

Follow-Up - 3/30 Governors Briefing on COVID-19

1 message

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Mon, Mar 30, 2020 at 10:27 PM

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Governors and Senior Staff,

Thank you for your efforts in the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. Below and attached are follow-up items from today's briefing including *Leading Practices for and from Our Nation's Governors* (attached).

Data Ask from FEMA

FEMA Administrator Gaynor has asked your state emergency managers for feedback on the data questions found below. Welcome you all engaging your state emergency managers on the response to these questions. Prudently achieving realtime supply chain and data management for healthcare within your state is a best practice.

- How many usable ventilators, ICU beds, convertible vents in the state?
- What is the hospital bed and ICU bed occupancy rate in the state?
- How many new ICU beds does the state estimate it can stand-up and the number of ventilator or alternatives it can or is standing up?
- What is the decompression ability of hospitals in the state?
- How many anesthesia machines are in the state and have they been converted?

Letter to America's Hospital Administrators on Data for Patient Impact and Hospital Capacity

Vice President Pence recently wrote a letter to America's hospital administrators thanking them for their tireless efforts to provide healthcare to Americans during this unprecedented pandemic and outlines the Administration request that hospitals provide information on daily testing, daily counts of patients, availability of hospital beds, and availability mechanical ventilators.

<u>Readout from the March 30 Briefing with Governors</u>

Today, President Donald J. Trump and 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, prepare for, and mitigate the effects of COVID-19.

The President, Vice President, Secretary of Labor Eugene Scalia, Acting Homeland Security Secretary Chad Wolf, FEMA Administrator Pete Gaynor, Dr. Deborah Birx, Dr. Anthony Fauci, and all 10 FEMA Regional Administrators urged State, local, and tribal leaders to regularly highlight community mitigation efforts to "Slow the Spread" through April 30. Participants also discussed the Federal government's historic efforts to support State, local, and tribal leaders including, already approving 25 major disaster declaration requests and 13 Title 32 requests to 100% federally fund State National Guard activities related to COVID-19 response efforts. The importance of the CARES Act funding of \$150 billion for states for direct COVID-19 efforts and significant logistical support for critical supplies was also discussed. Participants discussed the importance of real-time supply chain and data management by State leaders and efforts to effectively utilize all resources within each State. The importance of State and local coordination with critical infrastructure and key resource industries was discussed, as well as State-Federal coordination on unemployment claims. (Attached you will find a helpful document highlighting Leading Practices for and from Our Nation's Governors).

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 90 briefings with over 45,000 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.

Below, you will find additional information and resources that were provided ahead of today's call including:

- Contacting Your FEMA Regional Administrator
- Testing Resources Including Swab & Reagent Flexibilities
- FEMA Guidance to States on National Guard Title 32 Status
- Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge
- DHS Updates Essential Critical Infrastructure Workers Guidance for States & Localities
- DOL Issues Guidance for Workers and Employers Explaining Paid Sick Leave and Expanded Family and Medical Leave Benefits

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

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Thanks,

Nic

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Slow the Spread

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 <u>must be formally communicated</u> 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right – the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

• Contact information for your FEMA Regional Administrator is attached.

Testing Resources Including Swab & Reagent Flexibilities

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, **utilizing alternative swab supplies/methods (flexibilities in the types of swabs your healthcare professionals can use)**, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your state public health lab.

Link to Food & Drug Administration FAQ on Testing including swab and reagent flexibilities.

• **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 Thermo Fisher, and other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.

Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

FEMA Guidance to States on National Guard Title 32 Status

FEMA has released guidance for States and territories seeking approval from the President on National Guard Title 32 Status – criteria below. Pursuant to this approval, the Federal government will fund 100% 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% cost share to assess whether an extension of this level of support is needed. To date, 14 States have already received approval (March 22, March 28, March 30) More information here.

Title 32 Approval 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, and it should identify 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.

Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge

The Centers for Medicare & Medicaid Services (CMS) has issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to COVID-19. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. This allows hospitals and health systems to deliver services at other locations to make room for COVID-19 patients needing acute care in their main facility. CMS's temporary actions announced empower local hospitals and healthcare systems to: (1) increase hospital capacity – CMS hospitals without walls; (2) rapidly expand the healthcare workforce; (3) put patients over paperwork; (4) further promote telehealth in Medicare. More information here.

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DHS Updates Essential Critical Infrastructure Workers Guidance for States & Localities

U.S. Department of Homeland Security (DHS) has released updated guidance on the essential critical infrastructure workforce. 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.

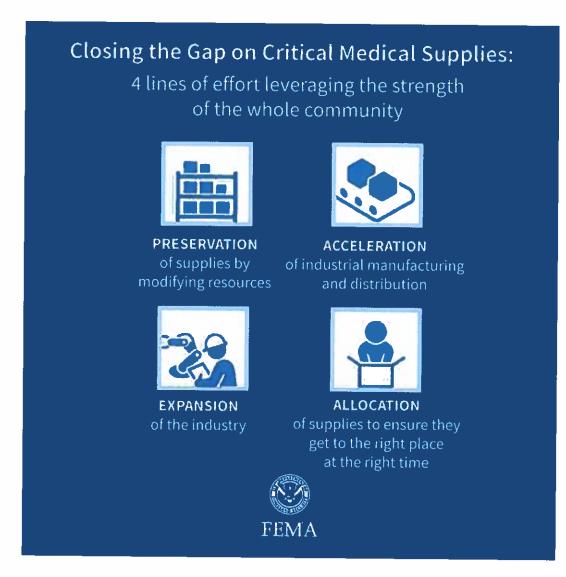
- A key update to guidance now includes employees supporting or enabling transportation functions, including truck drivers, bus drivers, dispatchers, maintenance and repair technicians, warehouse workers, truck stop and rest area workers, etc. See more **here**.
- State, local, tribal, and territorial governments are responsible for implementing and executing response activities, including decisions about access and reentry, in their communities, while the Federal Government is in a supporting role. Officials should use their own judgment in issuing implementation directives and guidance.

DOL Issues Guidance for Workers and Employers Explaining Paid Sick Leave and Expanded Family and Medical Leave Benefits

March 28, the U.S. Department of Labor (DOL) published more guidance to provide information to employees and employers about how each will be able to take advantage of the protections and relief offered by the Families First Coronavirus Response Act (FFCRA) when it goes into effect on April 1, 2020. More information here.

ICYMI: Ford, GE Plan to Produce 50,000 Ventilators in 100 Days (more here)

Ford Motor and GE Healthcare plan to produce 50,000 ventilators within the next 100 days at a facility in Michigan to assist with the coronavirus pandemic.



2 attachments

FEMA Regional Administrators Contact Information.pdf 486K Leading Practices for and from Our Nation's Governors - 03-30-2020.pdf 481K

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



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Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 – Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 - Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 - Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)

Leading Practices for and from Our Nation's Governors to Prepare for, Respond to, and Mitigate COVID-19

March 30, 2020

Locally Executed, State Managed, Federally Supported

Leading Practices

- Ensure Communities Embrace Mitigation & Highlight tenants of the "<u>Slow the Spread</u>" and <u>Implementation of Community Mitigation Framework</u>
- Ensure Coordination Between State & Local Emergency Management and State & Local Public Health Officials
- Confirm All Key State Political Leaders Understand Emergency Management Process
- Manage & Preserve PPE Including Redistribute within State while Protecting Healthcare Workers & Patients
- Understand and Leverage the Entire Testing Ecosystem in Your State
 - o Ensure Hospitals & State/Local Labs in Your State Report COVID-19 Cases to CDC
 - o Promote & Partner with Private Labs for Testing
 - o Ensure Transparency on High-Throughput Testing Platforms
 - Establish Satellite/Mobile Testing
 - o Adapt Testing Capabilities That Preserve Personal Protective Equipment (PPE)
 - Ensure Labs Are Using All Swab, Reagent, and Media Options/Methods
- Achieve Real-Time Supply Chain & Data Management for Healthcare Within Your State
 - o Ensure Real-Time Supply Chain Management & Bolster Logistics Talent
 - o End Elective Procedures to Free Up Resources
 - Survey Outpatient Surgical Centers & Clinics for Ventilators (Including Anesthesiologist Ventilator Machines)
 - o Collect Public, Private, and Government Hospital Bed Capacity Data
 - o Increase Hospital Capacity & Actively Plan to Stand-Up Alternate Care Sites
 - Ensure Robust Coordination with Private Sector Key Resources (Critical Infrastructure, Food Supply, Logistics, etc.) including using CISA Guidance for Deciding Which Critical Infrastructure/Industries to Exempt from Community Mitigation Requirements
 - Identify All Avenues to Surge Medical Professionals from In- & Out-of-State & Remove Regulatory Barriers to Licensing, Telehealth, and Healthcare Providers
- Limit Long-Term Care Visitations & Improve Infection Control Protocols
- Implement Prison Visit Limitations & Follow CDC Guidance
- Establish Childcare for Essential Workers with a Mitigation Risks Plan
- Hold Regular Press Conferences to Share Information and Control Rumors
- Promote Positive Stories of Orderly Closings of Schools and Non-Essential Businesses and their Innovative Strategies to Support Children and Families, Exemplary Citizens Helping Others, Private Sector Entities Helping in Extraordinary Ways, and Examples of Bipartisanship

Best Practice Examples from our Nation's Governors (*NEW since last update.)

Community Mitigation

- Gov. Jim Justice (WV) brought in a health official from WVU to be the State's COVID-19 czar. *NEW
- Gov. Michelle Grisham (NM) <u>released</u> a PSA urging residents to take the situation seriously and to do their part to prevent the spread. *NEW
- Gov. Henry McMaster (SC) requested all out-of-state visitors who plan to stay two or more nights *self-quarantine for two weeks*. *NEW
- Gov. Brad Little (ID) announced a statewide stay-at-home order.
- Gov. Ron DeSantis (FL) issued an EO requiring those who travel to FL from NY, NJ, or CT to self-isolate for 14 days.
- Gov. Gretchen Whitmer (MI) <u>brought</u> collegiate rivals together encouraging residents to take the pandemic seriously and mitigate the spread.
- Gov. Gary Herbert (UT) <u>launched</u> the Utah Leads Together Plan, a comprehensive, strategic threepart plan to coordinate public health response, large-scale testing, and a historic economic stimulus.
- Several Governors, including Gov. Andrew Cuomo (NY), have utilized well-known people to publicize the importance of community mitigation and social distancing.
- Gov. Mike DeWine (OH) along with several other Governors have held daily press briefings keeping the public updated and informed on best community mitigation practices.
- Governors of CT, NJ, and NY coordinated regional-based community mitigation efforts.

Expanding Testing through Commercial & Academic Options

- Gov. Charlie Baker (MA) partnered with MIT and Harvard to create a testing site that will be able to increase testing capacity by 2,000 per day in the state of Massachusetts. *NEW
- Gov. Pete Ricketts (NE) <u>maximizing</u> reagent by pooling multiple people's COVID-19 samples together, saving resources and time.
- Gov. Greg Abbott (TX) Texas is on course for its goal of increasing testing capacity to 15,000 tests per week. They have tested 21,000 in the state to date. *NEW
- Gov. Jared Polis (CO) <u>called-up</u> the Colorado National Guard's medical professionals to support drive-up testing sites in collaboration with State and community medical professionals.
- Gov. Phil Murphey (NJ) <u>partnered</u> with BioReference and LabCorp to increase daily testing capacity.
- Gov. Kim Reynolds (IA) worked with the University of Iowa Hospitals and Clinics to start testing in their own laboratory, expanding the capacity.

Expanding Supply Chain

- Gov. Eric Holcomb (IN) <u>shared</u> that more than 125 companies have been vetted as being able to help support the economy and front-line response workers. *NEW
- Gov. Asa Hutchinson (AR) released PPE guidance from the University of Arkansas for Medical Sciences and the Arkansas Department of Health to health providers in the state on prioritizing, maximizing, and utilizing PPE where it is most needed among healthcare providers, and while protecting the safety of patients and health professions.
- Gov. Doug Ducey (AZ) announced a public-private partnership between the State of Arizona, BSTRONG Initiative partnering with Global Empowerment Mission and the Verstandig Foundation to secure one million N95 masks and additional medical equipment.
- Gov. Gretchen Whitmer (MI) <u>called</u> on the public to donate PPE and other essential medical supplies.
- Gov. Mike Parson (MO) shared a video of a delivery of PPE from the strategic national stockpile.

- Gov. Mike Parson (MO) <u>signed</u> an executive order allowing for the sale of unprepared foods by restaurants directly to citizens, in order to prevent waste and help restaurants already struggling because of the restrictions.
- Gov. Pete Ricketts (NE) <u>convened</u> his State's grocery industry and producers to ensure the security of the State's food chain supply and ensure products move quickly.
- Gov. Tom Wolf (PA) <u>reopened</u> select rest areas for truck parking in critical locations to help with freight movement with guidance to mitigate spread.
- Gov. Greg Abbott (TX) stood up a Supply Chain Strike Force to guide collaboration between the public and private sectors to ensure healthcare facilities have the supplies and resources they need to respond to COVID-19. The Strike Force has established an online portal to streamline the process and validation of leads for more supplies. Also, the Strike Force advised guidance allowing restaurants to sell bulk retail products from distributers directly to consumers providing another source of food and resources.
- Gov. Mark Gordon (WY) <u>signed</u> an executive order expediting the delivery of COVID-19 related supplies by extending hours of service restrictions and waiving size and weight permit fees.

Expanding Healthcare Capacity

- Gov. Gretchen Whitmer (MI) implemented a statewide load balancing plan for hospitals to help manage capacity. *NEW
- Gov. Ralph Northam (VA) <u>directed</u> all hospitals to stop performing elective surgeries and procedures. *NEW
- Gov. Greg Abbott (TX) temporarily <u>waived</u> certain hospital licensing rules to meet Texas's need for additional hospital capacity. *NEW
- Gov. Gretchen Whitmer (MI) <u>expanded</u> the healthcare workforce by relaxing scope of practice laws for physician assistants and nurses the flexibility they need to treat COVID-19 patients in hospitals and other healthcare facilities. *NEW
- Gov. Gavin Newsom (CA) <u>signed</u> an executive order increasing California's healthcare capacity in clinics, mobile health care units, and adult day healthcare facilities
- Gov. Ned Lamont (CT) <u>signed</u> an executive order to expand access to telehealth services and suspended the licensure/certification/registration requirements for telehealth.
- Gov. Kim Reynolds (IA) <u>signed</u> legislation expanding the role for physician assistants allowing for full prescriptive rights, legal protections similar to other healthcare professions, and the ability to be reimbursed by Medicaid.
- Gov. Greg Abbott (TX) issued an executive order today to better track both hospital bed capacity and COVID-19 test results across the State, and temporarily waived certain hospital licensing rules to meet Texas's need for additional hospital capacity.
- Gov. Jay Inslee (WA) <u>signed</u> legislation that increased surge capacity in the healthcare workforce by reducing credentialing delays for healthcare workers.
- Gov. Asa Hutchinson (AR) through his State Medical Board <u>granted</u> emergency temporary licenses for more than 100 new physicians who have completed at least one year of an internship and granted licensure for 300 new nurses by expediting their licensing in the month of March.
- Several States (including MA, NY, and WI) are exploring <u>using college dormitories</u> or hotels to help ease potential hospital overload.

Other Good Practices

- Gov. Laura Kelly (KS) <u>shared</u> a story supporting the teachers who are doing great work despite the tough times. *NEW
- Gov. Christ Sununu (NH) <u>established</u> a fund to help with the costs associated with the changes to childcare providers. *NEW
- Gov. JB Pritzker (IL) <u>announced</u> they have raised more than \$23 million for the relief fund. *NEW

- Gov. Kristi Noem (SD) <u>reminded</u> everyone what is truly important in life, and hope that this situation will bring all citizens together. *NEW
- Gov. Mike Parson (MO) <u>thanked</u> all the agriculture workers, who are playing a vital role during this time. *NEW
- Gov. Gavin Newsom (CA) <u>deployed</u> California National Guard members to provide short-term food security to isolated and vulnerable Californians.
- Mayor Muriel Bowser (DC) <u>established</u> a D.C. education equity fund to get more digital resources to students and families (received more than \$1 million in donations) to continue school via distance learning programs.
- Gov. Larry Hogan (MD) "announced the relaunch of the <u>Maryland Unites</u> initiative to connect Marylanders with resources and highlight stories of generosity and compassion amid the crisis."
- Gov. Chris Sununu (NH) stopped by his State Emergency Operations to thank everyone for their hard work.
- Gov. Phil Murphey (NJ) <u>launched</u> a job portal to connect out-of-work residents to opportunities within the essential business market.
- Gov. Kevin Stitt (OK) will be creating a "be a neighbor" initiative to encourage volunteering throughout the state.
- Gov. Raimondo (RI) offered resources to those struggling with mental health during this time.
- Gov. Ralph Northam (VA) established a number for people to text who need food. This number will connect them with nearby resources or help.



Follow-Up - 3/26 Governors Briefing on COVID-19

1 message

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Thu, Mar 26, 2020 at 10:42 PM

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Governors and Senior Staff,

Thank you for your efforts on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. Attached you will find President Donald J. Trump's Letter to America's Governors.

Data Ask from the Vice President

Surveying Outpatient Surgical Centers & Clinics for Ventilators: The Vice President asked every governor to survey their outpatient surgical centers and clinics for ventilators. We also would encourage governors to know their public and private hospital bed and ICU bed capacity.

- The U.S. Food & Drug Administration (FDA) has issued **guidance** allowing those ventilators to be modified by changing a vent. Governors are going to be able to identify a whole new range of ventilators that could be easily converted, add to their supply, and focused at the point of the need in their states.
- Anesthesiologists Patient Safety Foundation (APSF)/American Society of Anesthesiologists (ASA) has issued guidance on purposing anesthesia machines as ICU ventilators. You can find more information on using anesthesia machines as ICU ventilators for COVID-19 here.

Readout from the March 26 Briefing with Governors

Today, President Donald J. Trump and Vice President Mike Pence led a discussion with the chief executives of over 50 states, territories, and Washington, DC, to provide an update on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. The Federal leaders urged state, local, and tribal leaders to regularly highlight the "15 Days to Slow the Spread" community mitigation guidance. Participants also discussed leveraging state and community-level data to help chart the path forward and underscore how that may look different across and within states – as state and local leaders will decide. The discussion also focused on the unprecedented red tape removal and state waiver approval, surging Federal resources to high-demand areas, the importance of the Coronavirus Aid, Relief, and Economic Security (CARES) Act to states including \$150 billion for direct COVID-19 efforts, and supply chain management at every level of government. The President and Vice President thanked governors for leading on proactive measures, including establishing intra-state supply chain management, removing red tape barriers to expand access to healthcare, and expanding healthcare capacity. Attached you will find a helpful document highlighting actions from our Nation's governors.

To date, 12 states have received expedited approval on disaster declarations. In addition, the Trump Administration has approved 23 Medicaid 1135 Waivers, 56 SBA disaster assistance waivers, 45 states have received initial education testing waivers, and 646 USDA waivers for states for child nutrition (National School Lunch and Breakfast, Summer Food Service Program, Seamless Summer Option, and the Child and Adult Care Feeding Program), Women, Infants, and Children (WIC), and Supplemental Nutrition Assistance Program (SNAP).

