student performance increased on a number of statewide measures, the largest increases were seen in English Learners' Proficiency and completion of the Student Engagement Survey. An elementary school with 20 or more English Learners, for example, would see 20 percent of their overall Rating come from the results of these two indicators.

EOC Chairman Ellen Weaver stated, "Statewide results showed one-year increases in SC READY, the English Language Arts and Math assessment for grades three through eighth, as well as English 1. Results on Algebra 1 declined statewide. Unfortunately, the data from this year's release also showed that many students graduating from high school in South Carolina are not prepared for college or career."

**"We are pleased to see indications of progress in our students' learning. But while 81 percent of students are graduating from high school, this year's results show that only 42 percent are college-ready and 73 percent are career-ready. Nearly 20 percent of students don't graduate from high school and of those who do, too many are not fully prepared for the next step. These facts call for urgent action."**

***Ellen Weaver, EOC Chairman***

### Number and percentage of schools receiving Overall Ratings by school year

Overall Rating	Elementary Schools		Middle Schools		High Schools	
	2018	2019	2018	2019	2018	2019
Excellent	100 (15.2%)	124 (18.7%)	51 (15.9%)	67 (20.7)	36 (15.9%)	59 (26.0%)
Good	135 (20.5%)	164 (24.7%)	63 (19.6%)	99 (30.7%)	53 (23.4%)	56 (24.7%)
Average	241 (36.5%)	226 (34.0%)	118 (36.8%)	121 (37.5%)	74 (32.6%)	63 (27.8%)
Below Average	122 (18.5%)	111 (16.7%)	59 (18.4%)	29 (9.0%)	46 (20.3%)	39 (17.2%)
Unsatisfactory	62 (9.4%)	39 (5.9%)	30 (9.4%)	7 (2.2%)	18 (7.9%)	10 (4.4%)
Number of Schools	660	664	321	323	227	227

*Note: Totals do not include Career Centers or Special Schools.*

### Resources for Understanding the School Report Cards

[www.eoc.sc.gov/school-report-cards](http://www.eoc.sc.gov/school-report-cards)

Report cards can be accessed by visiting [SCReportCards.com](http://SCReportCards.com).



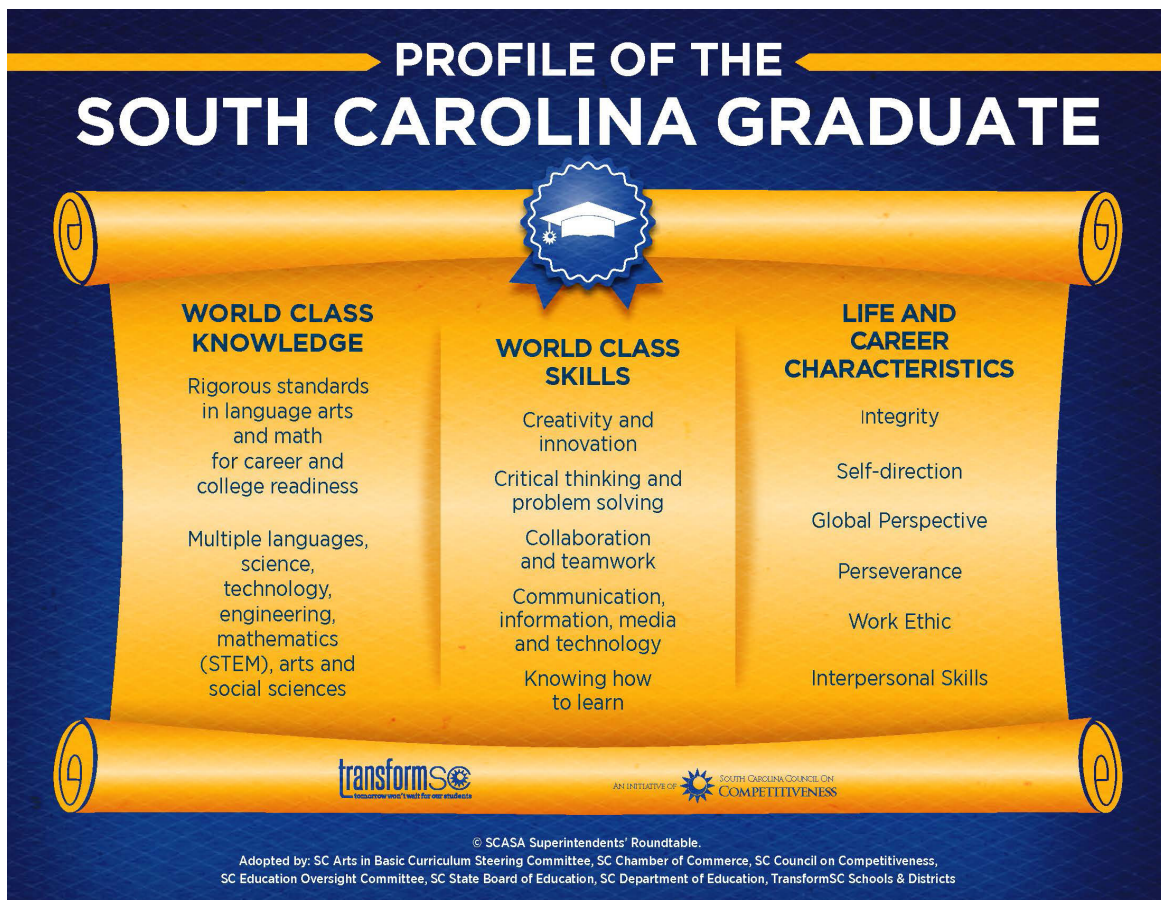
## Reviewing SC's Accountability System

While the current accountability system addresses many components of the Profile of the South Carolina Graduate, there are components that are not being measured and components that could be strengthened to meet the vision for South Carolina students. Some components, such as creativity, knowing how to learn, collaboration, and perseverance, which speak to a well-rounded student, have traditionally been not only difficult to define but equally as difficult to measure. Other components could be considered to create an accountability system that more strongly aligns the academic preparation of our students with the expectations of colleges/universities and career readiness to better prepare our students to meet the challenges beyond twelfth grade.

No system is perfect, but the flexibility of the current ESSA system allows states to evolve and change plans based on new information and research. The EOC believes the accountability system should be consistent over time, but flexible enough to reflect the most current research and best practices on metrics that can be implemented to measure all aspects of a well-rounded high school graduate.

Beginning this year, the EOC is directed to conduct a comprehensive review of the accountability system. Based on the Section 59-18-910 of the legislative Code, "The cyclical review must include recommendations of a process for determining if students are graduating with the world class skills and life and career characteristics of the Profile of the South Carolina Graduate to be successful in postsecondary education and in careers. The accountability system needs to reflect evidence that students have developed these skills and characteristics."

The EOC is partnering with the SCDE and the Center for Assessment to conduct this year's review. A final report to the EOC and the SC General Assembly is expected in December 2020.





### **Educational Credit for Exceptional Needs Program Update**

The Educational Credit for Exceptional Needs Children (ECENC) program was created by the SC General Assembly (Act 247, signed into law on May 18, 2018) to provide grants and parental tax credit to eligible students attending approved schools. Within the law, the EOC is charged with determining the eligibility of schools within the program and evaluating the impact of the program on student performance.

*More information:* [www.eoc.sc.gov/ecenc-program](http://www.eoc.sc.gov/ecenc-program)

### **K-12 Science Academic Content Standards**

In December 2019, the EOC approved the recommended revisions to the K-12 Science Academic Content Standards. These recommendations were compiled under the advisement of two review teams: a national review team of science educators and a state committee of parents, business leaders, community members, science educators, and teachers of English Learners and exceptional education.

*More information:* <https://tinyurl.com/vteh2hw>

### **Aid to Districts Technology Report**

This report, prepared by the EOC pursuant to Proviso 1A.76 of the 2018-19 General Appropriation Act, documents how an additional \$12 million in EIA funds appropriated to school districts for technology were expended.

*More information:* <https://tinyurl.com/yx42k2b6>

### **Performance of Military-Connected Students**

This report, produced annually per the direction of SC law, details the demographics of military-connected students; provides an update on the academic performance and school attendance of military-connected students in school year 2018-19; and summarizes the trainings for educators and families to enhance support of military-connected students at home and in school.

*More information:* <https://tinyurl.com/wrn4nej>

### **SC Teacher Loan Program**

The Teacher Quality Act of 2000 directs the EOC to conduct an annual review of the South Carolina Teacher Loan Program. This year's report examines the teacher recruitment and retention issues in South Carolina.

*More information:* <https://tinyurl.com/v5jc6t8>

### **Parent Survey Results**

This report, produced annually per the direction of SC law, details the results of the parent survey which is given to all parents of children in the highest grade of each school.

*More information:* <https://tinyurl.com/qmrpv65>

### **Martin's Math Club**

In its fourth season, Martin's Math Club provides the opportunity for teachers who teach standards-based lessons that incorporate math and basketball to win tickets to home USC men's home basketball games. Students who receive the lessons are also eligible to receive tickets for themselves and their guardians. The EOC has also hosted Teacher Appreciation Nights for the last three years.

*More information:* [www.helpwithmathsc.org](http://www.helpwithmathsc.org)

### **EIA Budget Recommendations**

As required by state law, the EOC approved budget recommendations in December 2019 for Fiscal Year 2020-21. These recommendations focus on the revenues generated by the one-cent sales tax, the Education Improvement Act. The committee's recommendations are dedicated to improving educational opportunities and outcomes for students and to supporting the teaching profession. The recommendations were forwarded to the Governor and General Assembly for their consideration.

*More information:* <https://tinyurl.com/u7wko8l>

# ADVISORY GROUPS

## KINDERGARTEN READINESS ASSESSMENT (KRA) ANALYSIS

Bill Brown, University of South Carolina  
Christine DiStefano, University of South Carolina  
Fred Greer, University of South Carolina  
Jin Liu, University of South Carolina  
Alissa Wise, South Carolina Department of Education

## COMMUNITY BLOCK GRANT PROGRAM REVIEW, 2017-18

Xumei Fan, MA, University of South Carolina  
Leigh Kale D'Amico, EdD, University of South Carolina  
Sandra Linder, PhD, Clemson University

## COMMUNITY BLOCK GRANT AWARD REVIEW

Laura Bordeaux, Zeus  
Christopher Cox, AOC Partners  
Dr. Quantina Haggwood, Richland County School District One  
Robin Harriford, EdVenture Children's Museum  
Jean Hiers, Dominion Energy  
Lynn Kuykendall, SC Department of Education  
Peggy Torrey, TransformSC

## REPORT OF PUBLICLY FUNDED 4K PROGRAMS

Mark Barnes, SC Office of First Steps  
Michele Bowers, SC Department of Social Services  
Bill Brown, University of South Carolina, College of Education  
Wendy Burgess, SC Department of Education  
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Jin Liu, University of South Carolina, College of Education  
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Georgia Mjartan, SC Office of First Steps  
Quincie Moore, SC Department of Education

Taylor Seale, SC Department of Education  
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## eLearning Pilot Initiative

Lee M. D'Andrea, EOC Consultant  
Leaders from fifteen pilot school districts

## MARTIN'S MATH TEAM & [www.helpwithmathsc.org](http://www.helpwithmathsc.org)

Blake Edmunds, University of South Carolina  
Emily Feeney, University of South Carolina  
Frank Martin, University of South Carolina  
April McPherson, Darlington County School District

## SC PARENT SURVEY

Marisa Garcia-Quintana, Columbia  
Cynthia Hearn, Columbia

## MILITARY-CONNECTED STUDENT REPORT

Kevin Bruch, Department of Defense State Liaison Office  
Annette Farmer, Military Child Education Coalition  
Judy Glennon, Military Child Education Coalition  
Cynthia Hearn, SC Department of Education  
Keith Martin, Military Child Education Coalition  
South Carolina School Liaison Officers  
Bunnie Ward, Former EOC staff

## 2017-18 TEACHER LOAN PROGRAM

Kathryn Crews, SCDE  
Jennifer Garrett, CERAA  
Cynthia Hearn SCDE  
Mary Hipp, SCDE  
Ray Jones, South Carolina Student Loan Corporation

Melanie Martin, South Carolina Student Loan Corporation  
Jeff Thompson, SC CHE  
Jane Turner, CERRA

## **K-12 SCIENCE STANDARDS REVIEW**

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Urica Brown, Pawley's Island  
Ashley Bryan, Allendale  
Christine Burras, Greenville  
G. Nate Carnes, Columbia  
Chip Chase, Kingstree  
Steve Coolidge, Duncan  
Rick Eitel, Moore  
Bert Ely, Columbia  
Eileen Fleming-Patona, North Myrtle Beach  
Ray Funnye, Georgetown  
Deborah Hardison, Bennettsville  
Betty Harrington, Manning  
Lisa Hartley, Union  
Eric Hayler, Boiling Springs  
John Holton, Columbia  
Hubert Jayakumar, Chester  
Thomas Kelly, Varnville  
Randy LaCross, Hartsville

Caroline Lemay, Rock Hill  
Cathy Little, Laurens  
Christine Lotter, University of South Carolina  
Peter McClaren, Rhode Island  
Thomas Moore, Irmo  
Bridget Miller, Columbia  
Mark Pesnell, Easley  
Tom Peters, Clemson  
Jamey Porter, Beaufort  
T'Sheila Praileau, Winnsboro  
Robert "Chris" Rice, Lexington  
Akil Ross, Columbia  
Stu Rodman, Hilton Head Island  
Elizabeth Roorda, York  
Judith Salley, South Carolina State University  
Virginia "Brooke" Sledge  
Cynthia Spratley, York  
Holly Sullivan, Cassatt  
Robert Tai, University of Virginia  
Pam Vereen, Hemmingway  
Janet Walker, Union  
Christine Ware, Simpsonville  
Rosemary Wilson, Lexington  
Audrey Winters, Laurens  
Hank Wortley, Myrtle Beach  
Marilyn Young, Varnville

Special thanks to the numerous individuals who provided expertise and assistance on one or more projects during the period March 1, 2019 - February 28, 2020



**SC EDUCATION  
OVERSIGHT COMMITTEE**



**[www.eoc.sc.gov](http://www.eoc.sc.gov)**

# Summary of 2020 Report Card

Submitted to SCDE, February 6, 2020

Two components of the 2020 Report Card will have changes for the 2019-20 report cards. The Preparing for Success Indicator will no longer include social studies. Science in grades 4 and 6 will be the measure for Preparing for Success in elementary and middle schools for the 2019-20 school year.

In addition, for high schools, the US Department of Education has changed the way college and career students are calculated. Currently only students who receive a diploma are included in the denominator to calculate college and career students. Beginning in 2019-20, all students in the 9GR field (4-year cohort) will be included in the denominator.

The following information provides greater detail on these changes.

**1. For the Preparing for Success indicator**, the EOC staff has reviewed the data from 2019 with social studies removed and 2019 data with science and social studies. Using only science in grades 4 and 6 for the Preparing for Success indicator and using the same cut scores, schools receiving an indicator rating of Excellent or Good would only change by 1%; Average by 2%; Below Average by 1 %; and Unsatisfactory by 4%.

For middle schools, the changes would be: Excellent by 2%; Good by 3%; Average by 6%; Below Average by 3% and Unsatisfactory by 7%.

Using the same data sets for overall Report Card ratings for elementary schools: the ratings for Excellent, Good, Average and Below Average would change by 2% or less. Unsatisfactory is larger at 4%. Twenty-two elementary schools would change their rating: 14 would decline and 8 would increase.

Using the same data sets for overall Report Card ratings for middle schools, schools with overall ratings of Average and Unsatisfactory would change by approximately 5% and Excellent, Good and Below Average overall ratings would change by 3% or less. Ten middle schools would decline, and no middle school would increase its rating.

**Since the changes to the Preparing Success and Overall Report Card ratings are minimal, the EOC recommends the cut scores remain the same as the 2018 and 2019 report cards for 2020.** Additionally, when the EOC meet in December 2019 on the Preparing for Success indicator, they made their decision to not change the weighting based on the impact data using the same cut scores.

**II. For the College and Career readiness indicator (CCR)**, the EOC staff reviewed the data from 2019 as was originally calculated using the 2019 graduates as compared against the 2019 data using the 9Gr cohort. The mean when comparing CCR for graduate's vs cohort decreases by 2.14 points. The changes to the CCR indicator rating would show 34% of schools would retain their current rating; 61% of schools would go down one rating; 5% of schools would go down two ratings and less than 1 % would go down 3 ratings.

The cut scores currently in place for CCR were recommended by the EOC based on expectations for students reaching each threshold or cut score. The cut scores were not set using impact data but were based on reasonable, first generation report card expectations for school performance. The rating ranges established for each threshold are:

- below 49.9% is Unsatisfactory
- 59.5-50% is Below Average
- 69.5-60% is Average
- 79.9-70% is Good
- 80% and above is Excellent

**Based on the reasoning above, the EOC staff recommended the cut scores for College and Career Ready indicator remain the same for 2020.**

**No action needed.**

# Summary of EOC Recommendation regarding CCR Indicator

Submitted to SCDE, March 13, 2020

*On March 10, 2020, the SCDE proposed using first time twelfth graders on either the 45<sup>th</sup> day or 135<sup>th</sup> day as the denominator for the College and Career Ready indicator. The SCDE sent data showing the impact on the CCR ratings of high schools using both the 9GR and their proposed denominator. The EOC staff looked at the data sent and then sent the following correspondence to the SCDE:*

In looking at the most recent dropout data on the SCDE website (Report on Student Dropout Rates, 2016-17), 72% of the approximately 5,000 dropouts are economically disadvantaged students and 20% are special education students. The EOC staff felt we should use everything in our arsenal to help those students stay in the system and graduate with some type of outcome that will help them when they leave.

Also, the 45<sup>th</sup> day count from Nov. 2019 is 65,995 9<sup>th</sup> grade students, compared to 49,544 students in the 12<sup>th</sup> grade. Although we realize the difference of 16,451 students doesn't mean these students will not graduate, we know that many of these students will drop out; these students are invisible in the current CCR indicator. The same rationale applies here --- there should be an incentive for schools to work on CCR for ALL students, not just those who make it to 12<sup>th</sup> grade. Using Grade 12 first enrolled in year suggests that CCR readiness occurs only in grade 12; we all know that work happens along a student's path much earlier than high school.

Also, from 2018 to 2019, the CCR indicator improved more than any other high school indicator (other than Student Engagement): please see below. These changes were not associated with any changes to the calculation methodology; instead, they were associated with higher rates of CCR and improved record keeping. We hope this work will continue. Although over half of high schools (57%) will see their CCR rating decrease by 1 level in the data you all have run, 37% of high schools will either increase their rating, or stay the same.

## Numeric Changes for Each Indicator – High Schools

Indicator	Mean Gain in Indicator Scores	Standard Deviation of the Gains in Indicator Scores (2019 minus 2018)	Minimum Gain	Maximum Gain	Percent Gain
Achievement (25 points)	-0.01	1.18	-3.41	3.66	-0.04
PFS (10 points)	-0.17	0.48	-1.44	1.68	-1.75
ESOL (10 points)	0.06	1.17	-2.86	3.50	0.61
Grad Rate (25 points)	0.29	2.45	-14.28	9.73	1.16



Indicator	Mean Gain in Indicator Scores	Standard Deviation of the Gains in Indicator Scores (2019 minus 2018)	Minimum Gain	Maximum Gain	Percent Gain
CCR (25 points)	1.65	2.22	-3.70	9.40	6.61
Engagement (5 points)	1.21	1.18	-2.00	4.50	24.16

Additionally, the independent review of SC's State ESSA Plan, done by the national non-profit Bellwether Education Partners in Dec. 2017, was specific in its criticism of SC's inflation of students graduating CCR:

"While these "menu" items could encourage schools to offer well-rounded curricula and meet student needs in a variety of ways, it may also pose a challenge to compare schools. It appears this calculation will be based on the number of students in the 12th-grade graduation cohort, which will inflate the percentage of students graduating college/career ready because it omits students who have dropped out. The measure would be stronger if South Carolina were to modify the calculation and apply it to the 9th-grade cohort (akin to the state's calculation of the adjusted cohort graduation rate). Additionally, the state should monitor its data to determine whether all its options are comparable or whether certain types of students are tracked into specific pathways (i.e., low-income students or students of color disproportionately tracked into career prep pathways vs. college prep pathways)."

For all the reasons listed above, the EOC staff is recommending that the denominator for the College and Career Ready indicator change to the 9GR.