Since January 2020, the Trump Administration has held over 82 briefings with over 42,000 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 to bend the curve. 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. The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to supplement, but not replace private sector, local, and state resources.

Testing Resources Including Swab & Reagent Flexibilities

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, **utilizing alternative swab supplies/methods (flexible's in the types of swabs your healthcare professionals can use)**, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your state public health lab.

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• Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

Below, you will find additional information and resources ahead of today's call including:

- Contacting Your FEMA Regional Administrator
- Primer COVID-19 Pandemic: Response & Recovery Through Federal-State-Local-Tribal Partnership
- Private Sector Partnership Resources
- REAL ID Enforcement Deadline Change Preventing Hoarding of Health & Medical Resources
- States Helping States Emergency Management Assistance Compacts (EMAC)

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

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Thanks,

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Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

15 Days to Slow the Spread

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 <u>must be formally communicated</u> 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right – the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

• Contact information for your FEMA Regional Administrator is attached.

<u> Primer – COVID-19 Pandemic: Response & Recovery Through Federal-State-Local-Tribal Partnership</u>

Response and recovery efforts are locally executed, state managed, and federally supported. It is important that requests for assistance, including for critical supplies, get routed through the proper channels as soon as possible. Learn more

about the response and recovery process via this important resource here.

• Please distribute this 5-Page COVID-19 Response & Recovery Primer to your State, local, and tribal leaders.

Private Sector Partnership Resources

Private sector partners that are interested in supporting this effort can find more on FEMA's website here.

- To sell medical supplies or equipment to the federal government, please email specifics to **covidsupplies@fema.dhs.gov**.
- If you have medical supplies or equipment to donate, please provide us details on what you are offering.
- If you are a private company that wants to produce a product related to the COVID response email **nbeoc@max.gov**.
- If you are a hospital and other companies in need of medical supplies, contact your state Department of Public Health and/or Emergency Management
- For non-medical supplies, services or equipment, if you are interested in doing business with FEMA, visit our **Industry Liaison Program**.

<u>REAL ID Enforcement Deadline Change</u>

President Trump **announced on March 24** the Department of Homeland Security will be postponing the deadline for compliance with REAL ID enforcement deadline. Acting Secretary Chad Wolf said, ""Due to circumstances resulting from the COVID-19 pandemic and the national emergency declaration, the Department of Homeland Security, as directed by President Donald J. Trump, is extending the REAL ID enforcement deadline beyond the current October 1, 2020 deadline. I have determined that states require a twelve-month delay and that the new deadline for REAL ID enforcement is October 1, 2021. DHS will publish a notice of the new deadline in the Federal Register in the coming days." More information here.

Preventing Hoarding of Health & Medical Resources

President Trump signed an **Executive Order** providing the authority to address, if necessary, hoarding that threatens the supply of necessary health and medical resources. HHS Secretary Azar has released **a notice** that identifies specific medical products that will be subject to the President's recent executive order to prevent hoarding and price-gouging including items such as N-95 respirators, portable ventilators, PPE masks, gowns and gloves and other items.

States Helping States - Emergency Management Assistance Compacts (EMAC)

States have pre-negotiated memorandums of agreement to provide support to one another as part of disaster response. These agreements are usually broad enough that they could be utilized for states to help other states during COVID-19. Governors can work through their state Emergency Management Directors to get that process started.

• **Personnel**: if you do not have the capacities – from an emergency management or public health standpoint – to support your ongoing response, consider requesting EMAC support from other states who are not as severely impacted right now. Currently there is one active EMAC mission for personnel: Oregon has provided to Washington an Incident Management Team to support the Seattle-King Co. Public Health Department with the health EOC operations.

• **Telehealth**: The National Emergency Management Association (NEMA) is working through issues related to the use of telehealth through the compact.

3 attachments

🔁 Applauding Leadership Actions from Our Nation's Governors to Prepare, Respond, and Mitigate COVID-

19.pdf 453K

- FEMA Regional Administrators Contact Information.pdf 486K
- Letter to America's Governors -- 03-26-2020.pdf 1955K

Applauding Leadership Actions from Our Nation's Governors to Prepare, Respond, and Mitigate COVID-19

March 26, 2020

Locally Executed, State Managed, Federally Supported

- Highlighting the "<u>15 Days to Slow the Spread</u>" & State-Specific Guidelines
- Ensuring Hospitals & State/Local Labs Report COVID-19 Cases to CDC
- Establishing a Supply Chain Management Coordination Group
 - Engaging Private Sector Supply Chain and Logistics Leaders in Your State to Provide Coordination Expertise and Leadership
 - Surveying Outpatient Surgical Centers & Clinics for Ventilators
 - o Encouraging Innovation with Private Sector Partners to Key Medical Supplies
 - Assisting Food Service Industry (Sell Food Direct Before Expiration, Providing Directory of Delivery/Pickup Sources, etc.)
 - Ensuring Coordination with Private Sector on Critical Infrastructure (CI) Designations & Highlighting Department of Homeland Security CI Guidance
 - Promoting Guidance to Preserve PPE
 - Ensuring Public Health Officials and Emergency Managers are Coordinated & Utilizing Existing Emergency Management Protocol and Systems
- Ending Elective Procedures & Appointments to Free Up Key Resources & Ensure Key Resources are Repurposed
- Providing Guidance on COVID & Non-COVID Hospitals
- Limiting Long-Term Care Visitations to Continue to Focus on the Most Vulnerable
- Implementing Prison Visit Limitations & Follow New CDC Guidance
- Removing Regulatory Burden's for Occupational Licensing, Telehealth, & Healthcare Providers
- Understanding the Complete Testing Ecosystem
 - o Understanding Private Sector Testing Capacities within the State
 - o Driving Transparency on All Testing Capacities within the State
 - Establishing Satellite/Mobile Testing to Leverage Expanded Testing Capacity and Prepare for Pending New Self-Test Capabilities
 - o Ensuring Key Stakeholders Understand Testing Swab Flexibilities
- Establishing Childcare for Essential Workers
- Communicating Regularly with the Public and Other State, Local, & Tribal Officials
- Promoting Amazing Stories of Citizens and Private Sector Partners Providing Innovative Solutions to Serve Their Nation, State, Community, & Fellow Citizens

Recent Actions from Our Nation's Governors

Community Mitigation

- Gov. Ron DeSantis (FL) issued an EO requiring those who travel to FL from NY, NJ, or CT to self-isolate for 14 days.
- Several governors including Gov. Andrew Cuomo (NY) have utilized well known people to publicize the importance of community mitigation and social distancing. Gov. Gretchen Whitmer (MI) brought collegiate rivals together encouraging residents to take the pandemic seriously and mitigate the spread.
- Gov. Gary Herbert (UT) <u>launched</u> the Utah Leads Together Plan, a comprehensive, strategic three part plan to coordinate public health response, large-scale testing, and a historic economic stimulus.
- Gov. Mike DeWine (OH) and many other governors have held daily press briefings keeping the public updated and informed on best community mitigation practices.
- Governors of CT, NJ, and NY coordinated regional-based community mitigation efforts.

Supply Chain Management

- Gov. Greg Abbott (TX) stood up a Supply Chain Strike Force to guide collaboration between the public and private sectors to ensure health care facilities have the supplies and resources they need to respond to COVID-19. The Strike Force has established an online portal to streamline the process and validation of leads for more supplies. Also, the Strike Force advised guidance allowing restaurants to sell bulk retail products from distributers directly to consumers providing another source of food and resources.
- Gov. Asa Hutchinson (AR) released PPE guidance from the University of Arkansas for Medical Sciences and the Arkansas Department of Health to health providers in the State on prioritizing, maximizing, and utilizing PPE where it is most needed among healthcare providers, while protecting the safety of patients and health professionals.
- Gov. Doug Ducey (AZ) announced a public-private partnership between the State of Arizona, BSTRONG Initiative partnering with Global Empowerment Mission and the Verstandig Foundation to secure one million N95 masks and additional medical equipment.
- Gov. Gretchen Whitmer (MI) <u>called</u> on the public to donate PPE and other essential medical supplies.
- Gov. Mike Parson (MO) <u>signed</u> an executive order allowing for the sale of unprepared foods by restaurants directly to citizens, in order to prevent waste and help restaurants already struggling because of the restrictions.
- Gov. Pete Ricketts (NE) <u>convened</u> his State's grocery industry and producers to ensure the security of the State's food chain supply and ensure products move quickly.
- Gov. Tom Wolf (PA) reopened select rest areas for truck parking in critical locations to help with freight movement with guidance to mitigate spread.
- Gov. Mark Gordon (WY) <u>signed</u> executive order expediting the delivery of COVID-19 related supplies by extending hours of service restrictions and waiving size and weight permit fees.

Expanding Healthcare Capacity

- Gov. Gavin Newsom (CA) <u>signed</u> an executive order increasing California's healthcare capacity in clinics, mobile health care units, and adult day health care facilities
- Gov. Ned Lamont (CT) <u>signed</u> an executive order to expand access to telehealth services and suspended the licensure/certification/registration requirements for telehealth.

- Gov. Kim Reynolds (IA) <u>signed</u> legislation expanding the role for physician assistants allowing for full prescriptive rights, legal protections similar to other health care professions, and the ability to be reimbursed by Medicaid.
- Gov. Greg Abbott (TX) issued an executive order today to better track both hospital bed capacity and COVID-19 test results across the State.
- Gov. Greg Abbott (TX) temporarily <u>waived</u> certain hospital licensing rules to meet Texas' need for additional hospital capacity.
- Gov. Jay Inslee (WA) <u>signed</u> legislation that increased surge capacity in the healthcare workforce by reducing credentialing delays for healthcare workers.
- Gov. Asa Hutchinson (AR) through his State Medical Board granted emergency temporary licenses for over 100 new physicians who have completed at least one year of internship and granted licensure for 300 new nurses by expediting their licensing in the month of March.
- Several States (including MA, NY, and WI) are exploring <u>using college dormitories</u> or hotels to help ease potential hospital overload.

Expanding Testing through Commercial & Academic Options

- Gov. Jared Polis (CO) <u>called-up</u> the Colorado National Guard's medical professionals to support drive-up testing sites in collaboration with State and community medical professionals.
- Gov. Phil Murphey (NJ) <u>partnered</u> with BioReference and LabCorp to increase daily testing capacity.
- Gov. Kim Reynolds (IA) worked with the University of Iowa Hospitals and Clinics to start testing in their own laboratory, expanding capacity.

Additional Actions

- Gov. Gavin Newsom (CA) <u>deployed</u> California National Guard members to provide shortterm food security to isolated and vulnerable Californians.
- Mayor Muriel Bowser (DC) <u>established</u> a D.C. education equity fund to get more digital resources to students and families (received over \$1 million in donations) to continue school via distance learning programs.
- Gov. Larry Hogan (MD) announced the relaunch of the <u>Maryland Unites</u> initiative to connect Marylanders with resources and highlight stories of generosity and compassion amid the crisis.
- Gov. Phil Murphy (NJ) <u>launched</u> a job portal to connect out-of-work residents to opportunities within the essential business market.
- Gov. Kevin Stitt (OK) will be creating a "be a neighbor" initiative to encourage volunteering throughout the State.
- Gov. Raimondo (RI) offered resources to those struggling with mental health during this time.
- Gov. Ralph Northam (VA) <u>established</u> a number for people to text who need food, it will connect them with nearby resources or help.

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



March 2020 | 1 of 3

Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 – Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 - Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 - Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)



THE WHITE HOUSE washington March 26, 2020

To America's Governors:

As you know, on March 16, 2020, I published my *Coronavirus Guidelines for America*. States, localities, and citizens across our country have responded to this call to action in full force, making tremendous sacrifices in support of our National effort to defeat the virus. I want to thank each of you, along with your frontline responders and essential workers, for stepping up to help America confront this unprecedented global pandemic. Together, we are proving that no challenge can match the indomitable strength, ingenuity, and determination of the American people.

There is still a long battle ahead, but our efforts are already paying dividends. As we enhance protections against the virus, Americans across the country are hoping the day will soon arrive when they can resume their normal economic, social, and religious lives.

In furtherance of this shared goal, my Administration is working to publish new guidelines for State and local policymakers to use in making decisions about maintaining, increasing, or relaxing social distancing and other mitigation measures they have put in place.

This is what we envision: Our expanded testing capabilities will quickly enable us to publish criteria, developed in close coordination with the Nation's public health officials and scientists, to help classify counties with respect to continued risks posed by the virus. This will incorporate robust surveillance testing, which allows us to monitor the spread of the virus throughout the country. Under these data-driven criteria, we will suggest guidelines categorizing counties as high-risk, medium-risk, or low-risk.

With each passing day, our increasingly extensive testing capabilities are giving us a better understanding of the virus and its path. As testing gives us more information about who has been infected, we are tracking the virus and isolating it to prevent further spread. This new information will drive the next phase in our war against this invisible enemy.

The virus has inflicted a heavy toll on our country. A number of our fellow citizens have tragically succumbed to its ravages, while many more are fighting for their lives. We mourn alongside those who have lost loved ones, and we send our prayers for the recovery of all who are still sick. In their honor, we pledge to marshal every resource and power we have to overcome and vanquish this threat. Through it all, I am deeply inspired by the unflinching dedication of Americans in every state who are rallying together to defeat the virus. I look forward to witnessing that same boundless spirit drive our recovery and quickly return us to the path of exceptional health, safety, and prosperity for all of our citizens.

Sincerely,

Neukoung



Follow-Up - 3/23 Governors Briefing with the Vice President on COVID-19 1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> Mon, Mar 23, 2020 at 8:52 PM To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Governors' Senior Staff,

Thank you for joining today's briefing call Vice President Mike Pence on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19.

Data Asks from the Vice President

1. Hospitals & State/Local Labs Reporting COVID-19 Cases to CDC: The Vice President asked every governor to ensure your State and local public health departments including hospitals are reporting their COVID-19 testing data and results in real-time to Centers for Disease Control and Prevention (CDC). This is required under the Families First Coronavirus Response Act (H.R. 6201) signed by President Trump on March 18.

• *H.R. 6201 language on testing data requirement:* "SEC. 1702. States and local governments receiving funds or assistance pursuant to this division shall ensure the respective State Emergency Operations Center receives regular and real-time reporting on aggregated data on testing and results from State and local public health departments, as determined by the Director of the Centers for Disease Control and Prevention, and that such data is transmitted to the Centers for Disease Control and Prevention."

2. Surveying Outpatient Surgical Centers & Clinics for Ventilators: The Vice President asked every governor to survey their outpatient surgical centers and clinics for ventilators. The U.S. Food & Drug Administration (FDA) is now allowing those ventilators to be modified by changing a vent. Governors are going to be able to identify a whole new range of ventilators that could be easily converted, add to their supply, and focused at the point of the need in their States. More details below.

Readout from the Vice President's Briefing with Governors

Today, Vice President Mike Pence led a discussion with the chief executives of over 50 States, territories, and Washington, DC, to provide an update on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. The leadership of governors, mayors, county commissioners, and tribal officials is vital for effective emergency management. Emergency management in America is locallyexecuted, State-managed, and Federally supported, which allows for innovative solutions to be identified at the local and State level for the majority of issues. The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to supplement, but not replace private sector, local, and state resources. Federal leaders stressed that local leaders need to work with State leaders. Participants also discussed the importance of connectivity to healthcare providers and their associated supply chains to create a clear dashboard of all the key resources in each community and across each State. Many States have worked diligently to pull-together all of the key stakeholders in their State to have a coordinated, innovative, solution-focused supply management ecosystem.

The Vice President and Dr. Birx urged State and local leaders to regularly highlight the "**15 Days to Slow the Spread**" community mitigation guidance established by the CDC. Participants discussed the historic actions taken by the Federal government to support State, local, and private sector leaders, importance of data sharing between State and Federal governments, States removing telemedicine barriers, importance of Emergency Management Assistance Compact (EMAC) agreements to surge resources and personnel, preserving key medical supplies by curtailing elective medical procedures and appointments, and supporting small businesses and American workers.

The Vice President applauded specific Governors for driving innovative solutions to this unprecedented challenge, including implementing best practices in scaling testing, conserving key resources, communicating with local and tribal officials, waiving state regulatory barriers, and utilizing established emergency management structures to ensure coordinated efforts and communications across all levels of government.

Since January 2020, the Trump Administration has held over 60 briefings with over 35,000 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 to bend the curve.

Below, you will find additional information mentioned on today's call and resources to follow-up including:

- FEMA Regional Administrators Contact Information
- New Ventilator Guidance Expanding the Availability of Ventilators as Well as Other Respiratory Devices
- Testing Prioritization
- Testing Resources
- Guidance on Essential Critical Infrastructure Workforce
- Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs
- Federal Waiver for Testing Assessments
- Resources for Constituents Overseas Traveling Back to the U.S.
- Centers for Disease Control & Prevention (CDC) Mitigation Framework for States, Localities, & Communities

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

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Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov

Zach Swint 202-881-6717 Zachariah.D.Swint2@who.eop.	jov
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Office of the Vice President

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Thanks,

Nic

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Nicholas D. Pottebaum

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White House Office of Intergovernmental Affairs

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15 Days to Slow the Spread

ADDITIONAL INFORMATION

<u> Contact Information – FEMA Regional Administrators</u>

Sunday, you and your staffs received contact information for your Federal Emergency Management Agency (FEMA) Regional Administrators. FEMA has activated the National Response Coordination Center (NRCC) 24/7, and is now the lead agency to make formal Federal requests. Your State's strong leadership is needed to provide effective emergency management that is: (1) Locally-executed, (2) State-managed, and (3) Federally-supported. 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right – the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

• Contact Information: Contact information for your FEMA Regional Administrator is attached.

<u>New Ventilator Guidance – Expanding the Availability of Ventilators as Well as Other Respiratory</u> <u>Devices</u>

The U.S. Food & Drug Administration (FDA) has issued *guidance* to expand the availability of ventilators as well as other respiratory devices and their accessories during this pandemic. Every governor should survey their outpatient surgical

centers and clinics for ventilators as FDA is now allowing those ventilators to be modified by changing a vent. Governors are going to be able to identify a whole new range of ventilators that could be easily converted, add to their supply, and focused at the point of the need in their States. To expand availability, FDA will not object to limited modifications to the indications, claims, functionality, or to the hardware, software, or materials of FDA-cleared devices used to support patients with respiratory failure or respiratory insufficiency. This policy applies only during the public health emergency. More information *here*.

Testing Prioritization

The U.S. Department of Health and Human Services (HHS) has recommended prioritization for COVID-19 testing for individuals. HHS has developed three categories that we strongly recommend States and clinical laboratories utilize as they develop strategies to prioritize COVID-19 testing in their communities. *Attached is a document with some additional details* about the three categories and why we must prioritize these populations.

- Priority 1: Hospitalized patients; healthcare facility workers with symptoms.
- **Priority 2**: Patients in long-term care facilities with symptoms; patients over age 65 years with symptoms; patients with underlying conditions with symptoms; first responders with symptoms.
- **Priority 3**: Critical infrastructure workers with symptoms; Individuals who do not meet any of the above categories with symptoms; healthcare facility workers and first responders; individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations.

Testing Resources

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, alternative swab supplies/methods, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your State public health lab. <u>Link to Food & Drug Administration FAQ on Testing</u>.

- **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, Holagic, LabCorps, Roche, and Thermo Fisher, and other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.
- Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

Guidance on Essential Critical Infrastructure Workforce

The Cybersecurity and Infrastructure Security Agency (CISA) released guidance to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19. More information *here*.

Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs

The Centers for Medicare & Medicaid Services (CMS) has released new tools to strip away regulatory red tape and unleash new resources to support state Medicaid and Children's Health Insurance Programs (CHIP). CMS now has a full suite of tools available to maximize responsiveness to state needs. The agency has created four checklists that together will make up a comprehensive Medicaid COVID-19 federal authority checklist to make it easier for states to receive federal waivers and implement flexibilities in their program. More information *here*.

Federal Waiver for Testing Assessments

The U.S. Department of Education (DOEd) upon proper request will grant a waiver to any State that is unable to assess its students due to the ongoing national emergency, providing relief from Federally mandated testing requirements for this school year. A State unable to assess its students can seek a waiver from Federal testing requirements by completing a form available *here*. DOEd has dramatically streamlined the application process to make it as simple as possible for state leaders who are grappling with many complex issues.

Resources for Constituents Overseas Traveling Back to the U.S.

If you have constituents overseas trying to travel back the U.S. your office or your constituents can contact the U.S. Department of State at 1-888-407-4747 or go to **step.state.gov**.

<u>Centers for Disease Control & Prevention (CDC) Mitigation Framework for States, Localities, &</u> <u>Communities</u>

Protect yourself and your community from getting and spreading respiratory illnesses like COVID-2019. Everyone has a role to play in preparation and prevention. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all-of-community approach is focused to slow the transmission of COVID-19, and reduce illness and death, while minimizing social and economic impacts. The framework includes: (i) Local Factors to Consider for Determining Mitigation Strategies, (ii) Community mitigation strategies by setting and by level of community transmission or impact of COVID-19, and (iii) Potential mitigation strategies for public health functions. More *here*.

2 attachments

FEMA Regional Administrators Contact Information.pdf 486K

COVID-19 Priority Testing Patients Graphic 03.23.2020.pdf 203K

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

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Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov
 978-461-5602 (desk), 617-947-0048 (cell)

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- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



March 2020 | 1 of 3

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- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 – Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 – Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 - Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)

PRIORITIES FOR TESTING PATIENTS COVID-19 WITH SUSPECTED COVID-19 INFECTION



COVID-19 Symptoms: Fever, Cough, and Shortness of Breath

PRIORITY 1

Coronavirus

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system

- Hospitalized patients
- Healthcare facility workers with symptoms



PRIORITY 2

Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients over age 65 years with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

NON-PRIORITY

NON-PRIORITY

Individuals without symptoms

For more information visit: coronavirus.gov



Follow-Up - 3/19 Governors Briefing with the President & Vice President on COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Governors' Senior Staff,

Thank you for joining today's briefing call with President Donald J. Trump and Vice President Mike Pence on the all-of-America approach to respond to, prepare for, and mitigate the effects of 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. The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to supplement, but not replace private sector, local, and state resources.

On the call, Federal leaders stressed that local leaders need to work with State leaders. Participants also discussed the importance of connectivity to healthcare providers and their associated supply chains to create a clear dashboard of all the key resources in each community and across each State. Several States have worked diligently to pull-together all of the key stakeholders in their State to have a coordinated, innovative, solution-focused supply management ecosystem.

The President, Vice President, and Dr. Birx urged State, local, and tribal leaders to regularly highlight the **15 Days to Slow the Spread** community mitigation guidance established by the CDC. Participants discussed the historic actions taken by the Federal government to support State, local, and private sector leaders, including invoking the Defense Production Act to facilitate distribution of critical equipment and supplies as needed; waiving unnecessary regulations; urging the postponement of elective medical procedures and appointments that leads to the preservation of key medical supplies; deploying our two Naval Hospital ships to cities along both coasts; and supporting small businesses and American workers.

The President and Vice President applauded specific Governors for driving innovative solutions to this unprecedented challenge, including implementing best practices in scaling testing, conserving key resources, communicating with local and tribal officials, waiving state regulatory barriers, and utilizing established emergency management structures to ensure coordinated efforts and communications across all levels of government.

Since January 2020, the Trump Administration has held nearly 50 briefings with over 30,000 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 to bend the curve. One fight, one American team!

Below, you will find additional information mentioned on today's call and resources to follow-up.

Contact Information - FEMA Regional Administrators

Federal Emergency Management Agency (FEMA) activated the National Response Coordination Center (NRCC) 24/7, and they are readying 50+ teams to deploy across the U.S. to activate their emergency operations centers and address the threat. 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.

- Action for Governors: We ask that all Federal requests be formally communicated by your State emergency manager to your FEMA Regional Administration this is the same process as natural disasters (e.g., hurricane recovery, flood recovery, tornado recovery, etc.). Attached is the contact information for your FEMA Regional Administrator.
- FEMA Fact Sheet Coronavirus (COVID-19) Pandemic Eligible Emergency Protective Measures (attached)

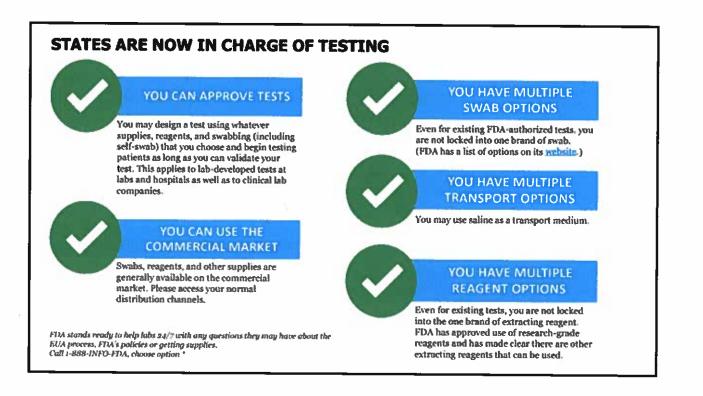
<u>Centers for Disease Control & Prevention (CDC) Mitigation Framework for States, Localities, &</u> <u>Communities</u>

Protect yourself and your community from getting and spreading respiratory illnesses like COVID-2019. Everyone has a role to play in preparation and prevention. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all-of-community approach is focused to slow the transmission of COVID-19, and reduce illness and death, while minimizing social and economic impacts. The framework includes: (i) Local Factors to Consider for Determining Mitigation Strategies, (ii) Community mitigation strategies by setting and by level of community transmission or impact of COVID-19, and (iii) Potential mitigation strategies for public health functions. More here.

COVID-19 Testing Resources

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, alternative swab supplies/methods, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your State public health lab. Link to Food & Drug Administration FAQ on Testing.

• Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.



Personal Protective Equipment (PPE)

Strategies for Optimizing Personal Protective Equipment (PPE)

The Centers for Disagree Control & Prevention (CDC) released PPE guidance that will provide guidance in PPE shortages, particularly for long-term care facilities, dialysis, and home health providers. The strategies include information specific to eye protection, isolation gowns, facemasks, and N95 respirators. The information can be found here.

Non-Essential Medical Procedures

Recommendations to Cancel Adult Elective and Non-Essential Medical, Surgical & Dental Procedures

CMS released recommendations to delay non-essential procedures in an effort to preserve personal protective equipment (PPE), beds, and ventilators for facilities as well as to free up health care workers to treat patients with COVID-19. The recommendations provide a framework for hospitals and clinicians to implement immediately to determine and identify non-essential and elective procedures. The recommendations and guidelines can be found here.

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

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Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
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	1	1

Office of the Vice President

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Thanks,

Nic

--

Nicholas D. Pottebaum

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White House Office of Intergovernmental Affairs

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2 attachments

Contact Information - FEMA Regional Administrators & Deputy Regional Administrators.pdf 333K

FEMA Fact Sheet - Coronavirus (COVID-19) Pandemic Eligible Emergency Protective Measures.pdf

FEMA Regional Administrators/Deputy Regional Administrators Roster



REGION I Boston, MA

REGION II New York City, NY



Russ Webster Regional Administrator

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Paul F. Ford Deputy Regional Administrator

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Tom Von Essen Regional Administrator

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Tammy Littrell Acting Deputy Regional Administrator

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REGION III Philadelphia, PA

REGION IV Atlanta, GA

REGION V Chicago, IL

MaryAnn Tierney Regional Administrator

MaryAnn.Tierney@fema.dhs.gov 215-931-5600 (desk) / 215-687-3090 (cell)



Janice Barlow Deputy Regional Administrator

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Gracia B. Szczech Regional Administrator

Gracia.Szczech@fema.dhs.gov 770-220-5264 (desk) / 404-520-0381 (cell)



Robert Samaan Deputy Regional Administrator

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James K. Joseph Regional Administrator

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Kevin Sligh Deputy Regional Administrator

Kevin.M.Sligh@fema.dhs.gov 312.408.5350 (desk) / 312-218-5232

FEMA Office of Regional Operations • Washington, DC • https://intranet.fema.net/org/oa/oro/Pages/default.aspx

FEMA Regional Administrators/Deputy Regional Administrators Roster cont'd.

REGION VI Denton, TX



Tony Robinson Regional Administrator

Tony.Robinson@fema.dhs.gov 940-898-5309 (desk) / 940-368-0211 (cell)



Moises Dugan Deputy Regional Administrator

Moises.Dugan@fema.dhs.gov 940-898-5312 (desk) / 940-247-1536 (cell)



Paul Taylor Regional Administrator

Paul.Taylor@fema.dhs.gov 816-283-7054 (desk) / 816-988-6196 (cell)



Kathy Fields Deputy Regional Administrator

Kathy.Fields2@fema.dhs.gov 816-283-7062 (desk) / 816-810-8192 (cell)



REGION VIII Denver, CO

REGION VII Kansas City, MO

Lee dePalo Regional Administrator

Lee.dePalo@fema.dhs.gov 303-235-4990 (desk) / 720-456-9616 (cell)



Nancy Dragani Deputy Regional Administrator

Nancy.Dragani@fema.dhs.gov 303-235-4840 (desk) / 202-702-1991 (cell)



REGION IX Oakland, CA

Bob Fenton

Regional Administrator

Robert.Fenton@fema.dhs.gov 510-627-7029 (desk) / 510-867-1615 (cell)



REGION X Bothell, WA

Mike O'Hare Regional Administrator

Michael.OHare@fema.dhs.gov 425-487-4604 (desk) / 202-657-1973 (cell)



Vince Maykovich Deputy Regional Administrator

Vincent.Maykovich@fema.dhs.gov 425.487.4799 (desk) / 425-879-6983 (cell)

FEMA Office of Regional Operations • Washington, DC • https://intranet.fema.net/org/oa/oro/Pages/default.aspx | Page 2

FACT SHEET

Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, this guidance outlines types of emergency protective measures that may be eligible under FEMA Public Assistance Program.

FEMA Public Assistance Program

FEMA encourages officials to take appropriate actions that are necessary to protect public health and safety pursuant to public health guidance. In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA's Public Assistance program. *FEMA will not duplicate assistance provided by the U.S. Department of Health and Human Services (HHS), to include the Centers for Disease Control and Prevention (CDC), or other federal agencies.*

State, territorial, tribal, and local government entities and certain private non-profit organizations are eligible to apply for *Public Assistance*. FEMA assistance will be provided at a 75 percent federal cost share. This assistance will require execution of a FEMA-State/Tribal/Territory Agreement, as appropriate, and execution of an applicable emergency plan. Local governments and other eligible PA applicants will apply through their respective state, tribal or territorial jurisdictions.

Eligible Assistance

Under the COVID-19 Emergency Declaration described above, FEMA may provide assistance for emergency protective measures including, but not limited to, the following, if not funded by the HHS/CDC or other federal agency. 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):

- Management, control and reduction of immediate threats to public health and safety:
 - o Emergency Operation Center costs
 - o Training specific to the declared event
 - o Disinfection of eligible public facilities
 - Technical assistance to state, tribal, territorial or local governments on emergency management and control of immediate threats to public health and safety



- Emergency medical care:
 - Non-deferrable medical treatment of infected persons in a shelter or temporary medical facility
 - o Related medical facility services and supplies
 - Temporary medical facilities (for treatment when existing facilities are reasonably forecasted to become overloaded in the near term and cannot accommodate the patient load or to quarantine potentially infected persons)
 - o Inoculation for emergency responders
 - o Use of specialized medical equipment
 - o Medical waste disposal
 - o Emergency medical transport
- Medical sheltering (e.g. when existing facilities are reasonably forecasted to become overloaded in the near future and cannot accommodate needs)
 - All sheltering must be conducted in accordance with standards and/or guidance approved by HHS/CDC and must be implemented in a manner that incorporates social distancing measures
 - Non-congregate medical sheltering is subject to prior approval by FEMA and is limited to that which is reasonable and necessary to address the public health needs of the event, is pursuant to the direction of appropriate public health officials and does not extend beyond the duration of the Public Health Emergency
- Household pet sheltering and containment actions related to household pets in accordance with CDC guidelines
- 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
- Security and law enforcement
- Communications of general health and safety information to the public
- Search and rescue to locate and recover members of the population requiring assistance
- Reimbursement for state, tribe, territory and/or local government force account overtime costs

More Information

Further information about eligible emergency protective measures can be found in the Public Assistance Program and Policy Guide, FP 104-009-2 (April 2018).

For more information, visit the following federal government websites:

- Coronavirus (COVID-19) (CDC)
- Centers for Medicare & Medicaid Services



Important Role of FEMA in COVID-19 Preparedness, Response, & Mitigation 1 message

Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov>

Sun, Mar 22, 2020 at 1:58 PM To: "ralph.northam@governor.virginia.gov" <ralph.northam@governor.virginia.gov>, "clark.mercer@governor.virginia.gov" <clark.mercer@governor.virginia.gov>, "stacey.brayboy@governor.virginia.gov" <stacey.brayboy@governor.virginia.gov>, "Jeff.stern@vdem.virginia.gov" <Jeff.stern@vdem.virginia.gov>, "maryanne.wollman@vdh.virginia.gov" <maryanne.wollman@vdh.virginia.gov>

Cc: "Hoelscher, Douglas L. EOP/WHO" < Douglas.L.Hoelscher@who.eop.gov>, "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>



Governor and Senior Staff,

Thank you for all of your hard work and partnership regarding the All-of-America effort to respond to, prepare for, and mitigate the effects of COVID-19. I wanted to follow-up on a few things from Thursday's briefing between the President, Vice President, and Governors.

The Federal Emergency Management Agency (FEMA) has activated the National Response Coordination Center (NRCC) 24/7, and they are engaging 50+ teams to deploy across the U.S. to activate their emergency operations centers and address the threat of COVID-19. FEMA regional directors have been actively working the phones.

Action Request: Federal Emergency Management Agency (FEMA) has activated the National Response Coordination Center (NRCC) 24/7 and is now the lead agency to make formal Federal requests. Your State's strong leadership is needed to provide effective emergency management that is: (1) Locally-executed, (2) State-managed, and (3) Federally-supported.

o Local leaders are the "boots on the ground" and are best suited to quickly identify innovative solutions for the majority of issues.

 State officials are best situated to help coordinate these solutions both across the state and with the Federal government.

• The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to support these solutions.

 What This Means: All requests to the Federal government <u>must be formally communicated</u> 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right - the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities

and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

• **Contact Information**: Contact information for your FEMA Regional Administrator is attached – we imagine your emergency manager has them on speed dial.

• **Testing**: If you have not yet connected with the representatives from Roche, Thermo Fisher, and other private sector testing platforms, I would encourage you to do so as that is where the high-speed testing solution is moving forward.

Sound emergency management discipline will allow all of us to have unity of effort and have a real-time understanding of all the key resources in each community and across each State.

Thanks,

White House Office Intergovernmental Affairs

Sent on behalf of:

Douglas L. Hoelscher

Deputy Assistant to the President & Director

White House Office of Intergovernmental Affairs

O: 202-456-4247 | C: 202-881-8950 | E: Douglas.L.Hoelscher@who.eop.gov

and

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White House Office of Intergovernmental Affairs

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15 Days to Slow the Spread

FEMA Regional Administrators Contact Information.pdf 486K

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov
 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



March 2020 | 1 of 3

Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 – Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 - Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)



Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President

1 message

 Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
 Mon, Mar 16, 2020 at 3:27 PM

 To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>
 Mon, Mar 16, 2020 at 3:27 PM

 Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Governors' Senior Staff,

In follow up to today's Governor-Only Briefing with the President & Vice President today (Monday, March 16), attached is the guidance referenced in the briefing being released today, **"The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread**."

Additionally, below you will find additional information referenced on today's briefing call/VTC.

Thanks,

Nic

Nicholas D. Pottebaum

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White House Office of Intergovernmental Affairs

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UPDATES

President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19

Presidential Proclamation Here

• Letter from President Donald J. Trump on Emergency Determination Under the Stafford Act to U.S. Department of Homeland Security, Department of Treasury, U.S. Department of Health & Human Services, and Federal Emergency Management Agency. The letter includes specific recommendation to governors including:

• "In order to meet the challenges caused by this emergency pandemic, **I have encouraged all State and local governments to activate their Emergency Operations Centers and to review their emergency preparedness plans.** In the meantime, I expect FEMA to continue to review all ways in which it can provide assistance to States consistent with the authorities provided to it by this letter and by statute."

o "I encourage all governors and tribal leaders to consider requesting Federal assistance under this provision of the Stafford Act, pursuant to the statutory criteria. I stand ready to expeditiously consider any such request."

• President Donald J. Trump Has Mobilized the Full Resources of the Federal Government to Respond to the Coronavirus

FEMA Fact Sheet

Expanding Testing & State-Approved Diagnostic Testing Resources

- Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.
- Questions or Inquiry for Mobile Testing (primarily for healthcare workers, first responders, and those over the age of 65 year of age): Please have your team or emergency manager reach out to your FEMA regional manager found here for more information.

• Helpful Guidance for Your State Health Officer & State Health Lab: FAQs on Diagnostic Testing (more here).

- FDA gives flexibility to New York State Department of Health, FDA issues Emergency Use Authorization Diagnostic
- HHS Funds Development of COVID-19 Diagnostic Tests

Framework Mitigation Strategies for Communities with Local COVID-19 Transmission

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.

- A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (more here; 10-page frame work for States, localities, and communities).
- CDC mitigation strategies for Santa Clara (CA), Seattle (WA), New Rochelle (NY), Florida, and Massachusetts.

Centers for Medicare & Medicaid Services (CMS) Resources for States

On Friday, the Trump Administration announced aggressive actions and regulatory flexibilities to help healthcare providers and states respond to and contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is taking several actions following President Trump's declaration of a national emergency

due to COVID-19. A press release outlining CMS announcement can be found here. A fact sheet outlining these actions can be found here.

• **Flexibility and Relief for State Medicaid Agencies**: The national emergency declaration also enables CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under section 1135 waivers. States and territories are now encouraged to assess their needs and request these available flexibilities, which are outlined in the Medicaid and CHIP Disaster Response Toolkit. Examples of flexibilities available to states under section 1135 waivers include the ability to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, allow providers to provide care in alternative settings, waive prior authorization requirements, and temporarily suspend certain pre-admission and annual screenings for nursing home residents. For more information and to access the toolkit, visit here.