## English II End of Course Review Work Plan Modified- 4/3/2020

TASK	Timeline	Status
Identification of Committee Members	January 30-February 24, 2020	<p>Names</p> <p>Shannon Hamilton Dreher High School Richland School District One <a href="mailto:shannon.hamilton@richlandone.org">shannon.hamilton@richlandone.org</a></p> <p>Lizabeth Thompson Mayo Magnet High School Darlington County Schools <a href="mailto:elizabeth.b.thompson@darlington.k12.sc.us">elizabeth.b.thompson@darlington.k12.sc.us</a></p> <p>Erin Lowery Wando High School Charleston County Schools <a href="mailto:erin_lowery@charleston.k12.sc.us">erin_lowery@charleston.k12.sc.us</a></p> <p>Barbara Goggans Scholarship Academy Horry County Schools <a href="mailto:BGoggans@horrycountyschools.net">BGoggans@horrycountyschools.net</a></p> <p>Dr. Joseph Powell Aiken County Public Schools <a href="mailto:JosephP@acpsd.net">JosephP@acpsd.net</a></p> <p>Jonathan Dorn Eastside High School Greenville County Schools <a href="mailto:jdorn@greenville.k12.sc.us">jdorn@greenville.k12.sc.us</a></p> <p>Dresden Floyd Hannah Pamplico High School Florence School District 2 <a href="mailto:dfloyd@fsd2.org">dfloyd@fsd2.org</a></p>
Contact Letters to Be Sent	February 26/27, 2020- March 10, 2020	Verify Emails- Draft Invites by Feb 25, 2020 Committee Finalized by March 10, 2020

## English II End of Course Review Work Plan Modified- 4/3/2020

TASK	Timeline	Status
<b>Review Process Finalized</b>	Summer/Fall 2020	<p>SCDE Staff</p> <ul style="list-style-type: none"> <li>• Bring hard copies to meeting on the morning of the meeting stay there during the meeting, and then bring them back.</li> <li>• A standard identification and DOK levels will be on documents</li> <li>• Test Items will be numbered</li> <li>• All test items will be received</li> <li>• The form to be administered in fall 2020 will be provided (54 multiple-choice items and 1 Text Dependent Analysis writing item)</li> <li>• Coordinate logistics for Panel</li> </ul> <p>EOC Staff</p> <ul style="list-style-type: none"> <li>• Receive recommendations and secure Teacher Alignment Review Panel (6-8 members reflecting diversity and geography of SC) (Diversity)</li> <li>• Outline and Manage process for Panel Work</li> <li>• Secure resources materials</li> <li>• Conduct review session</li> <li>• Prepare Alignment Process Report</li> <li>• Collaborate with Assessment Consultant</li> </ul> <p>Staff members: Valerie Harrison, Kevin Andrews, Dana Yow</p> <ul style="list-style-type: none"> <li>• Christine Di Stefano, USC Evaluator</li> </ul>
<b>Assessment Analysis - Part 1</b> <b>Assessment Analysis- Part 2</b>	June 15, 2020 Fall 2020	
<b>Alignment Process Date</b>	Summer/Fall 2020	<ul style="list-style-type: none"> <li>• Content Alignment Process with Panel</li> </ul>
<b>English 2 Content Alignment Report</b>	Fall 2020	Final Draft prepared by Kevin Andrews and Valerie Harrison, Dana Yow

# **MARTIN'S** math club

$a^b x - \sqrt[n]{a} = \sqrt{\geq \leq \pm \infty} \pi \phi \pm^\circ \Omega \neq \Sigma + \$ \varphi \# \% a^b x - \sqrt[n]{a} = \sqrt{\geq \leq \pm \infty} \pi$

## Year 4 Summary

The fourth annual “Martin’s Math Club” contest concluded on March 1, 2020. The contest provided the opportunity for teachers and students in grades Kindergarten through 8th grade to win two tickets to a University of SC Men’s Basketball team home game. With assistance from SC math educators, the EOC published 27 standards-based lessons for K-8<sup>th</sup> grade that incorporate math and basketball.



Each teacher who incorporated at least one of three available grade-level lessons into their teaching had the chance to win two tickets to a USC home basketball game and each student who receives a lesson will be eligible to win two tickets to a home basketball game.

The online tools for the contest are included with grade-specific tools designed for parents to help their kids at home with math content. These tools were also developed with the assistance of math educators statewide. Everything can be found online at [www.helpwithmathsc.org](http://www.helpwithmathsc.org).

**73 teachers statewide participated**

**3,566 students were taught lessons from the program**

**6,884 ticket vouchers statewide requested**

**EOC also hosted a Teacher Appreciation Night for Martin’s Math Teachers on March 3, 2020**

**48 teachers attended the Teacher Appreciation Night**



Some of the comments from teachers:

*Great lesson, thank you for showing your passion for education! The kids loved it and are excited about maybe winning tickets.*

*My students enjoyed this so much last year. Thank you for doing this again.*

*I love this idea of incorporating sports into my classroom.*

*Thank you again for these great lessons and the opportunity for my students to attend a USC basketball game. I've done this the past two years at my last district and am excited to do it again this year in Lexington 2!*

*Thank you for doing this again! My students and I love it!*

*Thank you offering this opportunity for the students to advance academically. The incentive to have the privilege to attend a game for our students is also one that many of them would never be able to do without your offering. I look forward to working with my 8th graders on accomplishing this goal to win tickets. Thank you again*

*My students and I were so appreciative last year of this great opportunity. The math lessons were great and very real world. We are so grateful that you have continued this program. Go Gamecocks*

*I am currently doing a unit on fundamental probability concepts and counting principles in my Discrete Math class. I am using this as a quick fraction/decimal/percentage review!*

*My students really enjoyed the "Take it to the Court" lesson plan This was a good review of base ten with ten more and ten less.*





SOUTH CAROLINA OFFICE OF THE STATE AUDITOR  
1401 Main Street, Suite 1200 • Columbia, SC 29201

February 6, 2020

Dr. Rainey Knight, Interim Executive Director  
South Carolina Education Oversight Committee  
1205 Pendleton Street, Suite 502  
Columbia, South Carolina 29201

Dear Dr. Knight:

We are pleased to confirm our understanding of the terms of our engagement and the nature and limitations of the services we are to provide for the South Carolina Education Oversight Committee (the Committee).

We will apply the agreed-upon procedures listed in the attached schedule that were specified and agreed to by management on the systems, processes and behaviors related to financial activity of the Committee for the fiscal year ended June 30, 2019. Our engagement to apply agreed-upon procedures will be conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures performed or to be performed is solely the responsibility of management and we will require an acknowledgement in writing of that responsibility. Consequently, we make no representation regarding the sufficiency of the procedures described in the attached schedule either for the purpose for which the agreed-upon procedures report has been requested or for any other purpose.

Because the agreed-upon procedures listed in the attached schedule do not constitute an examination or review, we will not express an opinion or conclusion on the systems, processes and behaviors related to financial activity. In addition, we have no obligation to perform any procedures beyond those listed in the attached schedule.

We will issue a written report addressed to the Committee and management of the Committee upon completion of our engagement that lists the procedures performed and our findings. This report is intended solely for the information and use of the Committee management of the Committee and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited. Our report will contain a paragraph indicating that had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

An agreed-upon procedures engagement is not designed to detect instances of fraud or noncompliance with laws or regulations; however, we will communicate to you any known or suspected fraud and noncompliance with laws or regulations affecting the systems, processes and behaviors related to financial activity of the Committee that come to our attention. In addition, if, in connection with this engagement, matters come to our attention that contradict the systems, processes and behaviors related to financial activity of the Committee, we will disclose those matters in our report.

Management is responsible for the systems, processes and behaviors related to financial activity and that they are in accordance with generally accepted accounting principles, applicable State laws, rules and regulations and the Committee's policies and procedures; and for selecting the criteria and procedures and determining that such criteria and procedures are appropriate for your purposes. You are also responsible for, and agree to provide us with, a written assertion about your systems, processes and behaviors related to financial activity. In addition, management is responsible for providing us with (1) access to all information of which you are aware that is relevant to the performance of the agreed-upon procedures on the subject matter, (2) additional information that we may request for the purpose of performing the agreed-upon procedures, and (3) unrestricted access to persons within the Committee from whom we determine it necessary to obtain evidence relating to performing those procedures.

Dr. Rainey Knight, Interim Executive Director  
February 6, 2020  
Page Two

At the conclusion of our engagement, we will require certain written representations in the form of a representation letter from management that, among other things, will confirm management's responsibility for the systems, processes and behaviors related to financial activity in accordance with generally accepted accounting principles, applicable State laws, rules and regulations and the Committee's policies and procedures.

George L. Kennedy, III, CPA, is the State Auditor of South Carolina and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

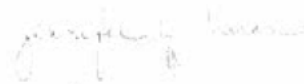
The concept of materiality does not apply to findings to be reported in an agreed-upon procedures engagement. Therefore, all findings from the application of the agreed-upon procedures must be reported unless the definition of materiality is agreed to by the specified parties. Management of the Committee has agreed that the following deficiencies will not be included in the State Auditor's Report on Applying Agreed-Upon Procedures:

- Errors of less than \$1,000 related to cash receipts and non-payroll cash disbursements transactions.
- Errors of less than \$1,000 related to reporting packages.

Rachel Goode, along with one member of our staff, will start the engagement in February 2020. We respectfully ask that the documents and other information initially requested by our staff, be provided or made available to the team as soon as possible. As the engagement progresses, they will need access to other information, including general accounting records, receipts, and disbursement vouchers; payroll, personnel, and leave records; receivables; purchasing records, etc. This information will be requested, as needed, during the fieldwork.

Our staff looks forward to working with you to accomplish our objectives with minimal disruption of your normal operations. Should you have any questions, please contact Jennifer Curran at 832- 8236. If you agree with the terms of our engagement as described in this letter, please sign below and return it to us. If the need for additional procedures arises, or the procedures need to be modified, our agreement with you will need to be revised. We will include these revisions in an addendum to this letter.

Yours very truly,

  
Jennifer L. Curran, CPA  
Senior Audit Manager

JLC/cmw

Enclosure

  
Dr. Rainey Knight  
Interim Executive Director



**South Carolina Office of the State Auditor  
Agreed - Upon Procedures Related to the South Carolina Education Oversight Committee (A85)**

**Cash Disbursements/Non-Payroll Expenditures**

1. Compare current year non-payroll expenditures at the fund and account level to those of the prior year. Obtain from management an understanding of variations in G/L Account Series 502- (Contractual Services) in the General Fund.
2. Haphazardly select twenty disbursements and inspect supporting documentation to determine:
  - The transaction is properly completed as required by Committee procedures; invoice(s) agree(s) with general ledger as to vendor, amount, number, and date.
  - All supporting documents and approvals required by Committee procedures are present and agree with the invoice.
  - The transaction is a bona fide expenditure of the Committee.
  - The transaction is properly classified in the general ledger.
  - Disbursement complied with applicable State laws, and state travel regulations.
  - Disbursements are recorded in the proper fiscal year.
  - Clerical accuracy / confirm proper sales/use tax.
  - Lottery disbursement was monitored and expended in compliance with Proviso 3.1 of the fiscal year 2019 Appropriation Act.

**Payroll**

3. Compute the percentage distribution of fringe benefit expenditures by fund source and compare to the actual distribution of recorded personal service expenditures by fund source. Obtain an explanation of variations greater than 10%.

**Journal Entries and Transfers**

4. Haphazardly select three journal entries and transfers for the fiscal year to:
  - Trace postings to the general ledger, confirming amounts agree with supporting documentation.
  - Confirm transaction is properly approved.
  - Inspect supporting documentation to confirm the purpose of the transaction.

**Reporting Packages**

5. Obtain copies of fiscal year end reporting packages submitted to the Office of the State Comptroller General (CG). Inspect the Master Reporting Package Checklist to determine the appropriate reporting packages were prepared and submitted by the due date established by the CG's Reporting Policies and Procedures Manual.
6. In addition to the procedure above, perform the following:
  - Operating Leases Reporting Package

Determine if amounts agree to the SCEIS general ledger, the SCEIS Yearend Rptg Operating Lease Expense with Vendor report and/or Committee prepared records. In addition, based on inspection of invoices and lease agreements, determine if rental payments were properly classified, coded and calculated by inspecting and recalculating the following reported amounts: (1) Two haphazardly selected contingent rental payments; (2) One haphazardly selected payment for each vendor included in the remaining rental payment classifications (One time Rentals); and (3) the current expense for all (one) of the operating leases. In addition, confirm that the Committee submitted copies of all leases to the CG in accordance with the CG's Reporting Package Instructions.

## **Reporting Packages (Continued)**

- Subsequent Events Questionnaire

Determine if responses are reasonable/accurate and any required supplemental information was properly prepared and submitted based on inspection of the SCEIS general ledger and/or Committee prepared records.

## **Assets and Personal Property**

7. Confirm that an inventory of Committee personal physical property, excluding expendables, was completed during the fiscal year as required by South Carolina Code of Law 10-1-140.

## **Committee Specific Provisos**

8. Confirm compliance with the selected agreed-upon Committee-specific state provisos by inquiring with management and observing supporting documentation, where applicable.

## **Status of Prior Findings**

9. Through inquiry and inspection, determine if the Committee has taken appropriate corrective action on the findings reported during the engagement for the prior fiscal year.



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

APR 10 2020

Dear Hospital Administrator:

First, I want to thank you for the work you are doing to provide treatment and care to Americans who have been impacted by COVID-19. Hospitals are key partners with the federal government as we work to ensure that the Whole of America response to COVID-19 which is locally executed, state managed, and federally supported.

On March 29, 2020, the Vice President sent you a letter requesting your assistance in reporting data that is critical for epidemiological surveillance and public health decision making for the COVID-19 pandemic. The data requested included daily reports on testing, capacity, supplies, utilization, and patient flows to facilitate the public health response to COVID-19. I understand that many non-federal entities may already be requesting this information, and I have received pleas from hospitals and states to minimize the burden of sharing this data and to reduce duplication of effort.

The enclosed Frequently Asked Questions (FAQs) document details the 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. 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. These FAQs will be updated if additional data delivery methods become available.

It is critical that all of the requested information listed in these FAQs is provided on at least a daily basis to the federal government to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency.

On behalf of President Trump and the White House Coronavirus Task Force, I want to thank you for the work you are doing to provide care to the American people during this critical time.

Sincerely,



Alex M. Azar II

Enclosure

CC: The Honorable Peter Gaynor  
Administrator  
Federal Emergency Management Agency

## **COVID-19 Frequently Asked Questions (FAQs) For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting**

On March 29, 2020, Vice President Pence sent a letter to hospital administrators across the country requesting daily data reports on testing, capacity and utilization, and patient flows to facilitate the public health response to the 2019 Novel Coronavirus (COVID-19). Many separate governmental entities are requesting similar information, resulting in stakeholder requests to reduce duplication and minimize reporting burden. This document details the 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. The 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 upon existing capabilities. These FAQs will be posted to the various HHS and HHS division websites, and will be updated if additional data delivery methods become available.

It is critical to the COVID-19 response that all of the information listed below is provided on at least a daily basis to the Federal Government to facilitate planning, monitoring, and resource allocation during the COVID-19 Public Health Emergency (PHE).

### **Who is responsible for reporting?**

By default, hospitals should report *on at least a daily basis* the detailed information listed below through one of the prescribed methods. However, we recognize that many states currently collect this information from the hospitals. Therefore, hospitals may be relieved from reporting directly to the Federal Government if they receive a written release from the State stating that the State will collect the data from the hospitals and take over Federal reporting responsibilities.

### **When are states permitted to provide such a written release to hospitals?**

States must first receive written certification from their FEMA Regional Administrator affirming that the State has an established, functioning data reporting stream to the Federal Government that is delivering all of the information below at the appropriate daily (or higher) frequency. States that take over reporting must provide this data, regardless of whether they are seeking immediate Federal assistance.

### **Capacity and Utilization Data**

#### **Capacity and utilization data: what to submit?**

The following data will greatly assist the White House Coronavirus Task Force in tracking the movement of the virus and identifying potential strains in the healthcare delivery system. It is critical that this data be reported at the facility and county level of detail rather than just a total statewide summary. Data that is submitted directly as a file instead of through an online portal should be sent in Excel or CSV format rather than as a scanned image or any other format that is not directly importable into a spreadsheet format.

ID	Information Needed	Definition
1.	<u>State</u>	State where the hospital is located
2.	<u>Hospital name</u>	Name of hospital and CMS Certification Number (CCN)
3.	<u>Hospital county and Zip Code</u>	County and Zip Code where the hospital is located
4.	<u>All hospital beds</u>	Total number of all staffed inpatient and outpatient beds in your hospital, including all overflow and surge/expansion beds used for inpatients and for outpatients (includes all ICU beds).
5.	<u>Hospital inpatient beds</u>	Total number of staffed inpatient beds in your hospital including all overflow and surge/expansion beds used for inpatients (includes all ICU beds)
6.	<u>Hospital inpatient bed occupancy</u>	Total number of staffed inpatient beds that are occupied
7.	<u>ICU beds</u>	Total number of staffed inpatient ICU beds
8.	<u>ICU bed occupancy</u>	Total number of staffed inpatient ICU beds that are occupied
9.	<u>Mechanical ventilators</u>	Total number of ventilators available
10.	<u>Mechanical ventilators in use</u>	Total number of ventilators in use
11.	<u>Hospitalized COVID patients</u>	Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19
12.	<u>Hospitalized and ventilated COVID patients</u>	Patients currently hospitalized in an inpatient bed who have suspected or confirmed COVID-19 and are on a mechanical ventilator
13.	<u>Hospital onset</u>	Patients currently hospitalized in an inpatient bed with onset of suspected or confirmed COVID-19 fourteen or more days after hospital admission due to a condition other than COVID-19
14.	<u>ED/overflow</u>	Patients with suspected or confirmed COVID-19 who currently are in the Emergency Department (ED) or any overflow location awaiting an inpatient bed

15.	<u>ED/overflow and ventilated</u>	Patients with suspected or confirmed COVID-19 who currently are in the ED or any overflow location awaiting an inpatient bed and on a mechanical ventilator
16.	<u>Deaths:</u>	Number of patients with suspected or confirmed COVID-19 who died in the hospital, ED, or any overflow location on the date for which you are reporting
17.	<u>On-hand supply of N95 masks (if available)</u>	<ul style="list-style-type: none"> <li>• Zero days</li> <li>• 1-3 days</li> <li>• 4-14 days</li> <li>• 15 or more days</li> </ul>

### Capacity and utilization data: where/how to submit?

Hospitals and other facilities should report daily capacity and utilization data through one of the methods below, or to their State if they have received a written release from the State and the State has received written certification from their FEMA Regional Administrator to take over Federal reporting responsibilities. If the State assumes reporting responsibilities, the State can also choose to utilize one of the below channels or through the State portal at Protect.HHS.gov.

Reporting options for hospitals and other facilities:

- Submit data to TeleTracking™ [<https://teletracking.protect.hhs.gov>]. All instructions on the data submission are on that site. To become a user in the portal:
  - Respond to the validation email sent to your administrator.
  - Visit <https://teletracking.protect.hhs.gov> and follow the specific instructions on how to become users.
    - Each facility is allowed to have up to 4 users for both data entry and visual access to aggregated data in the platform.
    - Users will be validated by the platform.
- Complete the [National Healthcare Safety Network \(NHSN\) module](#) daily per the [Center for Disease Control's \(CDC's\) instructions](#)
- Authorize your health IT vendor or other third-party to share information directly with HHS. Use one of the above alternate methods until your FEMA Regional Administrator notifies you that this implementation is being received.
- Publish to the hospital or facility's website in a standardized format, such as [schema.org](https://schema.org). Use one of the above alternate methods until your FEMA Regional Administrator notifies you that this implementation is being received.



## **Capacity and utilization data: how often to submit?**

At least daily. These reporting options have been chosen to make submission as easy as possible, and the HHS portal has been set up to allow users to submit data updates in a matter of minutes for the whole process. *The completeness, accuracy, and timeliness of the data will inform the COVID-19 Task Force decisions on capacity and resource needs to ensure a fully coordinated effort across America.* Doing so will also ensure that hospitals are not facing data requests from a multitude of Federal, State, Local, and private parties, as having a full data set will allow HHS to put a stop to others asking for the same data, so that they can spend less time on paperwork and more time on patients.

## **Testing Data: Hospitals That Perform COVID-19 Tests Using an In House Laboratory**

### **How should hospitals that perform “in house” laboratory testing report this data?**

In an effort to promote data reporting choices to hospitals and other acute and post-acute care facilities, below are the options to report testing data:

- A unique link will be sent to the American Hospital Association’s hospital points of contact. This will direct the POC to a hospital-specific secure form that can then be used to enter the necessary information. After completing the fields, click submit and confirm that form has been successfully captured. A confirmation email will be sent to you from the HHS Protect System. This method replaces the emailing of individual spreadsheets previously requested.

If your hospital did not receive a link, please contact the FEMA/HHS COVID-19 Diagnostics Task Force at [fema-hhs-covid-diagnostics-tf@fema.dhs.gov](mailto:fema-hhs-covid-diagnostics-tf@fema.dhs.gov) for support.

- Provide directly to their State if the state is reporting complete information daily to the FEMA Regional Administrator and their state has shared a written notification from FEMA confirming the reporting requirements are being met.
- Authorize their health IT vendor or other third party to submit the “in house” testing data to HHS/CDC. Until this is confirmed in writing to be working successfully, use one of the other methods mentioned above.

### **What data should hospitals with in house laboratory testing expect to submit to the portal?**

1. New Diagnostic Tests Ordered (Midnight to midnight cutoff, tests ordered on previous date queried)
2. Cumulative Diagnostic Tests Ordered (All tests ordered to date.)
3. New Tests Resulted (Midnight to midnight cutoff, test results released on previous date queried)
4. Cumulative Tests Performed (All tests with results released to date)
5. New Positive COVID-19 Tests (Midnight to midnight cutoff, positive test results released on previous date queried)
6. Cumulative Positive COVID-19 Tests (All positive test results released to date)



7. New Negative COVID-19 Tests (Midnight to midnight cutoff, negative test results released on previous date queried)
8. Cumulative Negative COVID-19 Tests (All negative test results released to date)

### **How often should hospitals submit the data?**

This data should be submitted by 5PM ET daily. All testing data should include test results that were completed during the previous day with a midnight cutoff.

### **Testing Data: Hospitals that Perform a Portion of COVID-19 Tests Using an In House Laboratory**

#### **How should hospitals that perform a portion of tests “in house” and send a portion of tests to commercial labs and/or State Public Health Labs report this data?**

The portion of tests that are performed “in house” should be reported through the HHS Protect System. See above for reporting details concerning “in house” tests. The portion of tests that are sent to one of the six commercial labs listed below or that are sent to your State Public Health lab do not need to be reported through the HHS Protect System. However, if your hospital send tests to a commercial lab not listed on the below list, you should report those tests using the HHS Protect System.