• Waivers and Flexibilities for Hospitals and other Healthcare Facilities: CMS will temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements. CMS will also issue several blanket waivers, listed on the website below, and the CMS Regional Offices will review other provider-specific requests. These waivers provide continued access to care for beneficiaries. For more information on the waivers CMS has granted, visit here.

• Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance: As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here and all CMS guidance related to COVID-19 can be found here.

The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread.pdf 469K

The President's Coronavirus Guidelines for America 15 Days to Slow the Spread

- 1. Listen to and follow the directions of your state and local authorities.
- 2. If you feel sick, stay home. Do not go to work. Contact your medical provider.
- 3. If your children are sick, keep them at home. Do not send them to school. Contact your medical provider.
- 4. If someone in your household has tested positive for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.
- 5. If you are an older person, stay home and away from other people.
- 6. If you are a person with a serious underlying health condition that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.
- 7. Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to stop the spread of the coronavirus:
 - > Work or engage in schooling from home whenever possible.
 - If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.
 - > Avoid social gatherings in groups of more than 10 people.
 - Avoid eating or drinking in bars, restaurants, and food courts use drivethru, pickup, or delivery options.
 - > Avoid discretionary travel, shopping trips, and social visits.
 - Do not visit nursing homes or retirement or long-term care facilities unless to provide critical assistance.
 - Practice good hygiene:
 - Wash your hands, especially after touching any frequently used item or surface.
 - Avoid touching your face.

- Sneeze or cough into a tissue, or the inside of your elbow.
- Disinfect frequently used items and surfaces as much as possible.

* School operations can accelerate the spread of the coronavirus. Governors of states with evidence of community transmission should close schools in affected and surrounding areas. Governors should close schools in communities that are near areas of community transmission, even if those areas are in neighboring states. In addition, state and local officials should close schools where coronavirus has been identified in the population associated with the school. States and localities that close schools need to address childcare needs of critical responders, as well as the nutritional needs of children.

** Older people are particularly at risk from the coronavirus. All states should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.

*** In states with evidence of community transmission, bars, restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate should be closed.



FEMA Releases Information Regarding National Guard Title 32 Status

1 message

Swint, Zacharlah D. EOP/WHO <Zacharlah.D.Swint2@who.eop.gov> Sun, Mar 29, 2020 at 1:31 PM To: "Swint, Zachariah D. EOP/WHO" <Zachariah.D.Swint2@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <Douglas.L.Hoelscher@who.eop.gov>, "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Governors,

Please see the FEMA release on National Guard Title 32 Status below.

Regards,

Zach Swint

Office of Intergovernmental Affairs

The White House

C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

March 29, 2020 Contact: Congressional and Intergovernmental Affairs Division Phone: 202-646-4500



FEMA Releases Information Regarding National Guard Title 32 Status

The response to COVID-19 is a highly coordinated effort between States, Territories, and the Federal government. As States and Territories scale their response to meet the threat, the Federal government will scale its support of these efforts by increasing the level of shared resources. To effectively contain and mitigate the spread of COVID-19 it is imperative that real-time information and data, including demand on hospital beds and supply chain issues, be collected and shared. With this rapidly evolving situation, the Federal government will continue closely monitoring needs and re-evaluating Federal support.

On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states for use of their National Guard forces.

To date, President Trump has approved this authority to the following: California, Florida, Guam, Louisiana, Massachusetts, Maryland, New Jersey, New York, Puerto Rico and Washington. 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.

Since then, the Administration has received requests from additional states seeking approval of federal support for use of their 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, and it should identify 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% 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% 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.

If you have any questions, please contact the Office of External Affairs, Congressional and Intergovernmental Affairs Division at (202) 646-4500 or at FEMA-Congressional-Affairs@ fema.dhs.gov.

FEMA's mission is to help people before, during and after disasters.

Follow FEMA online, on Twitter @FEMA or @FEMAEspanol, on FEMA's Facebook page or Espanol page and at FEMA's YouTube account. Also, follow Administrator Pete Gaynor's activities @FEMA_Pete.



Letter from President Donald J. Trump to America's Governors 1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <Douglas.L.Hoelscher@who.eop.gov>, "Swint, Zachariah D. EOP/WHO" <Zachariah.D.Swint2@who.eop.gov>



Office of the Press Secretary

FOR IMMEDIATE RELEASE March 26, 2020

Letter from President Donald J. Trump to America's Governors



THE WHITE HOUSE washington March 26, 2020

To America's Governors:

As you know, on March 16, 2020, I published my *Coronavirus Guidelines for America*. States, localities, and citizens across our country have responded to this call to action in full force, making tremendous sacrifices in support of our National effort to defeat the virus. I want to thank each of you, along with your frontline responders and essential workers, for stepping up to help America confront this unprecedented global pandemic. Together, we are proving that no challenge can match the indomitable strength, ingenuity, and determination of the American people.

There is still a long battle ahead, but our efforts are already paying dividends. As we enhance protections against the virus, Americans across the country are hoping the day will soon arrive when they can resume their normal economic, social, and religious lives.

In furtherance of this shared goal, my Administration is working to publish new guidelines for State and local policymakers to use in making decisions about maintaining, increasing, or relaxing social distancing and other mitigation measures they have put in place.

This is what we envision: Our expanded testing capabilities will quickly enable us to publish criteria, developed in close coordination with the Nation's public health officials and scientists, to help classify counties with respect to continued risks posed by the virus. This will incorporate robust surveillance testing, which allows us to monitor the spread of the virus throughout the country. Under these data-driven criteria, we will suggest guidelines categorizing counties as high-risk, medium-risk, or low-risk.

With each passing day, our increasingly extensive testing capabilities are giving us a better understanding of the virus and its path. As testing gives us more information about who has been infected, we are tracking the virus and isolating it to prevent further spread. This new information will drive the next phase in our war against this invisible enemy.

The virus has inflicted a heavy toll on our country. A number of our fellow citizens have tragically succumbed to its ravages, while many more are fighting for their lives. We mourn alongside those who have lost loved ones, and we send our prayers for the recovery of all who are still sick. In their honor, we pledge to marshal every resource and power we have to overcome and vanquish this threat. Through it all, I am deeply inspired by the unflinching dedication of Americans in every state who are rallying together to defeat the virus. I look forward to witnessing that same boundless spirit drive our recovery and quickly return us to the path of exceptional health, safety, and prosperity for all of our citizens.

Sincerely,

And Bunny

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The White House + 1600 Pennsylvania Ave NW - Washington, DC 20500-0003 - USA - 202-456-1111



Letter to Our Nation's Governors from Vice President Mike Pence

1 message

Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov> To: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>

Tue, Mar 31, 2020 at 10:30 PM



Office of the Vice President

Governors,

Thank you for your continued partnership in the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. Please find a letter from Vice President Mike Pence attached.

Also attached are a number of resources we hope you and your state emergency management teams will continue to utilize, including The President's Coronavirus Guidelines for America: 30 Days to Slow the Spread. Please do not hesitate to reach out if you have any questions.

Sincerely,

Tucker

Tucker Obenshain

Office of the Vice President

(202) 881-6217 (no text)

4 attachments

VPOTUS Letter to Our Nation's Governors 03.31.20.pdf

Additional Resources for Our Nation's Governors 03.31.20.pdf 107K

E FEMA REGIONAL CONTACT INFORMATION.pdf

486K

B 30 Days to Slow the Spread.pdf 1014K



THE VICE PRESIDENT WASHINGTON March 31, 2020

Dear Governors:

On behalf of President Trump and the White House Coronavirus Task Force, I want to extend my gratitude for your tireless efforts in our whole-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. As we have discussed on our calls, and during our many one-on-one conversations, 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. I am personally grateful for your strong leadership in our states and territories, and for your time on these productive calls.

Above all else, I urge you to continue to regularly highlight community mitigation efforts to "Slow the Spread" through April 30. I would also like to reiterate our message to encourage all your State emergency directors to have a plan to use the National Guard to move medical equipment from storehouses to hospitals. We continue to hear from hospitals that are often unaware of PPE equipment that has been delivered from FEMA to State facilities. Please reinforce this to ensure the hospitals in your State get the supplies they need to provide lifesaving treatment to patients.

You have already received these from White House Intergovernmental Affairs, but attached again are some helpful resources we reviewed on the phone yesterday, including:

- Contacting Your FEMA Regional Administrator
 - o Data Ask from FEMA
 - o FEMA Guidance to States on National Guard Title 32 Status
- Testing Resources Including Swab & Reagent Flexibilities
- Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge
- Department of Homeland Security Updated Essential Critical Infrastructure Workers Guidance for States & Localities
- Department of Labor Issues Guidance for Workers and Employers Explaining Paid Sick Leave and Expanded Family and Medical Leave Benefits

Thank you for your leadership, and we will continue to be in close communication.

Sincere hael R. Pence Vice President of the United States

-



Additional Resources for Our Nation's Governors

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.). In particular, please ensure good connectivity between your State public health director and your State emergency manager. Contact information for your FEMA Regional Administrator is attached separately.

Data Ask from FEMA

FEMA Administrator Gaynor has asked your State emergency managers for feedback on the data questions found below, welcoming you to engage with your State emergency managers on the response to these questions. Prudently achieving realtime supply chain and data management for healthcare within your State is a best practice.

- How many usable ventilators, ICU beds, and convertible ventilators are currently available within the state or tribe?
- What is the current hospital bed and ICU bed occupancy rate in the state/tribe?
- How many <u>new</u> ICU beds does the state/tribe estimate it can stand-up and the number of ventilators, or FDA-approved <u>ventilator alternatives</u>, it can or is standing up?
- What is the decompression ability of hospitals in the state/tribe (i.e.: are there currently field hospitals or alternate care facilities established)?
- How many anesthesia machines are in the state/tribe and have they been converted?

FEMA Guidance to States on National Guard Title 32 Status

FEMA has released guidance for States and territories seeking approval from the President on National Guard Title 32 Status – criteria below. 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. To date, 14 States have already received approval. More information can be found here: https://www.fema.gov/national-guard-title-32-status

Title 32 Approval 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, and it should identify 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.

Please encourage your State emergency managers to have a plan to utilize your National Guard to move medical equipment from storehouses to hospitals.

Testing Resources Including Swab & Reagent Flexibilities

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, **utilizing alternative swab supplies/methods (flexibilities in the types of swabs your healthcare professionals can use)**, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your State public health lab.

- Food & Drug Administration FAQ on Testing including swab and reagent flexibilities can be found here: <u>https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2</u>
- **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, Thermo Fisher, and other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.
- Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1–888– 463–6332.

<u>Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19</u> <u>Patient Surge</u>

The Centers for Medicare & Medicaid Services (CMS) has issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to COVID-19. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. This allows hospitals and health systems to deliver services at other locations to make room for COVID-19 patients needing acute care in their main facility. CMS's temporary actions announced empower local hospitals and healthcare systems to: (1) increase hospital capacity – CMS hospitals without walls; (2) rapidly expand the healthcare workforce; (3) put patients over paperwork; and (4) further promote telehealth in Medicare. More information can be found here: <u>https://www.cms.gov/newsroom/fact-sheets/additional-</u> <u>backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-</u> <u>covid-19-patient</u>

<u>Department of Homeland Security Updates Essential Critical Infrastructure Workers</u> <u>Guidance for States & Localities</u>

The U.S. Department of Homeland Security (DHS)'s Cybersecurity and Infrastructure Security Agency has released updated guidance on the essential critical infrastructure workforce. Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and safety as well as community wellbeing.

- A key update to guidance now includes employees supporting or enabling transportation functions, including truck drivers, bus drivers, dispatchers, maintenance and repair technicians, warehouse workers, truck stop and rest area workers, etc. More information can be found here: https://www.cisa.gov/publication/guidance-essential-critical-infrastructureworkforce
- State, local, tribal, and territorial governments are responsible for implementing and executing response activities, including decisions about access and reentry, in their communities, while the Federal Government is in a supporting role. Officials should use their own judgment in issuing implementation directives and guidance.

Department of Labor Issues Guidance for Workers and Employers Explaining Paid Sick Leave and Expanded Family and Medical Leave Benefits

On March 28, the U.S. Department of Labor (DOL) published more guidance to provide information to employees and employers about how each will be able to take advantage of the protections and relief offered by the Families First Coronavirus Response Act (FFCRA) when it goes into effect on April 1, 2020. More information can be found here: https://www.dol.gov/newsroom/releases/whd/whd20200328

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

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Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

Office of the Vice President

Intergovernmental A	tergovernmental Affairs Office	
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NameCell PhoneEmailDoug Hoelscher202-881-8950Douglas.L.Hoelscher@who.eop.govNic Pottebaum202-881-7803Nicholas.D.Pottebaum@who.eop.govZach Swint202-881-6717Zachariah.D.Swint2@who.eop.govElla Campana202-881-7298Ariella.M.Campana@who.eop.gov

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



March 2020 | 1 of 3

Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 – Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 – Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 – Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell)



Follow-Up Vice President's Discussion with Our Nation's Governors on COVID-19 Coordination & Preparedness

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Mon, Mar 2, 2020 at 6:29 PM

Cc: "Hoelscher, Douglas L. EOP/WHO" <Douglas.L.Hoelscher@who.eop.gov>, "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>, "Imhoff, Olivia P. EOP/WHO" <Olivia.P.Imhoff2@who.eop.gov>, "Swint, Zachariah D. EOP/WHO" <Zachariah.D.Swint2@who.eop.gov>



Our Nations' Governors,

Thank you for joining today's discussion between the Vice President and Our Nation's Governors on COVID-19 Coordination & Preparedness. Below you will find a readout of the briefing along with additional resources.

Vice President Mike Pence today participated in a discussion with more than 50 of our Nation's governors to provide an update on the work of the White House Coronavirus Task Force, to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus, and to thank governors and state and local leaders—particularly state and local health officials—for their leadership.



The Vice President first introduced Ambassador Debbie Birx. M.D. as the White House Coronavirus Coordinator. Dr. Birx is a world renowned expert in handling the HIV/AIDS epidemic who will play a critical role in the Administration's efforts and understands the importance of a whole-of-government approach alongside governors, state and local leaders.

Next, U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, and Centers for Disease Control & Prevention (CDC) Principal Deputy Director Dr. Anne Schuchat provided a status update on the Coronavirus, outlined ongoing Federal efforts, and discussed State and local actions with the governors.

Governor Larry Hogan, Chair of the National Governors Association, joined the Vice President in person, and other governors joined via video teleconference or phone.

Since the very beginning of the coronavirus outbreak, the President has taken an unprecedented whole-of-government approach to protect the American people, thus the Vice President pledged to convene the governors for a teleconference on a weekly basis, assuring that Federal leaders will continue its close coordinate with our Nation's governors and other State and local leaders on a Whole-of Government Approach to the developing situation.

Moving forward, the Vice President asks that you keep the following resources close at hand.

Helpful Agency Contact Information: Below, please find contact information for our Intergovernmental Affairs colleagues across the Federal family.

- U.S. Department of Health and Human Services Darcie Johnston (Office 202-853-0582 / Cell 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security Cherie Short (Office 202-441-3101 / Cell 202-893-2941 / Email cherie.short@hq.dhs.gov)
- U.S. Department of State Bill Killion (Office 202-647-7595 / Cell 202-294-2605 / Email killionw@state.gov)

• U.S. Department of Transportation – Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)

The Office of the Vice President and White House Office of Intergovernmental Affairs (IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance.

	Office of the Vice	President
Name	Name Cell Phone Email	
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

White House Office of Intergovernmental Affairs		
Name	Cell Phone	Email
Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

<u>Up-To-Date Information</u>: Additional helpful resources and up-to-date information can be found on the below websites and social media channels.

For background and the most up-to-date information, please visit the Centers for Disease Control and Prevention Coronavirus Disease 2019 website: HERE

U.S. Department of Health and Human Services

- Twitter (here)
- Facebook (here)

Centers for Disease Control and Prevention

- Twitter (here)
- Facebook (here)



RE: Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President

1 message

 Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
 Mon, Mar 16, 2020 at 3:53 PM

 Cc: "Hoelscher, Douglas L. EOP/WHO" <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>

A follow-up, you can find **The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread** guidelines online now here: http://45.wh.gov/1e5aC9.

From: Pottebaum, Nic D. EOP/WHO Sent: Monday, March 16, 2020 3:27 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> Subject: Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President



Governors and Governors' Senior Staff,

In follow up to today's Governor-Only Briefing with the President & Vice President today (Monday, March 16), attached is the guidance referenced in the briefing being released today, "**The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread**."

Additionally, below you will find additional information referenced on today's briefing call/VTC.

Thanks,

Nic

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

UPDATES

President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19

Presidential Proclamation Here

• Letter from President Donald J. Trump on Emergency Determination Under the Stafford Act to U.S. Department of Homeland Security, Department of Treasury, U.S. Department of Health & Human Services, and Federal Emergency Management Agency. The letter includes specific recommendation to governors including:

• "In order to meet the challenges caused by this emergency pandemic, **I have encouraged all State and local governments to activate their Emergency Operations Centers and to review their emergency preparedness plans.** In the meantime, I expect FEMA to continue to review all ways in which it can provide assistance to States consistent with the authorities provided to it by this letter and by statute."

• "I encourage all governors and tribal leaders to consider requesting Federal assistance under this provision of the Stafford Act, pursuant to the statutory criteria. I stand ready to expeditiously consider any such request."

• President Donald J. Trump Has Mobilized the Full Resources of the Federal Government to Respond to the Coronavirus

FEMA Fact Sheet

Expanding Testing & State-Approved Diagnostic Testing Resources

• Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

• Questions or Inquiry for Mobile Testing (primarily for healthcare workers, first responders, and those over the age of 65 year of age): Please have your team or emergency manager reach out to your FEMA regional manager found here for more information.

• Helpful Guidance for Your State Health Officer & State Health Lab: FAQs on Diagnostic Testing (more here).

- FDA gives flexibility to New York State Department of Health, FDA issues Emergency Use Authorization Diagnostic
- HHS Funds Development of COVID-19 Diagnostic Tests

Framework Mitigation Strategies for Communities with Local COVID-19 Transmission

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.

- A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (more here; 10-page frame work for States, localities, and communities).
- CDC mitigation strategies for Santa Clara (CA), Seattle (WA), New Rochelle (NY), Florida, and Massachusetts.

Centers for Medicare & Medicaid Services (CMS) Resources for States

On Friday, the Trump Administration announced aggressive actions and regulatory flexibilities to help healthcare providers and states respond to and contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is taking several actions following President Trump's declaration of a national emergency due to COVID-19. A press release outlining CMS announcement can be found here. A fact sheet outlining these actions can be found here.

• Flexibility and Relief for State Medicaid Agencies: The national emergency declaration also enables CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under section 1135 waivers. States and territories are now encouraged to assess their needs and request these available flexibilities, which are outlined in the Medicaid and CHIP Disaster Response Toolkit. Examples of flexibilities available to states under section 1135 waivers include the ability to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, allow providers to provide care in alternative settings, waive prior authorization requirements, and temporarily suspend certain pre-admission and annual screenings for nursing home residents. For more information and to access the toolkit, visit here.

• Waivers and Flexibilities for Hospitals and other Healthcare Facilities: CMS will temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements. CMS will also issue several blanket waivers, listed on the website below, and the CMS Regional Offices will review other provider-specific requests. These waivers provide continued access to care for beneficiaries. For more information on the waivers CMS has granted, visit here.