### **Testing Data: Hospitals that Send COVID-19 Tests to Commercial Laboratories**

#### **Do hospitals that send tests to commercial laboratories need to report data using this system?**

All hospitals should report data on COVID-19 testing performed in Academic/University/Hospital “in house” laboratories. If all of your COVID-19 testing is sent out to private labs and performed by one of the commercial laboratories on the list below, you do not need to report using the HHS Protect System.

If you have COVID-19 testing that is sent out to private labs and performed by a commercial laboratory not listed, you should report this testing using the HHS Protect System.

Commercial laboratories:

- LabCorp
- BioReference Laboratories
- Quest Diagnostics
- Mayo Clinic Laboratories
- ARUP Laboratories
- Sonic Healthcare

## **Testing Data: Hospitals that Send COVID-19 Tests Data to State Public Health Laboratories**

### **Do hospitals that send tests to State Public Health Laboratories need to report data using this system?**

All hospitals must report data on COVID-19 testing performed in Academic/University/Hospital “in house” laboratories. If all of your COVID-19 testing is sent out to and performed by State Public Health Laboratories, you do not need to report using the HHS Protect System.

### **How should hospitals that perform a portion of tests “in house” and send a portion of tests to commercial labs and/or State Public Health Labs report this data?**

The portion of tests that are performed “in house” should be reported through the HHS Protect System. The portion of tests that are sent to one of the six commercial labs listed above or that are sent to your State Public Health lab do not need to be reported through the HHS Protect System. However, if your hospital send tests to a commercial lab not listed on the above list, you should report such tests using the HHS Protect System.

## **Technical Assistance for Hospitals**

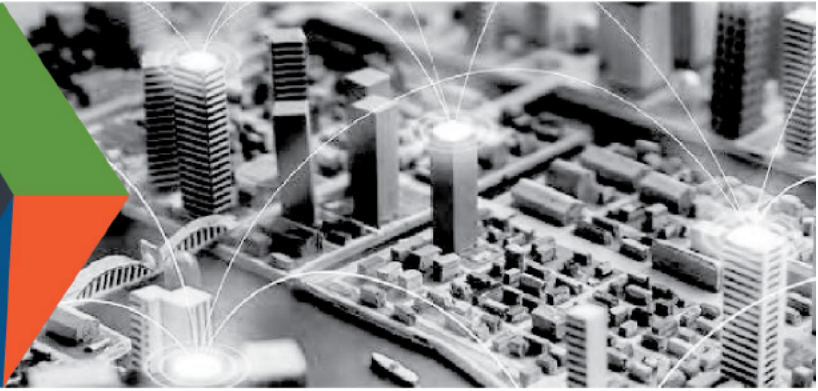
### **Who do hospitals contact if they experience any technical issues?**

Please email your question to [Protect-ServiceDesk@hhs.gov](mailto:Protect-ServiceDesk@hhs.gov). Your question will be answered as soon as possible.



**CISA**  
CYBER+INFRASTRUCTURE

DEFEND TODAY, SECURE TOMORROW



# Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response

Version 3.0 (April 17, 2020)

## THE IMPORTANCE OF ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and safety as well as community well-being. Certain critical infrastructure industries have a special responsibility in these times to continue operations.

This advisory guidance and accompanying list are intended to support state, local, tribal, territorial and industry partners in identifying the critical infrastructure sectors and the essential workers needed to maintain the services and functions Americans depend on daily and that need to be able to operate resiliently during the COVID-19 pandemic response.

This document gives advisory guidance on defining essential critical infrastructure workers. Promoting the ability of such workers to continue to work during periods of community restriction, access management, social distancing, or closure orders/directives is crucial to community resilience and continuity of essential functions. The term “workers” as used in this guidance is intended to apply to both employees and contractors performing the described functions.

CISA will continually solicit and accept feedback on the list and will evolve the list in response to stakeholder feedback. We will also use our various stakeholder engagement mechanisms to work with partners on how they are using this list and share those lessons learned and best practices broadly. Feedback can be sent to [CISA.CAT@CISA.DHS.GOV](mailto:CISA.CAT@CISA.DHS.GOV).

## CONSIDERATIONS FOR GOVERNMENT AND BUSINESS

This list was developed in consultation with federal agency partners, industry experts, and State and local officials, and is based on several key principles:

1. Response efforts to the COVID-19 pandemic are locally executed, state managed, and federally supported.
2. Everyone should follow guidance from the Centers for Disease Control and Prevention (CDC), as well as state and local government officials, regarding strategies to limit disease spread.
3. Employers must comply with applicable Occupational Safety and Health Administration (OSHA) requirements for protecting critical infrastructure workers who remain on or return to the job during the COVID-19 pandemic. As the nation relies on these workers to protect public health, safety, and community well-being, they must be protected from exposure to and infection with the virus so that they can continue to carry out

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2020-06-17 Response to E.O. 13526, Request No. 2 846

their responsibilities. OSHA has guidance and enforcement information for workplaces at [www.osha.gov/coronavirus](http://www.osha.gov/coronavirus).

4. Businesses and government agencies may continue to implement organization-specific measures, which protect the workforce while meeting mission needs.
5. Workers should be encouraged to work remotely when possible and focus on core business activities. In-person, non-mandatory activities should be delayed until the resumption of normal operations.
6. When continuous remote work is not possible, businesses should enlist strategies to reduce the likelihood of spreading the disease. This includes, but is not limited to, physically separating staff, staggering work shift hours or days, and other social distancing measures. While the CDC recommends that everyone wear a cloth face cover to contain respiratory droplets when around others, critical infrastructure employers must consider how best to implement this public health recommendation for source control in the workplace. For example, employers may provide disposable facemasks (e.g., surgical masks) instead of cloth face coverings when workers would need to wear masks for extended periods of time (e.g., the duration of a work shift) or while performing tasks in which the face covering could become contaminated.
7. Consider the impact of workplace sick leave policies that may contribute to an employee decision to delay reporting medical symptoms. Sick employees should not return to the workplace until they meet the criteria to stop home isolation.
8. Critical infrastructure has an obligation to limit to the extent possible the reintegration of in-person workers who have experienced an exposure to COVID-19 but remain asymptomatic in ways that best protect the health of the worker, their co-workers, and the general public. An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not experienced an exposure. CDC guidance on safety practices for critical infrastructure workers is maintained at <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
9. All organizations should implement their business continuity and pandemic plans or put plans in place if they do not exist. Delaying implementation is not advised and puts at risk the viability of the business and the health and safety of the workers.
10. Reliance on technology and just-in-time supply chains means that certain workers must be able to access certain sites, facilities, and assets to ensure continuity of functions. The vast majority of our economy relies on technology and therefore information technology (IT) and operational technology (OT) workers for critical infrastructure operations are essential. This includes workers in many roles, including workers focusing on management systems, control systems, and Supervisory Control and Data Acquisition (SCADA) systems, and data centers; cybersecurity engineering; and cybersecurity risk management.
11. Government workers, such as emergency managers, and the business community need to establish and maintain lines of communication.
12. Essential critical infrastructure workers need continued and unimpeded access to sites, facilities, and equipment within quarantine zones, containment areas, or other areas where access or movement is limited to perform functions for community relief and stability; for public safety, security and health; for maintaining essential supply chains and preserving local, regional, and national economic well-being.
13. Essential critical infrastructure workers need sustained access to designated quarantine, containment, or

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restricted areas; and should be exempted from curfews, shelter-in-place orders, and transportation restrictions or restrictions on movement.

14. Whenever possible, local governments should consider adopting specific state guidance on essential workers to reduce potential complications of workers crossing jurisdictional boundaries. When this is not possible, local jurisdictions should consider aligning access and movement control policies with neighboring jurisdictions to reduce the burden of cross-jurisdictional movement of essential critical infrastructure workers.

## IDENTIFYING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS

The following list of identified essential critical infrastructure workers is intended to be overly inclusive reflecting the diversity of industries across the United States.



## HEALTHCARE / PUBLIC HEALTH

- Workers, including laboratory personnel, that perform critical clinical, biomedical and other research, development, and testing needed for COVID-19 or other diseases.
- Healthcare providers including, but not limited to, physicians; dentists; psychologists; mid-level practitioners; nurses; assistants and aids; infection control and quality assurance personnel; pharmacists; physical, respiratory, speech and occupational therapists and assistants; social workers; optometrists; speech pathologists; chiropractors; diagnostic and therapeutic technicians; and radiology technologists.
- Workers required for effective clinical, command, infrastructure, support service, administrative, security, and intelligence operations across the direct patient care and full healthcare and public health spectrum. Personnel examples may include, but are not limited, to accounting, administrative, admitting and discharge, engineering, accrediting, certification, licensing, credentialing, epidemiological, source plasma and blood donation, food service, environmental services, housekeeping, medical records, information technology and operational technology, nutritionists, sanitarians, respiratory therapists, etc.
  - Emergency medical services workers.
  - Prehospital workers included but not limited to urgent care workers.
  - Inpatient & hospital workers (e.g. hospitals, critical access hospitals, long-term acute care

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- hospitals, long-term care facilities, inpatient hospice, ambulatory surgical centers, etc.).
- Outpatient care workers (e.g. end-stage-renal disease, Federally Qualified Health Centers, Rural Health Clinics, community mental health clinics, organ transplant/procurement centers, and other ambulatory care settings/providers, comprehensive outpatient rehabilitation facilities, etc.).
- Home care workers (e.g. home health care, at-home hospice, home dialysis, home infusion, etc.).
- Workers at Long-term care facilities, residential and community-based providers (e.g. Programs of All-Inclusive Care for the Elderly (PACE), Intermediate Care Facilities for Individuals with Intellectual Disabilities, Psychiatric Residential Treatment Facilities, Religious Nonmedical Health Care Institutions, etc.).
- Workplace safety workers (i.e., workers who anticipate, recognize, evaluate, and control workplace conditions that may cause workers' illness or injury).
- Workers needed to support transportation to and from healthcare facility and provider appointments.
- Workers needed to provide laundry services, food services, reprocessing of medical equipment, and waste management.
- Workers that manage health plans, billing, and health information and who cannot work remotely.
- Workers performing cybersecurity functions at healthcare and public health facilities and who cannot work remotely.
- Workers performing security, incident management, and emergency operations functions at or on behalf of healthcare entities including healthcare coalitions, who cannot practically work remotely.
- Childcare, eldercare, and other service providers for essential healthcare personnel.
- Vendors and suppliers (e.g. imaging, pharmacy, oxygen services, durable medical equipment, etc.).
- Workers at manufacturers (including biotechnology companies and those companies that have shifted production to medical supplies), materials and parts suppliers, technicians, logistics and warehouse operators, printers, packagers, distributors of medical products and equipment (including third party logistics providers, and those who test and repair), personal protective equipment (PPE), isolation barriers, medical gases, pharmaceuticals (including materials used in radioactive drugs), dietary supplements, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies (including dispensers), sanitary goods, personal care products, pest control products, and tissue and paper towel products.
- Donors of blood, bone marrow, blood stem cell, or plasma, and the workers of the organizations that operate and manage related activities.
- Pharmacy staff, including workers necessary to maintain uninterrupted prescription, and other workers for pharmacy operations.
- Workers in retail facilities specializing in medical good and supplies.
- Public health and environmental health workers, such as:
  - Workers specializing in environmental health that focus on implementing environmental controls, sanitary and infection control interventions, healthcare facility safety and emergency preparedness planning, engineered work practices, and developing guidance and protocols for appropriate PPE to prevent COVID-19 disease transmission.
  - Public health/ community health workers (including call center workers) who conduct community-based public health functions, conducting epidemiologic surveillance and compiling, analyzing, and communicating public health information, who cannot work remotely.
- Human services providers, especially for at risk populations such as:
  - Home delivered meal providers for older adults, people with disabilities, and others with chronic