• **Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance**: As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here and all CMS guidance related to COVID-19 can be found here.



Latest Information - COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Sun, Mar 8, 2020 at 9:30 PM

Cc: "Hoelscher, Douglas L. EOP/WHO" <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>, "Imhoff, Olivia P. EOP/WHO" <Olivia.P.Imhoff2@who.eop.gov>



Our Nation's Governor's and Staff,

We look forward to having our Nation's Governors join tomorrow's call/video teleconference with the Vice President (Monday, March 9 at 12:00 p.m. ET).

To receive the most the most up-to-date set of information and guidance on COVID-19, please go HERE (or https://www.cdc.gov/coronavirus/2019-ncov/index.html).

This is a one-stop-shop for What You Should Know, Situation Updates, and Information for Specific Audiences including the CDC's Public Health Laboratory Testing Map.

Latest Updates

- FDA and CDC take action to increase access to respirators, including N95s, for health care personnel (more here)
- Coronavirus (COVID-19) Update: FDA Issues New Policy to Help Expedite Availability of Diagnostics (more here)

• Comprehensive Update on Testing Numbers (March 7,2020 – White House Press Briefing by FDA Commissioner Stephen M. Hahn, M.D.):

- CDC has shipped tests sufficient to test about 75,000 individuals for COVID-19 to Public Health Laboratories. And all Public Health Laboratories that originally received a CDC test have received replacement tests. Laboratories in areas with the highest need for testing based on the outbreak have received additional tests, however, all state public health labs now have tests available to them.
- As of March 7, the CDC test shipped to public health labs has been able to test more than 3,500 specimens from 1,583 patients.
- Additionally, as of March 6, more than 1.1 million tests have been shipped to nonpublic health labs.
- The manufacturer, IDT, is distributing these tests nationwide, although the first batch of tests were shipped to the states of California and Washington based on confirmed clusters in those areas.
- IDT currently has another 400,000 tests which have undergone and passed final quality control check and we expect those tests to ship to labs on March 9.
- Another manufacturer's tests will be undergoing a quality control check. That batch of 640,000 tests could ship as early as March 9.
- IDT and other manufacturers believe they can scale up production so that by the end of next week tests, an additional 4 million tests could be shipped.

• This does not include the ramp up expected by large commercial or academic labs.

The Office of the Vice President and White House Office of Intergovernmental Affairs (IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance. Below, please find additional information.

Office of the Vice President		
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Whit	White House Office of Intergovernmental Affairs		
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Thanks,

Nic

--

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

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Background & Additional Information



Background: Under the leadership of President Trump and Vice President Pence, the full weight of the U.S. Government is working to protect the health and safety of the American people. Decisive action from President Trump at the beginning of the COVID-19 outbreak—including prudent travel restrictions and an early containment strategy—has given State and local officials and private sector partners time to prepare. In January, the President formed a Coronavirus Task Force, led by Vice President Mike Pence and comprised of subject-matter experts, to organize a whole-ofgovernment response. The Coronavirus Task Force and broader Administration have worked and will continue to work with State-Local-Tribal officials and private sector and non-profit partners in preparing for and responding to the Coronavirus. It is important to note that at this time, the risk for the average American remains low, and all agencies are working aggressively to monitor this continuously evolving situation and to keep our partners and the public informed.

<u>Up-To-Date Information</u>: To receive the most the most up-to-date set of information and guidance on COVID-19, please go HERE (or https://www.cdc.gov/coronavirus/2019-ncov/index.html).

- What You Should Know (here)
- Travel Information (here)
- Preventing COVID-10 Spread in Communities (here)
- Higher Risk & Special Populations (here)
- Healthcare Professionals (here)
- Resources for Healthcare Facilities (here)
- Resources for Health Departments (here)
- Laboratories (here)
- Communication Resources (here)

Agency Resources and Contact Information: Below, please find agency-by-agency information, guidance, and contact information.

Resources – Below, please find agency-by-agency resources and guidance.

- U.S. Department of Health and Human Services (here)
- U.S. Department of Education (here)
- U.S. Department of Agriculture (here)

- U.S. Department of Labor (here)
- U.S. Department of Homeland Security (here)
- U.S. Department of State (here)
- U.S. Department of Veterans Affairs (here)
- U.S. Environmental Protection Agency (here)
- U.S. Department of the Interior (here)
- Centers for Medicare and Medicaid (here)

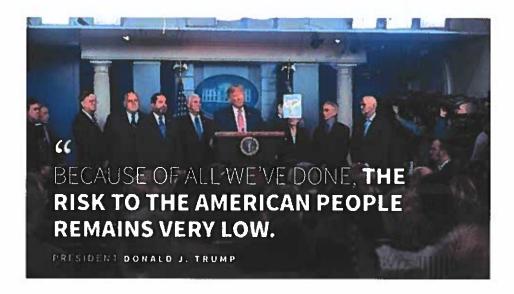
Contact Information – Below, please find contact information for our Intergovernmental Affairs colleagues across the federal family. As State and local elected officials, they are your primary points of contact.

- U.S. Department of Health & Human Services: Darcie Johnston (Phone 202-690-1058 / Email darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security: Cherie Short (Phone 202-893-2941 / Email cherie.short@hq.dhs.gov)
- U.S. Department of State: Bill Killion (Phone 202-647-7595 / Email killionw@state.gov)
- U.S. Department of Transportation: Sean Poole (Office 202-597-5109 / Cell 202-366-3132 / Email sean.poole@dot.gov)
- U.S. Department of Education: Susan Falconer (Phone 202-320-6837 / Email susan.falconer@ed.gov)
- U.S. Department of Veterans Affairs: Thayer Verschoor (Phone 202-461-7385 / Email Thayer.verschoor@va.gov)
- U.S. Environmental Protection Agency: Britt Carter (Phone 202-440-0728 / Email carter.brittanys@epa.gov)
- U.S. Small Business Administration: Ryan Lambert (Phone 202-615-6570 / Email ryan.lambert@sba.gov)
- U.S. Department of Agriculture: Lillie Brady (Phone 202-845-3872 / Email lillie.brady@usda.gov)

Local Preparedness Tips: Responses locally executed, state managed, and federally supported.

- Ensuring clear, open lines of communication with the public and making information and guidance readily available.
- Sharing and disseminating verified and accurate guidance and information.
- Coordinating with State and local health authorities (a complete list of State & Territorial Health Department Websites can be found **here**)
- Reviewing local preparedness plans and strategies.

What You Need To Know: President Trump and the Administration Are Taking a Whole-Of-Government Approach to Protecting the American People



Top Line.

- The risk to the American public remains low.
- The Coronavirus Task Force is marshalling a whole-of government response to COVID-19 and driving collaboration between Federal-State-Tribal-Local stakeholders.

• The Federal Government has been able to provide tests to all the state jurisdictions and labs that have requested it. In addition, all state labs have the test and are empowered to conduct the test themselves. Complementing these efforts, leading commercial laboratories in the country will soon have tests available for local doctors, pharmacies, and broadly to the American public.

President Trump has made the safety, security and health of the American people his top priority from day one.

- There is no higher priority for President Trump than protecting the health and safety of Americans.
- In 2018, President Trump signed the National Blodefense Strategy, which improves speed of action in situations such as this.

• While additional cases are expected, the general risk to the average American remains low, and the Administration is taking measures to keep the threat low.

Since the very beginning of the coronavirus outbreak, the President has taken an unprecedented wholeof-government approach to protect the American people.

- President Trump took unprecedented action and suspended all travel into the United States from China and has issued subsequent screening measures and guidance on travel from other impacted areas across the globe.
- Issuing a public health emergency declaration on January 31.
- Establishing the White House task force to combat the coronavirus spread. The Task Force is coordinating and marshalling the full resources and capabilities of the Federal government to respond to the coronavirus.
- Forging relationships and collaboration between the public and private sectors.
- Remained in close contact with our Nation's governors and other key stakeholders.
- The Washington Times: Thanks to Trump Administration, the United States has a Coronavirus Plan of Action.

• Dr. Marc Siegel: Coronavirus Public Health Response Has Been Handled Well

While the overall threat to the American public remains low, the President has directed the White House Task Force to take all steps to ensure the health and well-being of the American people and we are well-prepared.

Americans do not need to change their day-to-day lives but should stay informed and practice good hygiene.

• There are good tried and true hygiene practices which can be very effective to reduce the chance of getting sick.

• Travelers are encouraged to always exercise healthy travel habits when traveling and to follow appropriate guidance (*see here*). At this time, there are no domestic travel restrictions in the United States.

• We are working rapidly on therapeutics and vaccines and have launched the first U.S. clinical trial for an investigational antiviral.

• The Federal Government has been able to provide tests to all the state jurisdictions and labs that have requested it. Between March 2nd and 5th, more than 900,000 tests were distributed across the country.

• The United States has the finest public health system in the world and knows the playbook to respond to infectious disease outbreaks.

Local, State, tribal, & Federal coordinated preparedness & response efforts.

• Federal officials have been working diligently to communicate with State, local, and tribal officials on the Federal government's efforts to prepare and respond to COVID-1.

• Our Nation's Governors have participated in-person and on conference call briefings with Federal partners on January 30, February 9, February 20 and March 2. These communications remain ongoing.

• White House, OMB, HHS, DHS, DOT, and State Department Officials met with over 40 State, county, and city health officials from over 30 States and territories to thank them for their leadership and to continue discussions on the Federal-State-Local partnership to prepare and respond to COVID-19 (February 25).

• HHS, CDC, DHS, and Federal partners have held numerous national briefing calls with State, local, tribal, private-sector, and community leaders.

• The Trump Administration is partnering with State, local, and tribal elected and appointed leaders' associations.

Recent Actions: Below, please find pertinent updates on pertinent Administrations actions.

- Task Force Briefings (briefings are held on a frequent basis and can be viewed live here)
 - o March 6: Video
 - o March 4: Video
 - o March 2: Video
 - o February 29: Video

• President Trump Signs the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March 6) (transcript/video)

• President Trump and Vice President Pence attend Coronavirus Briefing with Airline CEOs (March 4) (transcript/video)

• Vice President Pence meets with Long-Term, Post-Acute and Palliative Care Provider Executives (March 4) (transcript)

• Centers for Medicare & Medicaid Services (CMS) Announces Actions to Address Spread of Coronavirus (March 4) (more **here**)

• President Trump Visits the National Institutes of Health and attends Roundtable Briefing (March 3) (transcript)

• Vice President Pence attends Coronavirus Briefing with Diagnostic Lab CEOs (March 4) (transcript/video)



4/27 Follow-Up - Governors COVID-19 Briefing

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Mon, Apr 27, 2020 at 11:08 PM

Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Senior Staff,

Thank you for your efforts in the whole-of-America approach to respond to COVID-19 and plan for America's economic recovery including implementation of the robust testing plans and rapid response programs. Below are follow-up items from today's briefing.

Opening Up America Again Testing Overview and Testing Blueprint

Today, President Donald J. Trump unveiled the Opening Up America Again Testing Overview (18-page slide deck) and Testing Blueprint (11-page guidelines) designed to facilitate State development and implementation of the robust testing plans and rapid response programs described in the President's Opening Up America Again Guidelines. The blueprint describes the roles and responsibilities, as well as core objectives, for the robust State testing plans and rapid response programs needed by States to safely reopen. To meet the country's testing needs, the blueprint describes a partnership between Federal, State, local, and tribal governments, and the private sector. As we continue to gradually open up our Nation, testing will be crucial to give the American people the confidence they need to resume their economic, social, and religious lives. This roadmap will help States maximize testing capacity and protect the health and safety of their people as we begin to reopen and beyond.

On April 16, the President unveiled the Opening Up America Again Guidelines (20-page slide deck; Opening America), a three-phased, data-driven approach based on the advice of public health experts to help State and local officials reopen their economies and get people back to work.

Readout from the April 27, 2020 Governors Briefing

Today, President Donald J. Trump and Vice President Mike Pence led a discussion with the chief executives of approximately 50 States, territories, and the city of Washington, DC, and the White House Coronavirus Task Force to discuss updates on the all-of-America approach to respond to COVID-19 and drive America's economic revival in a phased approach.

President Trump and Vice President Pence led a discussion of best practices from our Nation's governors on Opening Up America Again Testing Blueprint, re-open strategies, expanded testing capacity, and supply chain management. Participants discussed the Guidelines for Opening Up American Again and Opening Up America Again Testing Blueprint including key gating criteria, core State preparedness responsibilities, and a data-informed, phased strategies. Several participants discussed the importance of close coordination with both health professionals, private sector partners and community leaders. Governors shared best practices on leading their entire testing ecosystem, including scaling and utilizing all testing capacity, improving transparency on all testing options, and bolstering contact tracing and surveillance. The Federal government continues to provide supply chain support that is helping all states. Federal leaders continue to drive enhanced domestic production of key products, providing swift and thorough regulatory approvals, and continuing Operation Airbridge, which is supplementing commercial supply chain efforts to get critical supplies directly to the healthcare providers.

Federal, State, local, and tribal leaders continue to regularly highlight social distancing efforts and how they are incorporated into reopening phases.

Since January 2020, the Trump Administration has held over 190 briefings – including 16 governors' briefings – with over 90,000 State, local, and tribal leaders. Leaders at every level of government and the private sector are working in partnership to bend the curve and advance our Nation's economic revival.

State-Specific PPE & Testing Information

• State & County-Level PPE Data: Prior today's briefing, each governor and staff received updated (through April 24) State- and county-specific information on personal protection equipment (PPE) and other critical supplies being distributed to healthcare providers through the normal commercial supplier distribution system, which has been bolstered by Project Airbridge and additional commercial supply chain acquisitions. 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. If you did not receive this information or need it re-sent please let me know.

• State-by-State Testing Platform Information: Each governor and staff received State-by-State testing platform information that included State-specific high and low throughput machine location map and location details. 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. The Trump Administration has responded to the coronavirus threat by scaling up the largest testing system anywhere in the world. Starting from scratch, the Trump Administration has performed more than 5.4 million tests in less than 45 days – far more than any other nation. This is more total tests than the following nations combined: Australia, Austria, Canada, France, India, Japan, Singapore, Sweden, South Korea, and the United Kingdom. *FEMA in coordinating with HHS, CDC, and FDA is holding follow-up state-by-state technical assistance calls in the coming week – please connect with your FEMA Regional Administration about this follow-up call.*

Below, you will find additional information and resources mentioned on today's briefing call:

- Contacting Your FEMA Regional Administrator
- CDC Guidance -- Meat and Poultry Processing Workers and Employers
- COVID-19 Testing & PPE Resources
- Chart COVID-19 Testing in the U.S.

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

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Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
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Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
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Office of the Vice President

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Thanks,

Nic

Nicholas D. Pottebaum

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White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

Slow the Spread

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.).

Please ensure your State is reporting key information from their State emergency manager to the FEMA Regional Administrator. Most States are reporting this data on a daily basis, which is appreciated and *we ask you to take action to ensure your State continues doing this on a regular basis*. This reporting includes:

- Daily broad healthcare capacity data reporting on key hospital capacity and ventilator use metrics.
- Daily State's stockpile inventory and hospital PPE supplies to assist with our prioritization of supplies and equipment deliveries to areas most in need.

CDC Guidance - Meat and Poultry Processing Workers and Employers

The Centers for Disease Control & Prevention (CDC) released guidance for meat and poultry processing workers and employers. Meat and poultry processing facilities are a component of the critical infrastructure within the food and agriculture sector. CDC's Critical Infrastructure Guidance 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. The full guidance and additional information here.

• FDA Guidance – Use of Respirators, Facemasks, and Cloth Face Coverings in the Food and Agriculture Sector. More here.

• FDA Guidance – What to Do if You Have COVID-19 Confirmed Positive or Exposed Workers in Your Food Production, Storage, or Distribution Operations. More here.

COVID-19 Testing & PPE Resources

• **Molecular & Serological Tests**: The U.S. Food and Drug Administration (FDA) has issued 70 emergency authorizations for new tests, including 8 for serological tests. You can find the full list **here**.

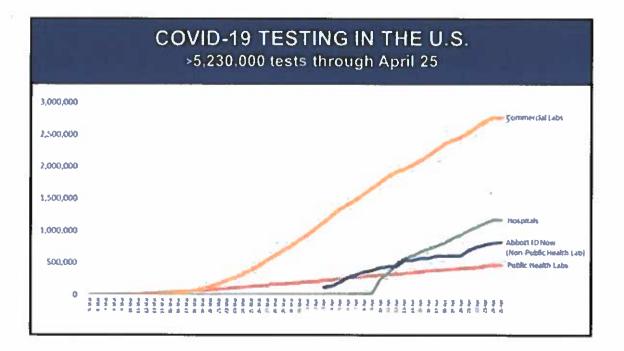
• Swab & Media Options: Attached you will find a tables of swab and media options by laboratory. More information here.

• Increase Payment for High-Production Coronavirus Lab Tests: CMS announced Medicare is doubling payment for certain lab tests that use high-throughput technologies to rapidly diagnose large numbers of COVID-19 cases. Additional information here. CMS also pays for COVID-19 specimen collection (additional information here).

• **Reminder** – **FDA Delegates Authority to States**: On March 16, the FDA put in place a policy for states to take responsibility for tests developed and used by laboratories in their states. States can set up a system in which they take responsibility for authorizing such tests and the laboratories will not engage with the FDA. This includes expanding swab options as Colorado as done. More information here.

• Additional Testing Resources: FDA Frequently Asked Questions (FAQ) and 24/7 technical assistance for labs (1-888-463-6332).

- Personal Protective Equipment Preservation
- Strategies for Optimizing the Supply of N95 Respirators





Department of Homeland Security / FEMA, Center for Domestic Preparedness, Anniston Alabama Federally Funded Training

Tidwell, Thomas < Thomas. Tidwell@fema.dhs.gov>

Thu, Apr 30, 2020 at 11:23 AM

Good morning ,

My name is Tom Tidwell, I am the Eastern Region Training Coordinator at the Center for Domestic Preparedness (CDP) in Anniston, AL. The CDP is a Department of Homeland Security / FEMA training center. If you are a state, local, or tribal government emergency responder, this training is completely funded by DHS at no cost to you or your jurisdiction. We fly responders into the Atlanta airport, pick them up, transport them to the center and provide all meals and lodging at no cost to the individual or agency.

The Center for Domestic Preparedness, located in Anniston, AL offers a myriad of training programs for personnel working in multiple disciplines, you can visit our website at https://cdp.dhs.gov/find-training to learn more about the training programs.

Should you have any questions, please feel free to contact me directly with any questions. I hope to see you or others within your community take advantage of these opportunities soonest.

Tom Tidwell Resident Training, East Region Training Coordinator Center for Domestic Preparedness Federal Emergency Management Agency (FEMA) U.S. Department of Homeland Security P.O. Box 5100, 61 Responder Drive Anniston, Alabama 36205 Work: 256-847-2082 Toll Free: 1-866-213-9546 Website: https://cdp.dhs.gov SS LE 7000- 7500



4/6 Follow-Up - Governors Briefing on COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>

Mon, Apr 6, 2020 at 10:55 PM

To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Senior Staff,

Thank you for your efforts in the all-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 Ask from the Vice President & FEMA - 14 States Reporting Full Data Daily

Today, the Vice President, Ambassador Birx, Administrator Gaynor, and Admiral Polowcyzk have all asked each state to ensure their state emergency managers is reporting on ventilators and hospital use key metrics on a daily basis to FEMA. *Please ensure your state is reporting answers to the questions below on a daily basis*. Prudently achieving real-time supply chain and data management for healthcare within your state is a best practice. We greatly appreciate that following states and territories are already reporting full daily updates to FEMA: Alabama, California, Connecticut, Delaware, Florida, Guam, Iowa, Maryland, North Carolina, Oklahoma, Pennsylvania, Tennessee, Virginia, and West Virginia. Some additional states have reported partial data and we know all states are working toward reporting the key metrics in the next day or two.

Key Daily Data Asks: Questions FEMA Is Asking Emergency Managers (Need Daily Reporting):

- How many usable ventilators, ICU beds, convertible vents in the state?
- What is the hospital bed and ICU bed occupancy rate in the state?

• How many new ICU beds does the state estimate it can stand-up and the number of ventilator or alternatives it can or is standing up?

- What is the decompression ability of hospitals in the state?
- How many anesthesia machines are in the state and have they been converted?

Readout from the April 6 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, Treasury Secretary Steven Mnuchin, 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 regularly highlight community mitigation efforts to "Slow the Spread" through April 30. Participants also discussed the Federal government's historic efforts to support State, local, and tribal leaders including, already approving 45 major disaster declaration requests and 31 Title 32 requests related to COVID-19 response efforts. The importance of the \$150 billion of CARES Act funding for states to effectively respond to COVID-19 was discussed. Participants also discussed the significant financial support from CARES Act funding for hospitals and Americans impacted by COVID-19.

Participants discussed the Federal governments supply chain support which is supplementing efforts of the commercial supply chain to get critical supplies directly to the healthcare providers, states ensuring the availability of a strong and resilient healthcare workforce by cutting licensing red tape and expanding telehealth options, and the importance for state leaders to utilize all testing resources from commercial labs, hospital and research labs, and public labs to increase testing capacity, reduce backlogs and eliminate unnecessary delays. Federal leaders applauded the actions of Oregon and Washington help roll resources over time across the nation by donating ventilators to help other states meet current needs.

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 117 briefings – including 11 governors briefings – with over 56,000 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.

Below, you will find additional information and resources mentioned on today's briefing call:

- Contacting Your FEMA Regional Administrator
- Maximizing Testing Resources & Flexibilities in Supplies Including Swab & Reagent Flexibilities to Maximize Resources
- Maximizing Medical Supplies & Equipment
 - FEMA Guidance to States on National Guard Title 32 Status
- Medical Supplies "Control Tower" Updates from FEMA & RADM Polowczyk
 - Pandemic Unemployment Assistance (PUA) Program Guidance for Gig Workers
- New Key Recommendations for Nursing Homes
- Assistance for Small Businesses
- FDA Issues First Serology Test Emergency Use Authorization

<u> Treasury Guidance – Update</u>

Lastly, Treasury Secretary Mnuchin mentioned in today's briefing that the Coronavirus Relief Fund \$150 billion allocation to state, territorial, and tribal governments is projected to be out around April 24. As a follow-up to a question for a governor, Treasury is expected to release guidance to states 7-10 days ahead of distribution of funds.

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

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Thanks,

Nic

--

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

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Slow the Spread

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 <u>must be formally communicated</u> 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right – the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

Maximizing Testing Resources & Flexibilities in 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. 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**.

• **Point-of-Care Abbott ID Now Testing Platform**: More than 18,000 platforms already exist in the U.S., please contact your local hospitals or healthcare associations to determine what healthcare providers have the platform. HHS is sending 15 platforms to state health labs to be utilize in hard-to-reach areas of your state in the coming days (expected arrival date is between April 7 – 10). Please contact your FEMA Regional Administrator on the status of this delivery.

• **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 Thermo Fisher, and 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).

Maximizing Medical Supplies & Equipment

- 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).

FEMA Guidance to States on National Guard Title 32 Status

FEMA has released guidance for States and territories seeking approval from the President on National Guard Title 32 Status – criteria below. Pursuant to this approval, the Federal government will fund 100% 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% cost share to assess whether an extension of this level of support is needed. To date, 25 States have already received approval (March 22, March 28, March 30, and April 6) More information here.

Title 32 Approval 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, and it should identify 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.

Medical Supplies "Control Tower" Updates from FEMA & RADM Polowczyk

Following Joint Chiefs of Staff Rear Adm. John Polowczyk's presentation to governors below are the topline medical supplies updates. 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.

Check-Out Real-Time Medical Response Efforts Here

• **Obligations to States**: As of April 5, FEMA has obligated nearly \$4.1 billion in support of COVID-19 response efforts.

• Ventilator Distribution: FEMA is distributing ventilators to hard hit states. From March 30 to April 4, FEMA and HHS delivered ventilators from the SNS to Michigan, New Jersey, Illinois, Connecticut, and Louisiana. 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.

• **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 to April 5, 11 flights arrived to the U.S with critical supplies with additional scheduled to arrive in the coming day.
- 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.
- 34 additional flights are currently scheduled over the coming weeks.

Pandemic Unemployment Assistance (PUA) Program – Guidance for Gig Workers

The U.S. Department of Labor (DOL has announced the publication of Unemployment Insurance Program Letter (UIPL) providing guidance to states for implementation of the Pandemic Unemployment Assistance (PUA) program. Under PUA, individuals who do not qualify for regular unemployment compensation and are unable to continue working as a result of COVID-19, such as self-employed workers, independent contractors, and gig workers, are eligible for PUA benefits. This provision is contained in Section 2102 of the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act. More information here.

-

New Key Recommendations for Nursing Homes

Many of your state have adopted and promoted the new Centers for Medicare & Medicaid Services (CMS) guidance for nursing homes released late last week. The recommendations build on and strengthen recent guidance from CMS and CDC related to effective implementation of longstanding infection control procedures. The recommendations includes (more information here):

• Urging State and local leaders to consider the needs of long term care facilities with respect to supplies of PPE and COVID-19 tests;

• Immediately implementing symptom screening for all staff, residents, and visitors – including temperature checks at nursing homes

• Ensuring all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE in nursing homes; using separate staffing teams for residents to the best of their ability in nursing homes; and

• Urging nursing homes to work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.

Assistance for Small Businesses

The U.S. Department of the Treasury and Small Business Administration have issued guidance and loan resources (more **here**). The 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. For more information on how Treasury is supporting American workers and business impacted by coronavirus, please go **here**.

FDA Issues First Serology Test Emergency Use Authorization

On April 1, the FDA issued the first emergency use authorization for the f first serology test. This gives the first authorization to test for the presence of coronavirus antibodies. More details **here**.



4/13 Follow-Up - Governors Briefing on COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Mon, Apr 13, 2020 at 9:00 PM

Cc: "Hoelscher, Douglas L. EOP/WHO" <Douglas.L.Hoelscher@who.eop.gov>, "Obenshain, Tucker T. EOP/QVP"

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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

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Name	Cell Phone	Email
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Thanks,

Nic

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

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Slow the Spread

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 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).

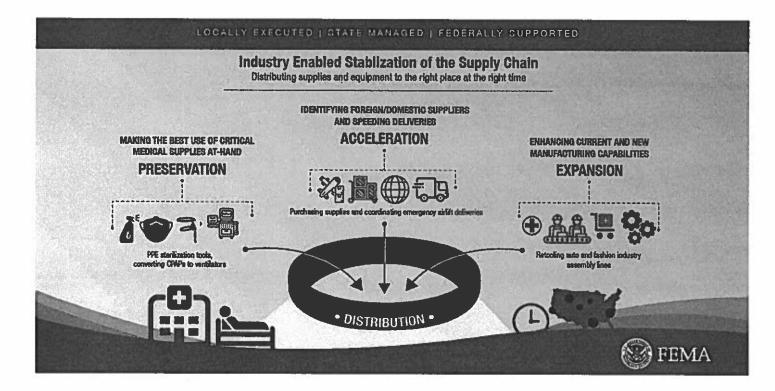
• **Maximizing the Types of Ventilators**: The FDA has issued an emergency use authorization for ventilators allowing anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators. The guidance will also assist health care personnel on how to use other ventilators like CPAP devices for sleep apnea, with COVID-19 patients in respiratory distress, as well as on shelf life of existing ventilators (more **here**).

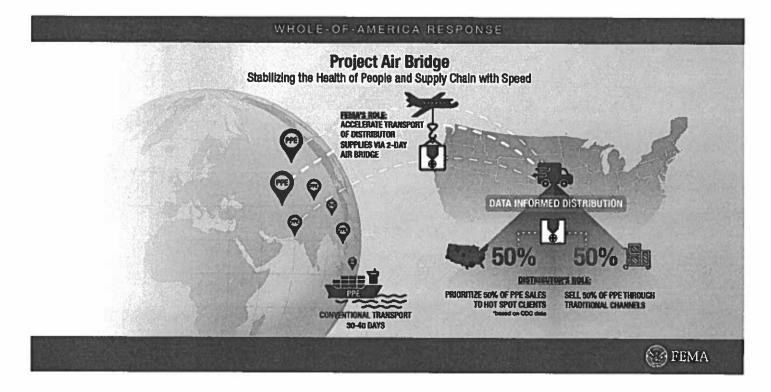
Assistance for Small Businesses & American Families

• 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 <u>here</u>). For more information and updates, visit <u>Treasury.gov/CARES</u> and <u>SBA.gov/PayCheckProtection</u>.

• Economic Impact Payments: Americans will begin seeing fast and direct relief in the form of Economic Impact Payments. More information here.





4 attachments

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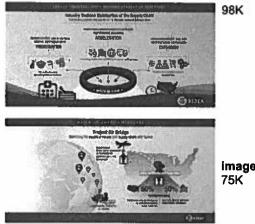
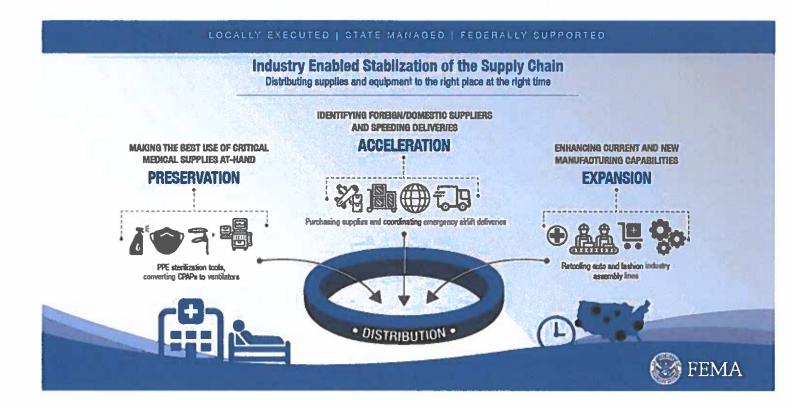
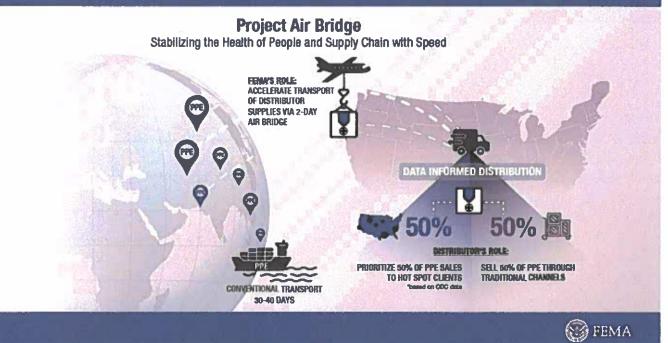


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- Vice President Letter to Our Nation's Governors 04-10-2020.pdf 169K
- Read Ahead COVID 19 Testing 101.pdf 1069K



WHOLE-OF AMERICA RESPONSE





THE VICE PRESIDENT WASHINGTON

April 10, 2020

Dear Governors:

On behalf of President Trump and the White House Coronavirus Task Force, I want to extend my continued gratitude for your tireless efforts in our whole-of-America approach to respond to and mitigate the effects of COVID-19. I am asking for your **immediate action** to ensure your State is reporting key information to the Federal Government. Our whole-of-America approach requires this to get resources to the right place, at the right time.

Broad Healthcare Capacity Data Reporting

Since our call on April 6, more States are fully reporting on a daily basis key hospital capacity and ventilator use metrics; however, several States are not. Prudently achieving real-time supply chain and data management for healthcare within your State is a necessity. I ask you to take action today to work with your emergency manager and FEMA Regional Administrator to improve your daily healthcare capacity data reporting.

Personal Protective Equipment Reporting

States have received their full distribution of the Strategic National Stockpile. We are accelerating and expanding supplies through our control tower approach to expedite commercial distribution networks with an emphasis on hotspots. Beginning today, we need to know your State's stockpile inventory and the PPE supplies your hospitals currently have to assist with our prioritization of supplies and equipment deliveries to areas most in need. This should be updated daily to FEMA. We are also expanding domestic production to increase supplies long-term, and the airbridge efforts will continue to bring important supplies that will benefit every State and territory. I ask you to take action today to work with your emergency manager and FEMA Regional Administrator to report this data daily.

Hospital Utilization and Lab Data Reporting

Health and Human Services (HHS) Secretary Alex Azar is sending your hospital administrators guidance to streamline reporting daily hospital data on testing, capacity, supplies, utilization, and patient flows. **Beginning today, your hospitals need to be reporting this information daily to HHS.** HHS has worked to minimize the burden of data sharing and reduce duplication of efforts. States can waive hospitals from reporting directly to the Federal Government if the State takes over the Federal reporting responsibilities. Your State does not need to take any action unless you so choose. *Enclosed please find Secretary Azar's letter to hospital administrators*.

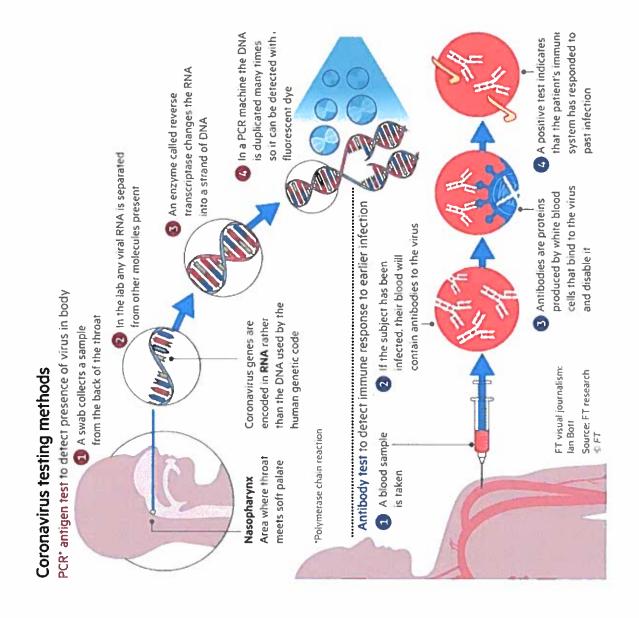
Thank you for your immediate action, and we will continue to be in close communication.

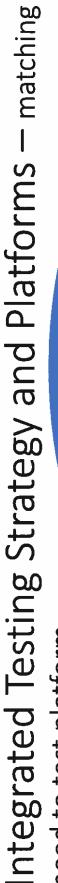
Sincerely. Mich ident of the Unite Vice I

COVID 19 Testing 101

Operationalizing COVID 19 testing for diagnosis and surveillance

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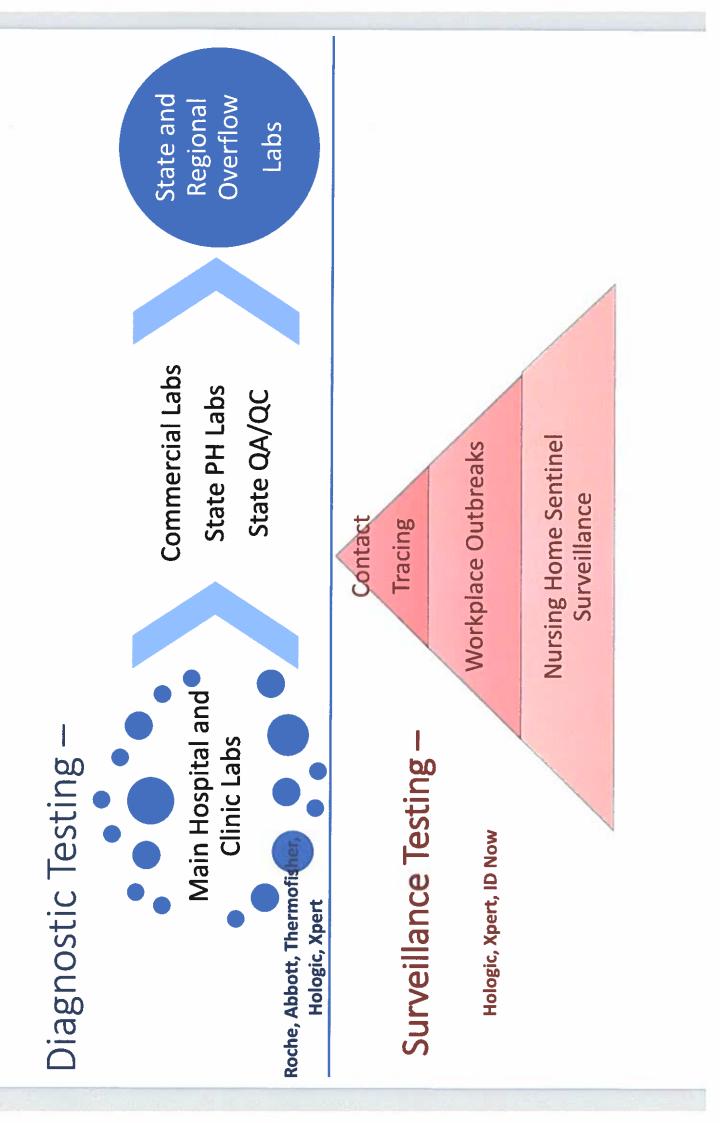


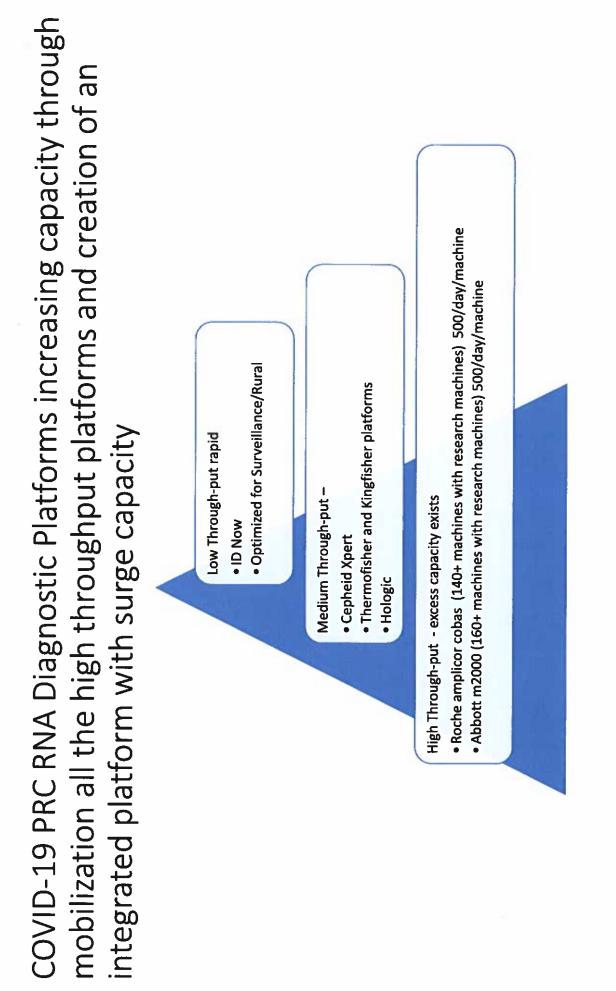
need to test platform

Community Labs Sentinel Surveillance sites and Urgent Care Sites

County/Hospital Labs and/or transport mechanisms

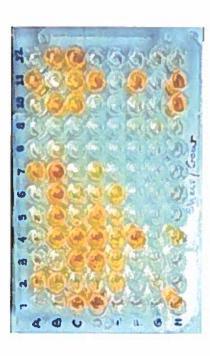
State Regional Labs/overflow and high throughput commercial State Reference Lab – ensures QA/QC





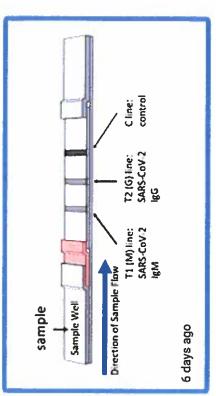
COVID 19 Antibody testing

 ELISA Test – requires a blood draw – can be done in universities and research hospitals



An indirect ELISA (Jeff) and direct ELISA (right). The antigen (green) is bound to the plate. The antibody (yellow/red) binds to the antigen directly. An enzyme attached to the primary antibody (direct) or secondary antibody (indirect) induces a color change when its substrate is added.