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- health conditions.
  - Home-maker services for frail, homebound, older adults.
  - Personal assistance services providers to support activities of daily living for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.
  - Home health providers who deliver health care services for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.
- Government entities, and contractors that work in support of local, state, and federal public health and medical mission sets, including but not limited to supporting access to healthcare and associated payment functions, conducting public health functions, providing medical care, supporting emergency management, or other services necessary for supporting the COVID-19 response.
- Mortuary service providers, such as:
  - Workers performing mortuary funeral, cremation, burial, cemetery, and related services, including funeral homes, crematoriums, cemetery workers, and coffin makers.
  - Workers who coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental and behavioral health services to the family members, responders, and survivors of an incident.

## LAW ENFORCEMENT, PUBLIC SAFETY, AND OTHER FIRST RESPONDERS

- Public, private, and voluntary personnel (front-line and management, civilian and sworn) in emergency management, law enforcement, fire and rescue services, emergency medical services (EMS), and security, public and private hazardous material responders, air medical service providers (pilots and supporting technicians), corrections, and search and rescue personnel.
- Personnel involved in provisioning of access to emergency services, including the provisioning of real-time text, text-to-911, and dialing 911 via relay.
- Personnel that are involved in the emergency alert system (EAS) ((broadcasters, satellite radio and television, cable, and wireline video) and wireless emergency alerts (WEA).
- Workers at Independent System Operators and Regional Transmission Organizations, and Network Operations staff, engineers and technicians to manage the network or operate facilities.
- Workers at emergency communication center, public safety answering points, public safety communications centers, emergency operation centers, and 911 call centers.
- Fusion Center workers.
- Workers, including contracted vendors, who maintain, manufacture, or supply equipment and services supporting law enforcement, fire, EMS, and response operations (to include electronic security and life safety security personnel).
- Workers and contracted vendors who maintain and provide services and supplies to public safety facilities, including emergency communication center, public safety answering points, public safety communications centers, emergency operation centers, fire and emergency medical services stations, police and law enforcement stations and facilities.
- Workers supporting the manufacturing, distribution, and maintenance of necessary safety equipment and uniforms for law enforcement and all public safety personnel.

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- Workers supporting the operation of firearm, or ammunition product manufacturers, retailers, importers, distributors, and shooting ranges.
- Public agency workers responding to abuse and neglect of children, spouses, elders, and dependent adults.
- Workers who support weather disaster and natural hazard mitigation and prevention activities.
- Security staff to maintain building access control and physical security measures.

## FOOD AND AGRICULTURE

- Workers supporting groceries, pharmacies, convenience stores, and other retail (including unattended and vending) that sells human food, animal and pet food and pet supply, and beverage products, including retail customer support service and information technology support staff necessary for online orders, pickup, and delivery.
- Restaurant carry-out and quick serve food operations, including dark kitchen and food prep centers, carry-out, and delivery food workers.
- Food manufacturer workers and their supplier workers including those employed at food ingredient production and processing facilities; aquaculture and seafood harvesting facilities; livestock, poultry, seafood slaughter facilities; pet and animal feed processing facilities; human food facilities producing by-products for animal food; beverage production facilities; and the production of food packaging.
- Farmers, farm and ranch workers, and agribusiness support services to include those employed in auction and sales; grain and oilseed handling, storage, processing, and distribution; animal food, feed, and ingredient production, packaging, and distribution; manufacturing, packaging, and distribution of veterinary drugs; and truck delivery and transport.
- Farmers, farm and ranch workers, and support service and supplier workers producing food supply domestically and for export, to include those engaged in raising, cultivating, harvesting, packing, storing, or delivering to storage or to market or to a carrier for transportation to market any agricultural or horticultural commodity for human consumption; agricultural inspection; fuel ethanol facilities; biodiesel and renewable diesel facilities; storage facilities; and other agricultural inputs.
- Workers and firms supporting the distribution of food, feed, and beverage and ingredients used in these products, including warehouse workers, vendor-managed inventory controllers, and blockchain managers.
- Workers supporting the sanitation and pest control of all food manufacturing processes and operations from wholesale to retail.
- Workers supporting the growth and distribution of plants and associated products for home gardens.
- Workers in cafeterias used to feed workers, particularly worker populations sheltered against COVID-19.
- Workers in animal diagnostic and food testing laboratories.
- Government, private, and non-governmental organizations' workers essential for food assistance programs (including school lunch programs) and government payments.
- Workers of companies engaged in the production, storage, transport, and distribution of chemicals, medicines, vaccines, and other substances used by the food and agriculture industry, including seeds, pesticides, herbicides, fertilizers, minerals, enrichments, and other agricultural production aids.
- Animal agriculture workers to include those employed in veterinary health (including those involved in supporting emergency veterinary or livestock services); raising, caring for and management of animals for food; animal production operations; livestock markets; slaughter and packing plants, manufacturers, renderers, and associated regulatory and government workforce.

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- Transportation supporting animal agricultural industries, including movement of animal medical and reproductive supplies and materials, animal vaccines, animal drugs, feed ingredients, feed and bedding, live animals, animal by-products, and deceased animals for disposal.
- Workers who support sawmills and the manufacture and distribution of fiber and forest products, including, but not limited to timber, paper, and other wood and fiber products, as well as manufacture and distribution of products using agricultural commodities.
- Workers engaged in the manufacture and maintenance of equipment and other infrastructure necessary for agricultural production and distribution.

## ENERGY

- Workers supporting the energy sector, regardless of the energy source (including, but not limited to, nuclear, fossil, hydroelectric, or renewable), segment of the system, or infrastructure the worker is involved in, who are needed to construct, manufacture, repair, transport, permit, monitor, operate engineer, and maintain the reliability, safety, security, environmental health, and physical and cyber security of the energy system, including those who support construction, manufacturing, transportation, permitting, and logistics.
- Workers and contractors supporting energy facilities that provide steam, hot water or chilled water from central power plants to connected customers.
- Workers conducting energy/commodity trading/scheduling/marketing functions who can't perform their duties remotely.
- Workers supporting the energy sector through renewable energy infrastructure (including, but not limited to, wind, solar, biomass, hydrogen, ocean, geothermal, and hydroelectric) and microgrids, including those supporting construction, manufacturing, transportation, permitting, operation and maintenance, monitoring, and logistics.
- Workers and security staff involved in nuclear re-fueling operations.
- Workers providing services related to energy sector fuels (including, but not limited to, petroleum (crude oil), natural gas, propane, liquefied natural gas (LNG), compressed natural gas (CNG), natural gas liquids (NGL), other liquid fuels, nuclear, and coal) and supporting the mining, processing, manufacturing, construction, logistics, transportation, permitting, operation, maintenance, security, waste disposal, storage, and monitoring of support for resources.
- Workers providing environmental remediation and monitoring, limited to immediate critical needs technicians.
- Workers involved in the manufacturing and distribution of equipment, supplies, and parts necessary to maintain production, maintenance, restoration, and service at energy sector facilities across all energy sector segments.

### Electricity Industry

- Workers who maintain, ensure, restore, or who are involved in the development, transportation, fuel procurement, expansion, or operation of, the generation, transmission, and distribution of electric power, including call centers, utility workers, engineers, retail electricity, construction, maintenance, utility telecommunications, relaying, and fleet maintenance technicians who cannot perform their duties remotely.
- Workers at coal mines, production facilities, and those involved in manufacturing, transportation,

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permitting, operation, maintenance, and monitoring at coal sites.

- Workers who produce, process, ship, and handle coal used for power generation and manufacturing.
- Workers in the electricity industry including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics
- Workers needed for safe and secure operations at nuclear generation including, but not limited to, those critical to the broader nuclear supply chain, the manufacture and delivery of parts needed to maintain nuclear equipment, the operations of fuel manufacturers, and the production and processing of fuel components used in the manufacturing of fuel.
- Workers at fossil fuel (including but not limited to natural gas, refined, distillate, and/or coal), nuclear, and renewable energy infrastructure (including, but not limited to wind, solar, biomass, hydrogen, geothermal, and hydroelectric), and microgrids, including those supporting safety, construction, manufacturing, transportation, permitting, operation, maintenance, monitoring, and logistics.
- Workers at generation, transmission, and electric black start facilities.
- Workers at Reliability Coordinator, Balancing Authority, local distribution control centers, and primary and backup Control Centers, including, but not limited to, independent system operators, regional transmission organizations, and local distribution control centers.
- Workers that are mutual assistance/aid personnel, which may include workers from outside of the state or local jurisdiction.
- Vegetation management and traffic control for supporting those crews.
- Instrumentation, protection, and control technicians.
- Essential support personnel for electricity operations.
- Generator set support workers, such as diesel engineers used in power generation, including those providing fuel.

### Petroleum Industry

- Workers who support onshore and offshore petroleum drilling operations; platform and drilling construction and maintenance; transportation (including helicopter operations), maritime transportation, supply, and dredging operations; maritime navigation; well stimulation, intervention, monitoring, automation and control, extraction, production; processing; waste disposal, and maintenance, construction, and operations.
- Workers in the petroleum industry including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics.
- Workers for crude oil, petroleum, and petroleum product storage and transportation, including pipeline, marine transport, terminals, rail transport, storage facilities, racks, and road transport for use as end-use fuels such as gasoline, diesel fuel, jet fuel, and heating fuels or feedstocks for chemical manufacturing.
- Petroleum and petroleum product security operations center workers and workers who support maintenance and emergency response services.
- Petroleum and petroleum product operations control rooms, centers, and refinery facilities.
- Retail fuel centers such as gas stations and truck stops, and the distribution systems that support them.
- Supporting new and existing construction projects, including, but not limited to, pipeline construction.
- Manufacturing and distribution of equipment, supplies, and parts necessary for production, maintenance, restoration, and service of petroleum and petroleum product operations and use, including end-users.

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- Transmission and distribution pipeline workers, including but not limited to pump stations and any other required, operations maintenance, construction, and support for petroleum products.

### **Natural Gas, Natural Gas Liquids (NGL), Propane, and Other Liquid Fuels**

- Workers who support onshore and offshore drilling operations, platform and drilling construction and maintenance; transportation (including helicopter operations); maritime transportation, supply, and dredging operations; maritime navigation; natural gas and natural gas liquid production, processing, extraction, storage and transportation; well intervention, monitoring, automation and control; waste disposal, and maintenance, construction, and operations.
- Workers in the natural gas, NGL, propane, and other liquid fuels industries including but not limited to those supporting safety, construction, manufacturing, transportation, permitting, operation/maintenance, engineering, physical and cyber security, monitoring, and logistics.
- Transmission and distribution pipeline workers, including compressor stations and any other required operations maintenance, construction, and support for natural gas, natural gas liquid, propane, and other liquid fuels.
- Workers at Liquefied Natural Gas (LNG) and Compressed Natural Gas (CNG) facilities.
- Workers at natural gas, propane, natural gas liquids, liquified natural gas, liquid fuel storage facilities, underground facilities, and processing plants and other related facilities, including construction, maintenance, and support operations personnel.
- Natural gas processing plants workers and those who deal with natural gas liquids.
- Workers who staff natural gas, propane, natural gas liquids, and other liquid fuel security operations centers, operations dispatch and control rooms and centers, and emergency response and customer emergencies (including leak calls) operations.
- Workers supporting drilling, production, processing, refining, and transporting natural gas, propane, natural gas liquids, and other liquid fuels for use as end-use fuels, feedstocks for chemical manufacturing, or use in electricity generation.
- Workers supporting propane gas service maintenance and restoration, including call centers.
- Workers supporting propane, natural gas liquids, and other liquid fuel distribution centers.
- Workers supporting propane gas storage, transmission, and distribution centers.
- Workers supporting new and existing construction projects, including, but not limited to, pipeline construction.
- Workers supporting ethanol and biofuel production, refining, and distribution.
- Workers in fuel sectors (including, but not limited to nuclear, coal, and gas types and liquid fuels) supporting the mining, manufacturing, logistics, transportation, permitting, operation, maintenance, and monitoring of support for resources.
- Workers ensuring, monitoring, and engaging in the physical security of assets and locations associated with natural gas, propane, natural gas liquids, and other liquid fuels.
- Workers involved in the manufacturing and distribution of equipment, supplies, and parts necessary to maintain production, maintenance, restoration, and service of natural gas, propane, natural gas liquids, and other liquid fuels operations and use, including end-users.

## **WATER AND WASTEWATER**

Workers needed to operate and maintain drinking water and wastewater and drainage infrastructure, including:

- Operational staff at water authorities.

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- Operational staff at community water systems.
- Operational staff at wastewater treatment facilities.
- Workers repairing water and wastewater conveyances and performing required sampling or monitoring, including field staff.
- Operational staff for water distribution and testing.
- Operational staff at wastewater collection facilities.
- Operational staff and technical support for SCADA Control systems.
- Chemical equipment and personal protection suppliers to water and wastewater system.
- Workers who maintain digital systems infrastructure supporting water and wastewater operations.

## TRANSPORTATION AND LOGISTICS

- Workers supporting or enabling transportation and logistics functions, including truck drivers, bus drivers, dispatchers, maintenance and repair technicians, warehouse workers, truck stop and rest area workers, driver training and education centers, Department of Motor Vehicle (DMV) workers, enrollment agents for federal transportation worker vetting programs, towing and recovery services, roadside assistance workers, intermodal transportation personnel, and workers that construct, maintain, rehabilitate, and inspect infrastructure, including those that require cross-jurisdiction travel.).
- Workers supporting the distribution of food, fuels, pharmaceuticals and medical material (including materials used in radioactive drugs), and chemicals needed for water or water treatment and energy maintenance.
- Workers supporting operation of essential highway infrastructure, including roads, bridges, and tunnels (e.g., traffic operations centers and moveable bridge operators).
- Workers of firms providing services, supplies, and equipment that enable warehouse and operations, including cooling, storing, packaging, and distributing products for wholesale or retail sale or use, including cold- and frozen-chain logistics for food and critical biologic products.
- Mass transit workers providing critical transit services and performing critical or routine maintenance to mass transit infrastructure or equipment.
- Workers supporting personal and commercial transportation services including taxis, delivery services, vehicle rental services, bicycle maintenance and car-sharing services, and transportation network providers.
- Workers, including police, responsible for operating and dispatching passenger, commuter, and freight trains and maintaining rail infrastructure and equipment.
- Maritime transportation workers, including port authority and commercial facility personnel, dredgers, port workers, security personnel, mariners, ship crewmembers, ship pilots, tugboat operators, equipment operators (to include maintenance and repair, and maritime-specific medical providers), ship supply workers, chandlers, and repair company workers. Refer to the United States Coast Guard's Marine Safety Information Bulletin "Maintaining Maritime Commerce and Identification of Essential Maritime Critical Infrastructure Workers" for more information.
- Workers, including truck drivers, railroad employees, maintenance crews, and cleaners, supporting transportation of chemicals, hazardous, medical, and waste materials that support critical infrastructure, capabilities, functions, and services, including specialized carriers, crane and rigging industry workers.
- Bus drivers and workers who provide or support intercity, commuter, and charter bus service in support of other essential services or functions.

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- Automotive repair, maintenance, and transportation equipment manufacturing and distribution facilities (including those who repair and maintain electric vehicle charging stations).
- Transportation safety inspectors, including hazardous material inspectors and accident investigator inspectors.
- Manufacturers and distributors (to include service centers and related operations) of lighting and communication systems, specialized signage and structural systems, emergency response equipment and support materials, printers, printed materials, packaging materials, pallets, crates, containers, and other supplies needed to support manufacturing, packaging staging and distribution operations, and other critical infrastructure needs.
- Postal Service, parcel, courier, last-mile delivery, and shipping and related workers, to include private companies, who accept, process, transport, and deliver information and goods.
- Workers who supply equipment and materials for maintenance of transportation equipment.
- Workers who repair and maintain vehicles, aircraft, rail equipment, marine vessels, bicycles, and the equipment and infrastructure that enables operations that encompass movement of cargo and passengers.
- Workers who support air transportation for cargo and passengers, including operation distribution, maintenance, and sanitation. This includes air traffic controllers, flight dispatchers, maintenance personnel, ramp workers, fueling agents, flight crews, airport safety inspectors and engineers, airport operations personnel, aviation and aerospace safety workers, security, commercial space personnel, operations personnel, accident investigators, flight instructors, and other on- and off-airport facilities workers.
- Workers supporting transportation via inland waterways, such as barge crew, dredging crew, and river port workers for essential goods.
- Workers critical to the manufacturing, distribution, sales, rental, leasing, repair, and maintenance of vehicles and other transportation equipment (including electric vehicle charging stations) and the supply chains that enable these operations to facilitate continuity of travel-related operations for essential workers.
- Warehouse operators, including vendors and support personnel critical for business continuity (including heating, ventilation, and air conditioning (HVAC) and electrical engineers, security personnel, and janitorial staff), e-commerce or online commerce, and customer service for essential functions.

## PUBLIC WORKS AND INFRASTRUCTURE SUPPORT SERVICES

- Workers who support the construction, maintenance, or rehabilitation of critical infrastructure.
- Workers supporting construction materials production, testing laboratories, material delivery services, and construction inspection.
- Workers who support the operation, inspection, and maintenance of essential public works facilities and operations, including bridges, water and sewer main breaks, fleet maintenance personnel, construction of critical or strategic infrastructure, traffic signal maintenance, emergency location services for buried utilities, maintenance of digital systems infrastructure supporting public works operations, and other emergent issues.
- Workers such as plumbers, electricians, exterminators, builders (including building and insulation), contractors, HVAC Technicians, landscapers, and other service providers who provide services, including temporary construction, that are necessary to maintaining the safety, sanitation, and essential operation

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of residences, businesses and buildings, such as hospitals and senior living facilities.

- Workers personnel, who support operations that ensure, the availability of and access to needed facilities, transportation, energy, and communications through activities such as road and line clearing.
- Workers who support the effective removal, storage, and disposal of residential, industrial, and commercial solid waste and hazardous waste, including at landfill operations.
- Workers who support the operation, inspection, and maintenance of essential dams, locks, and levees.
- Workers who support the inspection and maintenance of aids to navigation and other government-provided services that ensure continued maritime commerce.

## COMMUNICATIONS AND INFORMATION TECHNOLOGY

### Communications

- Maintenance of communications infrastructure, – including privately owned and maintained communication systems, – supported by technicians, operators, call centers, wireline and wireless providers, cable service providers, satellite operations, Internet Exchange Points, Points of Presence, Network Access Points, back haul and front haul facilities, and manufacturers and distributors of communications equipment.
- Government and private sector workers, including government contractors, with work related to undersea cable infrastructure and support facilities, including cable landing sites, beach manhole vaults and covers, submarine cable depots, and submarine cable ship facilities.
- Government and private sector workers, including government contractors, supporting Department of Defense internet and communications facilities.
- Network Operations staff, engineers, and technicians to include IT managers and staff, HVAC and electrical engineers, security personnel, software and hardware engineers, and database administrators that manage the network or operate facilities.
- Workers responsible for infrastructure construction and restoration, including but not limited to engineers, technicians, and contractors for construction and engineering of fiber optic cables, buried conduit, small cells, other wireless facilities, and other communications sector-related infrastructure. This includes permitting, construction of new facilities, and deployment of new technology as required to address congestion or customer usage due to unprecedented use of remote services.
- Installation, maintenance, and repair technicians that establish, support, or repair service as needed.
- Central office personnel to maintain and operate central office, data centers, and other network office facilities, including critical support personnel assisting front line workers.
- Customer service and support staff, including managed and professional services, as well as remote providers of support to transitioning workers to set up and maintain home offices, who interface with customers to manage or support service environments and security issues including payroll, billing, fraud, logistics, and troubleshooting.
- Workers providing electronic security, fire, monitoring, and life safety services, and who ensure physical security, cleanliness, and the safety of facilities and personnel, including those who provide temporary licensing waivers for security personnel to work in other States or Municipalities.
- Dispatchers involved with service repair and restoration.
- Retail customer service personnel at critical service center locations to address customer needs, including new customer processing, distributing and repairing equipment, and addressing customer issues, in order to support individuals' remote emergency communications needs

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- Supply chain and logistics personnel to ensure goods and products are available to provision these front-line workers.
- External Affairs personnel to assist in coordinating with local, state, and federal officials to address communications needs supporting COVID-19 response, public safety, and national security.
- Workers responsible for ensuring that persons with disabilities have access to and the benefits of various communications platforms, including those involved in the provision of telecommunication relay services, closed captioning of broadcast television for the deaf, video relay services for deaf citizens who prefer communication via American Sign Language over text, and audio-description for television programming.