 Rapid Test – finger prick can be done by the millions in minutes



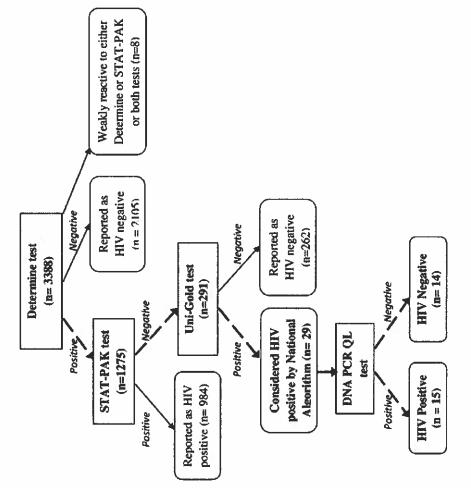
SARS-CoV-2) IgM/IgG Antibody Detection ...

Caveats with both tests

- PRC RNA test
- Sampling is key
- Must constantly train on the key techniques of sampling with QA/QC
- Large throughput machines are tech time intensive but critical for the high volume supply backbone of testing
- Creating a State by State mosaic of test platforms to ensure optimal access

- Antibody tests ELISA and Rapid test
- ELISA requires a blood draw and separation of serum
 - Rapid test is a finger prink
- Both tests have issues with sensitivity and specificity and must be tailored to use by disease prevalence to maximize predictive values
- Optimally combined in a multitest sequence

Combining rapid tests for maximum positive predictive and negative predictive value, example HIV





RE: 4/13 Follow-Up - Governors Briefing on COVID-19

1 message

Wed, Apr 15, 2020 at 4:22 PM

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" < 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>

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 highthroughput 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 timeintensive 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

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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



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	202-881-8950	Douglas.L.Hoelscher@who.eop.gov

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Ella Campana	202-881-7298	Ariella.M.Campana@who.eop.gov

Office of the Vice President

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

Thanks,

Nic

--

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

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Slow the Spread

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 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).

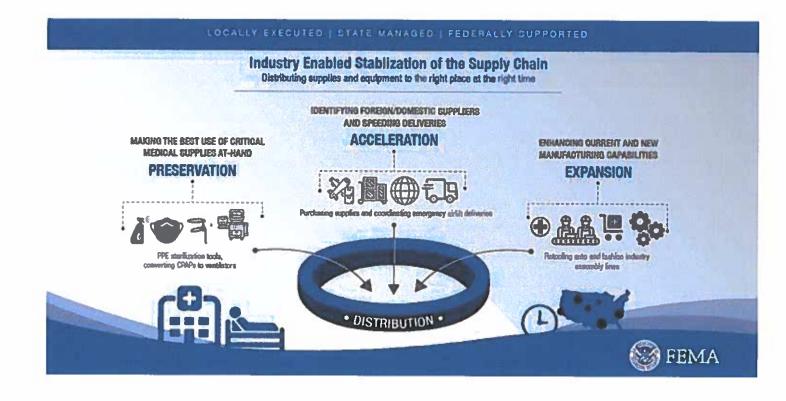
• **Maximizing the Types of Ventilators**: The FDA has issued an emergency use authorization for ventilators allowing anesthesia gas machines and positive pressure breathing devices to be modified for use as ventilators. The guidance will also assist health care personnel on how to use other ventilators 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

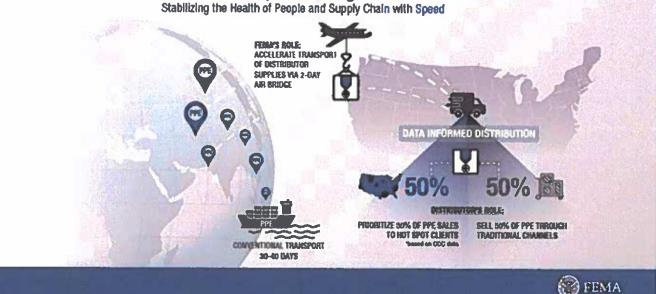
independent contractors, are eligible if they also meet program size standards. (FAQ here). For more information and updates, visit <u>Treasury.gov/CARES</u> and <u>SBA.gov/PayCheckProtection</u>.

• Economic Impact Payments: Americans will begin seeing fast and direct relief in the form of Economic Impact Payments. More information here.



WHOLE-OF-AMERICA RESPONSE

Project Air Bridge





4/16 Follow-Up - Governors Briefing on COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>

Thu, Apr 16, 2020 at 9:01 PM

To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



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 are follow-up items from today's briefing.

Guidelines for Opening Up American Again

As discussed on today's briefing call with the President and Vice President, HERE (20-page slide deck; Opening America) are the *Guidelines for Opening Up American Again*. The guidelines give States gating criteria in a proposed three phased approach based on:

- Up-to-Date Data and Readiness
- Mitigates Risk of Resurgence
- Protects the Most Vulnerable
- Implementable on Statewide or County-by-County Basis at Governors' Direction

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 outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Additionally, where appropriate, governors can work on a regional basis to satisfy these criteria and to progress through the phases outlined.

These 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. 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. As discussed, fully assessing and leveraging your State's entire testing capacity will be important, including roadmap to all locations and types of testing available in your States, and the capacity of State and local labs, hospitals and universities, and private labs; a lot of testing capacity has not yet been turned on in many of the States. 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.

Data & Reporting Ask from the Vice President

The Vice President has asked each governor to ensure their State is reporting key information from their State emergency manager to the FEMA Regional Administrator. Most States are reporting this data on a daily basis, which is appreciated and *we ask you to take action to ensure your State continues doing this on a regular basis*. This reporting includes:

- Daily broad healthcare capacity data reporting on key hospital capacity and ventilator use metrics.
- Daily State's stockpile inventory and hospital PPE supplies to assist with our prioritization of supplies and equipment deliveries to areas most in need.

Readout from the April 13 Briefing with Governors

Today, President Donald J. Trump and Vice President Mike Pence led a discussion with the chief executives of 54 State, territory, and the city of Washington, DC, to provide an update on the all-of-America approach to respond to COVID-19 and drive America's economic revival.

The President and Vice President urged governors to leverage increased testing capacity and develop strategic testing plans for their State and to improve transparency on all testing options. Federal leaders also encouraged the chief executives to continue bolstering contact tracing capabilities and to continue improving supply chain management of critical resources and healthcare capacity. Federal and the State leaders also discussed various re-open and economic recovery strategies that will be driven in close coordination with private sector partners across the Nation.

The following Federal leaders joined the President and Vice President:

Secretary Steven Mnuchin, U.S. Department of Treasury

Secretary Alex Azar, U.S. Department of Health & Human Services

Director Anthony Fauci, M.D., National Institute of Allergy & Infectious Diseases

Dr. Stephen Hahn, M.D., Commissioner, Food & Drug Administration

Dr. Robert Redfield, Director, Centers for Disease Control and Prevention

Vice Admiral Jerome Adams, M.D., Surgeon General, Dept. of Health & Human Services

Ambassador Debi Birx, M.D., White House Coronavirus Coordinator

Rear Admiral John Polowczyk, Vice Director for Logistics, Joint Chiefs of Staff

Mark Meadows, Assistant to the President & Chief of Staff

Jared Kushner, Assistant to the President & Senior Advisor

Marc Short, Assistant to the President & Chief of Staff to the Vice President

Kellyanne Conway, Assistant to the President & Senior Counselor

ADM Brett Giroir, M.D., Assistant Secretary for Health, U.S. Department of Health & Human Services

Doug Hoelscher, Deputy Assistant to the President & Director, Intergovernmental Affairs

Olivia Troye, Special Advisor to the Vice President for Homeland Security

Nic Pottebaum, Special Assistant to the President & Deputy Director, Intergovernmental Affairs

Federal, 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, historic financial support and regulatory flexibilities, already approving 55 major disaster declaration requests and approximately 43 Title 32 requests to 100% federally fund National Guard activities related to COVID-19 response and re-open efforts.

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 over 160 briefings – including 13 governors' briefings – with over 74,000 State, local, and tribal leaders. Leaders at every level of government and the private sector are working in partnership to bend the curve and plan our Nation's economic revival.

Below, you will find additional information and resources mentioned on today's briefing call:

- Contacting Your FEMA Regional Administrator
- Treasury Eligibility Guidance on CARES Act Funding to State Governments
- Key Recommendations for Long-Term Care Facilities
- CMS Increases Medicare Payment for High-Production Coronavirus Lab Tests
- Implementing Safety Practices for Critical Infrastructure Workers
- Medical Supplies "Control Tower" Updates from FEMA & RADM Polowczyk
- Maximizing Testing Resources & Medical Supplies
- Assistance for Small Businesses & American Families
- Connecting Americans to Coronavirus Information Online

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

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Office of the Vice President

Name	Cell Phone	Email

Thanks,	
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Nic

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

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Slow the Spread

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.).

• **FEMA Administrator Gaynor Second Letter to Emergency Managers: Here** is FEMA Administrator Pete Gaynor's April 15 letter to the Nation's Emergency Managers, which outlines lessons learned from the first 30 days of FEMA leading the "Whole-of-America" response to the coronavirus (COVID-19) pandemic. In this letter, Administrator Gaynor addresses preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations (FMS) and Large-Format Alternative Care Sites (ACS); Mitigation efforts to flatten the curve; strengthening the supply chain; as well as importance of busting myths.

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 Friday, April 17. Additional guidance on eligible uses of Fund disbursements by governments will be posted as it becomes available.

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. Recent Centers for Medicare & Medicaid Services (CMS) Guidance on supplies, infection control procedures, screening, staffing, and managing facilities: Here.

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.

Implementing Safety Practices for Critical Infrastructure Workers

CDC has released 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.

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.

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• **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 (PPP) 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 <u>Treasury.gov/CARES</u> and <u>SBA.gov/PayCheckProtection</u>.

- State-Level Data PPP Report can be found here.
- **Economic Impact Payments**: Americans will begin seeing fast and direct relief in the form of Economic Impact Payments. More information here.

Connecting Americans to Coronavirus Information Online

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. More information here.



Re: Update from Vice President Mike Pence: Project Airbridge State & County-Level Data - Virginia

1 message

 Brayboy, Stacey <stacey.brayboy@governor.virginia.gov>
 Fri, Apr 17, 2020 at 2:03 PM

 To: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>
 Cc: "Baxter.carter@governor.virginia.gov" <Baxter.carter@governor.virginia.gov>, "Pottebaum, Nic D. EOP/WHO"

 <Nicholas.D.Pottebaum@who.eop.gov>, "clark.mercer@governor.virginia.gov" <clark.mercer@governor.virginia.gov>, "ralph.northam@governor.virginia.gov>

Thanks Tucker.

On Fri, Apr 17, 2020 at 12:18 PM Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov> wrote:



Office of the Vice President

Governor and Senior Staff,

Over the past several briefings, I've provided updates with FEMA Administrator Pete Gaynor and Joint Chiefs of Staff Rear Adm. John Polowczyk on increasing supply and expanding domestic allocation and production of medical supplies and equipment.

As the result of Project Airbridge and additional commercial supply chain acquisitions, attached you will find personal protection equipment (PPE) and other critical supplies distributed from FEMA to your State between April 1- April 14. The information shared with you today is for official use only and is not for distribution. The attachment includes:

- Statewide Total PPE Shipments for N95 Masks, Surgical Masks, Face Shields, Gowns, and Gloves
- County-Level PPE Shipments for N95 Masks, Surgical Masks, Face Shields, Gowns, and Gloves

The PPE was distributed to healthcare facilities in your State through the normal commercial supplier distribution system. Project Airbridge has greatly helped expedite sourcing of key materials from around the world and more 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.

Necessary State Reporting Ask: This information is being provided to support State-led efforts to get necessary critical supplies to the right place, at the right time within your state. In return, I ask you to ensure your State is reporting key information from your State emergency manager to the FEMA Regional Administrator. Most States are reporting this data on a daily basis, which is appreciated and I ask you to take action to ensure your State continues doing this on a regular basis. This reporting includes:

- Daily broad healthcare capacity data reporting on key hospital capacity and ventilator use metrics.
- Daily State's stockpile inventory and hospital PPE supplies to assist with our prioritization of supplies and equipment deliveries to areas most in need.

If you have any additional questions, please reach out to my office or White House Intergovernmental Affairs Office. Thank you for your tireless efforts and partnership during these unprecedented times.

Sincerely,

Vice President Mike Pence

###

Additional Background on Project Airbridge

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. The Air Bridge 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 months or 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% of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50% is fed into distributors' normal supply chain to their customers in other areas nationwide. HHS and FEMA determine hotspot areas based on CDC data. The information does not include product distributed outside of major medical distributors and ~8% of total volume not mapped to a location. Numbers are directional and constitute a minimum, not a maximum. All numbers round to nearest 100. You can find more information here.

We have received a number of questions as to where specifically these private sector medical supplies are going to better inform prioritization decisions being made at the state, local, tribal and territorial level. FEMA provides these documents to you so you can understand the overall flow of commercial supplies within your state. This information informs partners on the flow of private sector-distributed PPE which includes, but is not limited to, shipments facilitated by Project Airbridge.

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Office of the Vice President Contact Information

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

Slow the Spread

*Disclosure and Source of Attachment: Data provided by top U.S. medical suppliers (Cardinal, Concordance, Owens Minor, McKesson, and Medline). Product classifications provided by suppliers. Units in "eaches." Does not include product distributed outside of major medical distributors and ~8% of total volume not mapped to allocation; numbers are directional and constitute a minimum, not a maximum. All numbers rounded to nearest 100. This document may contain confidential commercial information and is for official government use only. You may not distribute any information contained in this document to non-governmental entities without the express authorization of FEMA.

Stacey Y. Brayboy Director of Intergovernmental Affairs Office of Governor Ralph S. Northam Commonwealth of Virginia 444 North Capitol St. NW Suite 546 Washington, DC 20001 (202) 783-1769 (stacey.brayboy@governor.virginia.gov) Cid:image004.jpg@01CDE874.9D85BB90



Re: Update from Vice President Mike Pence: Project Airbridge State & County-Level Data - Virginia

1 message

Mercer, Clark <clark.mercer@governor.virginia.gov>

Mon, Apr 20, 2020 at 10:04 AM

To: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov> Cc: "ralph.northam@governor.virginia.gov" <ralph.northam@governor.virginia.gov>, "stacey.brayboy@governor.virginia.gov" <stacey.brayboy@governor.virginia.gov>, "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Thank you, Tucker. We will look forward to being on the 11am call. As I sent this weekend, any assistance re: consistent messaging from the White House would be most appreciated. We continue to be blindsided by the verbal assaults on the Commonwealth and remain concerned that they are encouraging not only protests in violation of your own guidance (we can handle) but, frankly, violence based on the intel we are gathering.

Clark

On Mon, Apr 20, 2020 at 9:05 AM Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov> wrote:

Good Morning, please see an updated PPE distribution document attached for reference during the 11am all-governors VTC with Vice President Pence. As stated below, these supplies have been distributed as a result of Project Airbridge and additional commercial supply chain acquisitions.

Best,

Tucker Obenshain

Office of the Vice President

(202) 881-6217 (no text)

From: Obenshain, Tucker T. EOP/OVP

Sent: Friday, April 17, 2020 12:19 PM

To: 'ralph.northam@governor.virginia.gov' <ralph.northam@governor.virginia.gov>; 'clark.mercer@governor. virginia.gov' <clark.mercer@governor.virginia.gov>; 'Baxter.carter@governor.virginia.gov' <Baxter.carter@governor. virginia.gov>; 'stacey.brayboy@governor.virginia.gov' <stacey.brayboy@governor.virginia.gov> Cc: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> Subject: Update from Vice President Mike Pence: Project Airbridge State & County-Level Data - Virginia



Office of the Vice President

Governor and Senior Staff,

Over the past several briefings, I've provided updates with FEMA Administrator Pete Gaynor and Joint Chiefs of Staff Rear Adm. John Polowczyk on increasing supply and expanding domestic allocation and production of medical supplies and equipment.

As the result of Project Airbridge and additional commercial supply chain acquisitions, attached you will find personal protection equipment (PPE) and other critical supplies distributed from FEMA to your State between April 1- April 14. The information shared with you today is for official use only and is not for distribution. The attachment includes:

- Statewide Total PPE Shipments for N95 Masks, Surgical Masks, Face Shields, Gowns, and Gloves
- County-Level PPE Shipments for N95 Masks, Surgical Masks, Face Shields, Gowns, and Gloves

The PPE was distributed to healthcare facilities in your State through the normal commercial supplier distribution system. Project Airbridge has greatly helped expedite sourcing of key materials from around the world and more 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.

Necessary State Reporting Ask: This information is being provided to support State-led efforts to get necessary critical supplies to the right place, at the right time within your state. In return, I ask you to ensure your State is reporting key information from your State emergency manager to the FEMA Regional Administrator. Most States are reporting this data on a daily basis, which is appreciated and I ask you to take action to ensure your State continues doing this on a regular basis. This reporting includes:

- Daily broad healthcare capacity data reporting on key hospital capacity and ventilator use metrics.
- Daily State's stockpile inventory and hospital PPE supplies to assist with our prioritization of supplies and equipment deliveries to areas most in need.

If you have any additional questions, please reach out to my office or White House Intergovernmental Affairs Office. Thank you for your tireless efforts and partnership during these unprecedented times.