### Information Technology

- Workers who support command centers, including, but not limited to, Network Operations Command Centers, Broadcast Operations Control Centers, and Security Operations Command Centers.
- Data center operators, including system administrators, HVAC and electrical engineers, security personnel, IT managers and purchasers, data transfer solutions engineers, software and hardware engineers, and database administrators for all industries, including financial services.
- Workers who support client service centers, field engineers, and other technicians and workers supporting critical infrastructure, as well as manufacturers and supply chain vendors that provide hardware and software, support services, research and development, information technology equipment (to include microelectronics and semiconductors), HVAC and electrical equipment for critical infrastructure, and test labs and certification agencies that qualify such equipment (to include microelectronics, optoelectronics, and semiconductors) for critical infrastructure, including data centers.
- Workers needed to preempt and respond to cyber incidents involving critical infrastructure, including medical facilities; state, local, tribal, and territorial (SLTT) governments and federal facilities; energy and utilities; banks and financial institutions; securities and other exchanges; other entities that support the functioning of capital markets, public works, critical manufacturing, food, and agricultural production; transportation; and other critical infrastructure categories and personnel, in addition to all cyber defense workers who can't perform their duties remotely.
- Suppliers, designers, transporters, and other workers supporting the manufacture, distribution, provision, and construction of essential global, national, and local infrastructure for computing services (including cloud computing services and telework capabilities), business infrastructure, financial transactions and services, web-based services, and critical manufacturing.
- Workers supporting communications systems, information technology, and work from home solutions used by law enforcement, public safety, medical, energy, public works, critical manufacturing, food and agricultural production, financial services, education, and other critical industries and businesses.
- Workers required in person to support Software as a Service businesses that enable remote working, performance of business operations, distance learning, media services, and digital health offerings, or required for technical support crucial for business continuity and connectivity.

## OTHER COMMUNITY- OR GOVERNMENT-BASED OPERATIONS AND ESSENTIAL FUNCTIONS

- Workers to ensure continuity of building functions, including but not limited to security and environmental controls (e.g., HVAC), the manufacturing and distribution of the products required for these functions, and the permits and inspections for construction supporting essential infrastructure.

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- Elections personnel to include both public and private sector elections support.
- Workers supporting the operations of the judicial system, including judges, lawyers, and others providing legal assistance.
- Workers who support administration and delivery of unemployment insurance programs, income maintenance, employment service, disaster assistance, workers' compensation insurance and benefits programs, and pandemic assistance.
- Federal, State, and Local, Tribal, and Territorial government workers who support Mission Essential Functions and communications networks.
- Trade Officials (FTA negotiators; international data flow administrators).
- Workers who support radio, print, internet and television news and media services, including, but not limited to front line news reporters, studio, and technicians for newsgathering, reporting, and publishing news.
- Workers supporting Census 2020.
- Weather forecasters.
- Clergy for essential support.
- Workers who maintain digital systems infrastructure supporting other critical government operations.
- Workers who support necessary permitting, credentialing, vetting, and licensing for essential critical infrastructure workers and their operations.
- Customs and immigration workers who are critical to facilitating trade in support of the national emergency response supply chain.
- Educators supporting public and private K-12 schools, colleges, and universities for purposes of facilitating distance learning or performing other essential functions.
- Workers at testing centers for emergency medical services and other healthcare workers.
- Staff at government offices who perform title search, notary, and recording services in support of mortgage and real estate services and transactions.
- Residential and commercial real estate services, including settlement services.
- Workers supporting essential maintenance, manufacturing, design, operation, inspection, security, and construction for essential products, services, supply chain, and COVID-19 relief efforts.
- Workers performing services to animals in human care, including zoos and aquariums.

## CRITICAL MANUFACTURING

- Workers necessary for the manufacturing of metals (including steel and aluminum), industrial minerals, semiconductors, materials and products needed for medical supply chains and for supply chains associated with transportation, aerospace, energy, communications, information technology, food and agriculture, chemical manufacturing, nuclear facilities, wood products, commodities used as fuel for power generation facilities, the operation of dams, water and wastewater treatment, processing and reprocessing of solid waste, emergency services, and the defense industrial base. Additionally, workers needed to maintain the continuity of these manufacturing functions and associated supply chains, and workers necessary to maintain a manufacturing operation in warm standby.
- Workers necessary for the manufacturing of materials and products needed to manufacture medical equipment and PPE.
- Workers necessary for mining and production of critical minerals, materials and associated essential supply chains, and workers engaged in the manufacture and maintenance of equipment and other

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infrastructure necessary for mining production and distribution.

- Workers who produce or manufacture parts or equipment that supports continued operations for any essential services and increase in remote workforce, including computing and communication devices, semiconductors, and equipment such as security tools for Security Operations Centers (SOCs) or data centers.
- Workers manufacturing or providing parts and equipment that enable the maintenance and continued operation of essential businesses and facilities.

## HAZARDOUS MATERIALS

- Workers who manage hazardous materials associated with any other essential activity, including but not limited to healthcare waste (medical, pharmaceuticals, medical material production, and testing operations from laboratories processing and testing kits) and energy (including nuclear facilities).
- Workers who support hazardous materials response and cleanup.
- Workers who maintain digital systems infrastructure supporting hazardous materials management operations.

## FINANCIAL SERVICES

- Workers who are needed to provide, process, and maintain systems for processing, verification, and recording of financial transactions and services, including payment, clearing, and settlement; wholesale funding; insurance services; consumer and commercial lending; public accounting; and capital markets activities.
- Workers who are needed to maintain orderly market operations to ensure the continuity of financial transactions and services.
- Workers who are needed to provide business, commercial, and consumer access to bank and non-bank financial services and lending services, including ATMs, lending and money transmission, lockbox banking, and to move currency, checks, securities, and payments (e.g., armored cash carriers).
- Workers who support financial operations and those staffing call centers, such as those staffing data and security operations centers, managing physical security, or providing accounting services.
- Workers supporting production and distribution of debit and credit cards.
- Workers providing electronic point of sale support personnel for essential businesses and workers.

## CHEMICAL

- Workers supporting the chemical and industrial gas supply chains, including workers at chemical manufacturing plants, laboratories, distribution facilities, and workers who transport basic raw chemical materials to the producers of industrial and consumer goods, including hand sanitizers, food and food additives, pharmaceuticals, paintings and coatings, textiles, building materials, plumbing, electrical, and paper products.
- Workers supporting the safe transportation of chemicals, including those supporting tank truck cleaning facilities and workers who manufacture packaging items.
- Workers supporting the production of protective cleaning and medical solutions, PPE, chemical consumer and institutional products, disinfectants, fragrances, and packaging that prevents the contamination of food, water, medicine, among others essential products.

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- Workers supporting the operation and maintenance of facilities (particularly those with high risk chemicals and sites that cannot be shut down) whose work cannot be done remotely and requires the presence of highly trained personnel to ensure safe operations, including plant contract workers who provide inspections.
- Workers (including those in glass container manufacturing) who support the production and transportation of chlorine and alkali manufacturing, single-use plastics, and packaging that prevents the contamination or supports the continued manufacture of food, water, medicine, and other essential products.

## DEFENSE INDUSTRIAL BASE

- Workers who support the essential services required to meet national security commitments to the federal government and U.S. Military, including, but are not limited to, space and aerospace workers, nuclear matters workers, mechanical and software engineers (various disciplines), manufacturing and production workers, IT support, security staff, security personnel, intelligence support, aircraft and weapon system mechanics and maintainers, and sanitary workers who maintain the hygienic viability of necessary facilities.
- Personnel working for companies, and their subcontractors, who perform under contract or sub-contract to the Department of Defense (DoD) and the Department of Energy (DoE) (on nuclear matters), as well as personnel at government-owned/contractor operated facilities, and who provide materials and services to the DoD and DoE (on nuclear matters), including support for weapon systems, software systems and cybersecurity, defense and intelligence communications, surveillance, sale of U.S. defense articles and services for export to foreign allies and partners (as authorized by the U.S. government), and space systems and other activities in support of our military, intelligence, and space forces.

## COMMERCIAL FACILITIES

- Workers who support the supply chain of building materials from production through application and installation, including cabinetry, fixtures, doors, cement, hardware, plumbing (including parts and services), electrical, heating and cooling, refrigeration, appliances, paint and coatings, and workers who provide services that enable repair materials and equipment for essential functions.
- Workers supporting ecommerce through distribution, warehouse, call center facilities, and other essential operational support functions, that accept, store, and process goods, and that facilitate their transportation and delivery.
- Workers in hardware and building materials stores necessary to provide access to essential supplies, consumer electronics, technology and appliances retail, and related merchant wholesalers and distributors.
- Workers distributing, servicing, repairing, installing residential and commercial HVAC systems, boilers, furnaces and other heating, cooling, refrigeration, and ventilation equipment.
- Workers supporting the operations of commercial buildings that are critical to safety, security, and the continuance of essential activities, such as on-site property managers, building engineers, security staff, fire safety directors, janitorial personnel, and service technicians (e.g., mechanical, HVAC, plumbers, electricians, and elevator).
- Management and staff at hotels and other temporary lodging facilities that provide for COVID-19 mitigation, containment, and treatment measures or provide accommodations for essential workers.

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## RESIDENTIAL/SHELTER FACILITIES AND SERVICES

- Workers providing dependent care services, particularly those whose services ensure essential workers can continue to work.
- Workers who support food, shelter, and social services, and other necessities of life for needy groups and individuals, including in-need populations and COVID-19 responders including travelling medical staff.
- Workers in animal shelters.
- Workers responsible for the leasing of residential properties to provide individuals and families with ready access to available housing.
- Workers responsible for handling property management, maintenance, and related service calls who can coordinate the response to emergency “at-home” situations requiring immediate attention, as well as facilitate the reception of deliveries, mail, and other necessary services.
- Workers performing housing and commercial construction related activities, including those supporting government functions related to the building and development process, such as inspections, permitting, and plan review services that can be modified to protect the public health, but fundamentally should continue and enable the continuity of the construction industry (e.g., allow qualified private third-party inspections in case of federal government shutdown).
- Workers performing services in support of the elderly and disabled populations who coordinate a variety of services, including health care appointments and activities of daily living.
- Workers responsible for the movement of household goods.

## HYGIENE PRODUCTS AND SERVICES

- Workers who produce hygiene products.
- Workers in laundromats, laundry services, and dry cleaners.
- Workers providing personal and household goods, repair, and maintenance.
- Workers providing disinfection services for all essential facilities and modes of transportation and who support the sanitation of all food manufacturing processes and operations from wholesale to retail.
- Workers necessary for the installation, maintenance, distribution, and manufacturing of water and space heating equipment and its components.
- Support required for continuity of services, including commercial disinfectant services, janitorial and cleaning personnel, and support personnel functions that need freedom of movement to access facilities in support of front-line workers.
- Workers supporting the production of home cleaning, pest control, and other essential products necessary to clean, disinfect, sanitize, and ensure the cleanliness of residential homes, shelters, and commercial facilities.
- Workers supporting agriculture irrigation infrastructure.
- Workers supporting the production of home cleaning and pest control products.

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