Sincerely,

Vice President Mike Pence

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Additional Background on Project Airbridge

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. The Air Bridge 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 months or 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% of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50% is fed into distributors' normal supply chain to their customers in other areas nationwide. HHS and FEMA determine hotspot areas based on CDC data. The information does not include product distributed outside of major medical distributors and ~8% of total volume not mapped to a location. Numbers are directional and constitute a minimum, not a maximum. All numbers round to nearest 100. You can find more information here.

We have received a number of questions as to where specifically these private sector medical supplies are going to better inform prioritization decisions being made at the state, local, tribal and territorial level. FEMA provides these documents to you so you can understand the overall flow of commercial supplies within your state. This information informs partners on the flow of private sector-distributed PPE which includes, but is not limited to, shipments facilitated by Project Airbridge.

Intergovernmental Affairs Office Contact Information

Name	Cell Phone	Email
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Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Ella Campana	202-881-7298	Ariella.M.Campana@who.eop.gov

Office of the Vice President Contact Information

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

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*Disclosure and Source of Attachment: Data provided by top U.S. medical suppliers (Cardinal, Concordance, Owens Minor, McKesson, and Medline). Product classifications provided by suppliers. Units in "eaches." Does not include product distributed outside of major medical distributors and ~8% of total volume not mapped to allocation; numbers are directional and constitute a minimum, not a maximum. All numbers rounded to nearest 100. This document may contain confidential commercial information and is for official government use only. You may not distribute any information contained in this document to non-governmental entities without the express authorization of FEMA.

--Clark Mercer Chief of Staff Governor Ralph Northam



4/20 Follow-Up - Governors Briefing on COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>

Mon, Apr 20, 2020 at 9:58 PM

To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Senior Staff,

Thank you for your efforts in the whole-of-America approach to respond to COVID-19 and plan for America's economic recovery. Below are follow-up items from today's briefing.

Guidelines for Opening Up American Again

April 16, the President and Vice President released the *Guidelines for Opening Up American Again* (20-page slide deck; Opening America). The guidelines give States gating criteria in a proposed three phased approach based on the following criteria: (1) Up-to-Date Data and Readiness; (2) Mitigates Risk of Resurgence; (3) Protects the Most Vulnerable; and (4) Implementable on Statewide or County-by-County Basis at Governors' Direction.

State-by-State Testing Platform Information

Governors' leadership of the testing ecosystems in their States is critical, 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. We want to thank you for your leadership in this endeavor.

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.

• **State-by-State Testing Platform Information**: Prior to today's briefing, each governor and staff received State-by-State testing platform information that included State-specific high and low throughput machine location map and location details (if you need this state-Specific information re-sent, please let me know).

• **Testing Approach Presentation**: Attached you will find the testing approach slide deck that Amb. Birx discussed on today's call (this document was previously provided in read ahead material today).

Testing Resources

• Swab & Media Options: In today's briefing, Adm. Giroir highlighted the vast swabs and media options available. Attached you will find a tables of swab and media options by laboratory. More information here.

• **Technical Briefing for State Leaders & Staff**: The White House is holding a State-Federal COVID-19 testing technical assistance briefing call on Tuesday, April 21 at 1:30 p.m. Eastern Time. Federal participants on the call include Amb. Birx, HHS Adm. Giroir, and others from FDA, CDC, and FEMA. You can register for the call here.

• Increase Payment for High-Production Coronavirus Lab Tests: CMS announced Medicare is doubling payment for certain lab tests that use high-throughput technologies to rapidly diagnose large numbers of COVID-19 cases. Additional information here.

• CMS Pays for COVID-19 Specimen Collection: CMS will pay 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.

• FDA, Gates Foundation, UnitedHealth Group, Quantigen, and U.S. Cotton Collaborate to Address Testing Supply Needs: FDA announced a further expansion of COVID-19 testing options through the recognition that spun synthetic swabs – with a design similar to Q-tips – could be used to test patients by collecting a sample from the front of the nose. More details here.

• **Reminder** – **FDA Delegates Authority to States**: On March 16, the FDA put in place a policy for states to take responsibility for tests developed and used by laboratories in their states. States can set up a system in which they take responsibility for authorizing such tests and the laboratories will not engage with the FDA. This includes expanding swab options as Colorado as done. More information here.

• Additional Testing Resources: FDA Frequently Asked Questions (FAQ) and 24/7 technical assistance for labs (1-888-463-6332).

Project Airbridge State & County-Level Data

Prior to today's briefing, each governor and staff received State- and county-specific information on personal protection equipment (PPE) and other critical supplies being distributed to healthcare providers through the normal commercial supplier distribution system as the result of Project Airbridge and additional commercial supply chain acquisitions. The PPE was distributed to healthcare facilities in your State through the normal commercial supplier distribution system. Project Airbridge has greatly helped expedite sourcing of key materials from around the world and more 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. If you need this state-Specific information re-sent, please let me know.

BEST PRACTICE: Vice President Pence and Amb. Birx both highlighted the leadership of Governor Ron DeSantis (FL) for Florida's informative and user friendly COVID-19 website. You can find the website here.

Below, you will find additional information and resources mentioned on today's briefing call:

- Contacting Your FEMA Regional Administrator
- Recommendations to Re-Open Health Care Systems in Areas with Low Incidence of COVID-19
- CISA Releases Version 3.0 of Guidance on Essential Critical Infrastructure Workers
- FEMA COVID-19 Best Practices
- Leading Testing Practices from & for Our Nation's Governors

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	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
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Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Ella Campana	202-881-7298	Ariella.M.Campana@who.eop.gov

Office of the Vice President

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

Thanks,

Nic

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

Slow the Spread

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.).

Please ensure your State is reporting key information from their State emergency manager to the FEMA Regional Administrator. Most States are reporting this data on a daily basis, which is appreciated and *we ask you to take action to ensure your State continues doing this on a regular basis*. This reporting includes:

- Daily broad healthcare capacity data reporting on key hospital capacity and ventilator use metrics.
- Daily State's stockpile inventory and hospital PPE supplies to assist with our prioritization of supplies and equipment deliveries to areas most in need.

Recommendations to Re-Open Health Care Systems in Areas with Low Incidence of COVID-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. Recommendations can be found here.

CISA Releases Version 3.0 of Guidance on Essential Critical Infrastructure Workers

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. Version 3.0 of the guidance clarifies and expands critical infrastructure workers in several categories and provides additional information as considerations for both government and business. The guidance can be found here.

• As a reminder, the Centers for Disease Control & Prevention (CDC) has **released guidance** for implementing safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19.

FEMA COVID-19 Best Practices

The Federal Emergency Management Agency (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 COVID-19. 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. Key best practices for States include:

- Personal Protective Equipment Preservation
- Strategies for Optimizing the Supply of N95 Respirators
- Recovery Planning and Implementation Financial Management Guide

Leading Testing Practices from & for Our Nation's Governors

Below are leading practice from and for our Nation's governors who are leveraging enhanced testing, improving community monitoring and contact tracing. We welcome learning more about your State's best practices.

• **Gov. Doug Ducey (AZ) announced** antibody testing for 250,000 health professionals and first responders through a partnership between the state of Arizona and the University of Arizona following Federal approval.

• Gov. Gavin Newsom (CA) announced a new testing task force creating 5-7 high-capacity testing "hubs" through a partnership with U.C. San Diego and U.C. Davis.

• Gov. Andy Beshear (KY) announced a public-private testing partnership with Kroeger to expand drivethrough COVID-19 with the goal of testing 20,000 people in five weeks. UPS and Gravity Diagnostics are working to provide test results in 48 hours.

• Gov. Ron DeSantis (FL) announced major expansions to statewide testing with the goal of opening up additional testing sites and expanding spot testing by enlisting members of the Florida National Guard to test in Florida nursing homes and long-term care facilities.

• Gov. Kim Reynolds (IA) worked with the University of Iowa Hospitals and Clinics to leverage further testing capacity at an academic institution. Gov. Reynolds also announced Iowa is dispatching state employees to assist in contact tracing.

• Governor Eric Holcomb (IN) announced additional free drive-thru testing clinics.

• **Gov. Gretchen Whitmer (MI)** announced 13 new or expanded COVID-19 drive-thru testing sites in partnership with Michigan Primary Care Association, 11 health centers, and NxGen MDX Laboratory. Additionally, Michigan is partnering with Walmart to expand drive-thru testing sites. Walmart has announce additional partnerships in 10 total states.

• Gov. Doug Burgum (ND) announced pilot project to expand COVID-19 testing and improve tracing to slow spread of virus.

• **Gov. Pete Ricketts (NE) worked** with the Nebraska State Health Lab in maximizing reagent by pooling multiple people's COVID-19 samples together, saving resources and time.

• Gov. Andrew Cuomo (NY) signed an executive order to expand antibody testing that will expand the number of people who are eligible to conduct the coronavirus antibody test.

• **Governor Mike DeWine (OH) worked** with the Ohio State University Wexler Medical Center to expand and accelerate testing creating a sterile solution to transport testing swaps (called viral transport media) that stabilizes the virus, and has worked with university engineering and dentistry departments to 3D print more than 50,000 swabs for tests.

• Gov. Greg Abbott (TX) announced Walgreens drive-thru testing site sites in Texas. Walgreens is operating additional sites in Arizona, Florida, Illinois, Kentucky, Louisiana, and Tennessee.

• Gov. Bill (TN) expanded testing options by establishing 15 drive-through testing sites across the State available to anyone. In addition to drive-through testing sites, Tennesseans can get a test free of charge, five days a week at every rural county health department in the state.

• Gov. Gina Raimondo (RI), Gov. Charlie Baker (MA), Gov. Brian Kemp (GA) have all announced a rapid COVID-19 tests partnership with CVS Health.

• **Governor Jim Justice (WV) ordered** all nursing home residents and staff statewide to be tested for COVID-19.

2 attachments

American Clinical Laboratory Association Swab & Media Options 04-20-2020.pdf 142K

Testing Update Slide Deck - 04-20-2020.pdf 1964K

ACLA Laboratory	Swabs	Media
LabCorp	 Any FDA approved or authorized oropharyngeal, nasopharyngeal, or nasal collection devices 	 UTM VTM VTM CDC Recipe for VTM Saline NOT MTM (PrimeStore)
	 Cotton swabs for anterior nasal are acceptable in addition to above 	 Saline NOT UTM, VTM, or MTM
Quest	 Any FDA approved or authorized oropharyngeal, nasopharyngeal, or nasal collection device 	 UTM VTM CDC Recipe for VTM Saline NOT MTM (PrimeStore)
	NOT cotton swabs	
BioReference	 Any FDA approved or authorized oropharyngeal, nasopharyngeal, or nasal collection device 	 UTM VTM CDC Recipe for VTM Saline PENDING MTM (PrimeStore)
Laboratories	<u>NOT</u> cotton swabs	

	Nasopharyngeal	Oropharyngeal	Mid-Turbinate	Anterior Nares
BD	220252 and 220251	220250		220144 ^t , 220145 f, 220250
Copan	503CS01, 553C ¹ , 518CS01, 518C ^{1+*} 518C ¹ , 501CS01, 551C ¹ , and 62C ^{++*}	502CS01, 552C ^t , 519CS01, 519Ct, 164KS01**, 175KS01**, 159Ct**	56380CS01, 56750CS01, 56780CS01	502CS01, 552Ct, 519CS01, 519Ct, 164KS01**, 175KS01**, 159C***
DHI / Quidel	503CS01.DHI			20103'
Fisher Healthcare	23600952, 23600956, 2300961, 235009591, 23009631, 23600950, and 1490623***	23600957, 23600951, 23600960 ^t , and 2300964 ^t , 1490641 ^{**} , 1490650 ^{**} , and 1490619 ^{t+*}	23600966	23600957, 23600951, 23600960t, and 2300964t, 1490641**, 1490650**, and 1490619***
Hardy / Healthlink	518CS01, 501CS01, and 162Ct**	519CS01, 502CS01, 164KS01**		519CS01, 502CS01, 164KS01**
Puritan	25-3316-H, 25-3316-U, 25-3317-H, 25-3317-U, 25-3318-H, 25-3318-U, 25-3319-H, 25-3319-U, 25-3320-H, 25-3320-U, 25-3320-H EMB 80, 25-3320-U EMB 80, 25-3320-H EMB 100, 25-3320-U EMB 100, 25-1406 1PF 50f, 25-3320-U EMB 100, 25-1406 1PF 50f, 25-300 1PD 50** and 25-800 1PD ALUM 50**	25-1506 1PF SOLIDf, 25-1506 1PF 100f, 25-3206-H, 25-3206-U, 25-3706- H, 25-806 1PD** and 25-806 1PD BT**		25-3206-H, 25-3206-U, 25-3706-H, 25-1506 1PF 100f, 25-1506 1PF solid f, 25-1506 1PF BT', 25-1506 1PF TT MC', 25-1406 1PF BT' 25-1406 1PF BT'
f Foam swah				

Source: FDA FAQs on Diagnostic Testing for SARS-CoV-2 Website

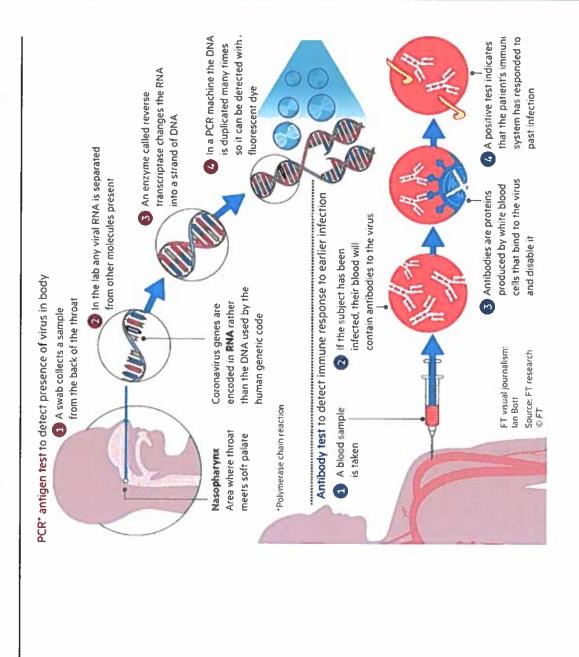
Foam swab ** Spun polyester swab * Dry Tube Container

New swab choices to be added this week

April 20, 2020

Testing Approach Update





Testing Methods

Coronavirus

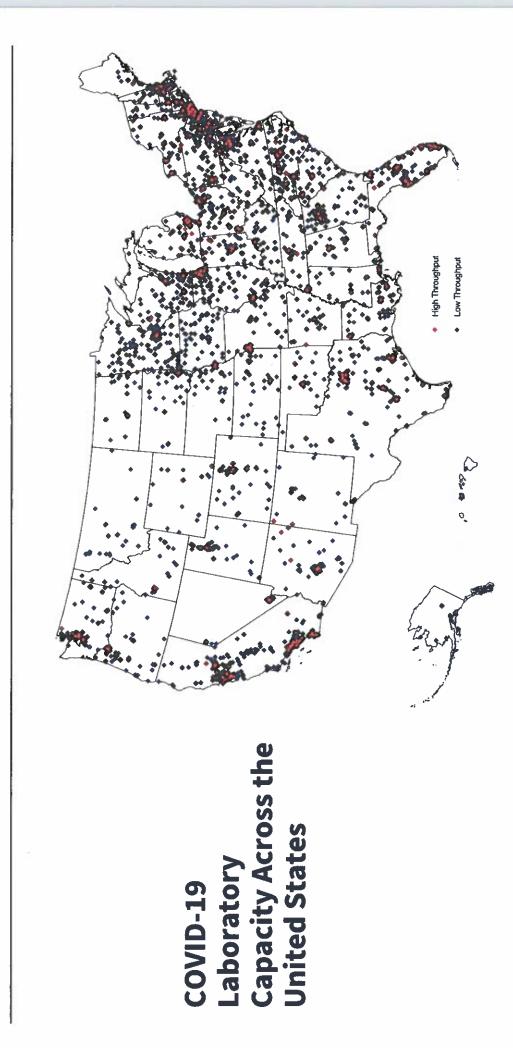


Critical Need for POC COVID-19 AG Test

like used for Strep, Influenza, and Malaria







Instrument Daily Maximum Capacity

Instrument	Daily max tests / machine*
Abbott m2000	470
BD MAX	360
Cepheid GeneXpert Infinity 80	2,240
Cepheid GeneXpert Infinity 48	1,344
Cepheid GeneXpert Infinity 24	672
Cepheid GeneXpert Xpress (GX-XVI, 16)	448
Cepheid GeneXpert Xpress (GX-XVI, 8)	224
Cepheid GeneXpert Xpress (2 GX-IV, 4)	224
Hologic Panther Fusion	1,100
Hologic Panther	1,020
Roche 8800	2,880
Roche 6800	1,056
ThermoFisher ABI7500/FAST/FAST DX	1,500
中学学 有生产的 医脊髓管 学生 医生产的 医外周 计分子 医外周的 化合金 化合金 计分析 计分析 化分析 化分析 化合物 化合物 化合物 化合物 医外周周的 医外周周的 医外周周的 医外周周的 医外周周的 医外周的 化合物	化化物 化外的的 化化的 中的的名词复数 的复数分子 化分子 化分子 化分子 化分子 化分子子 化分子子 化合金 医白白 计字子 法法 化化合金 医白白 化分子

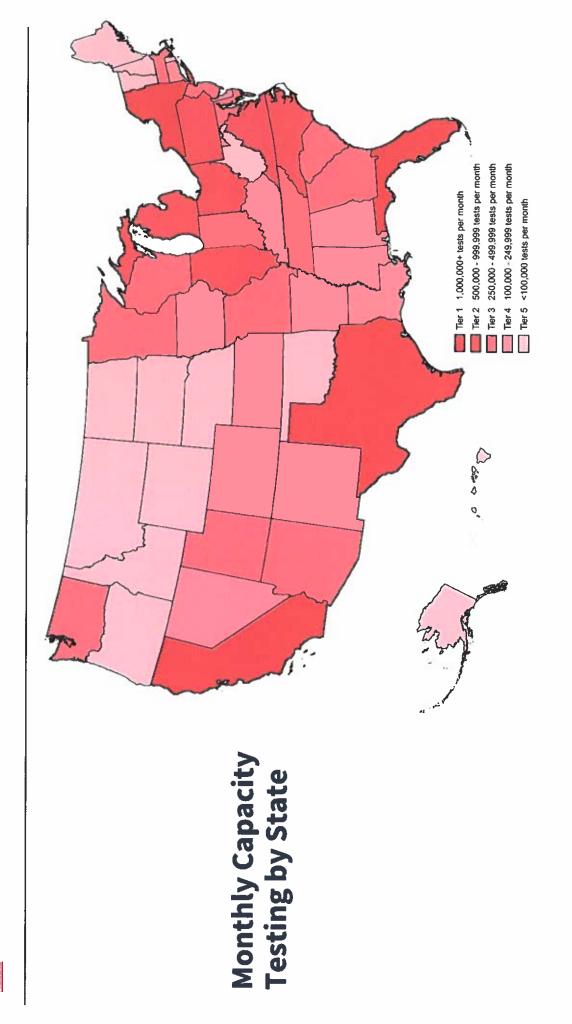
* Assumes 3 shifts per day; depends on system configuration

Manufacturer Points of Contact

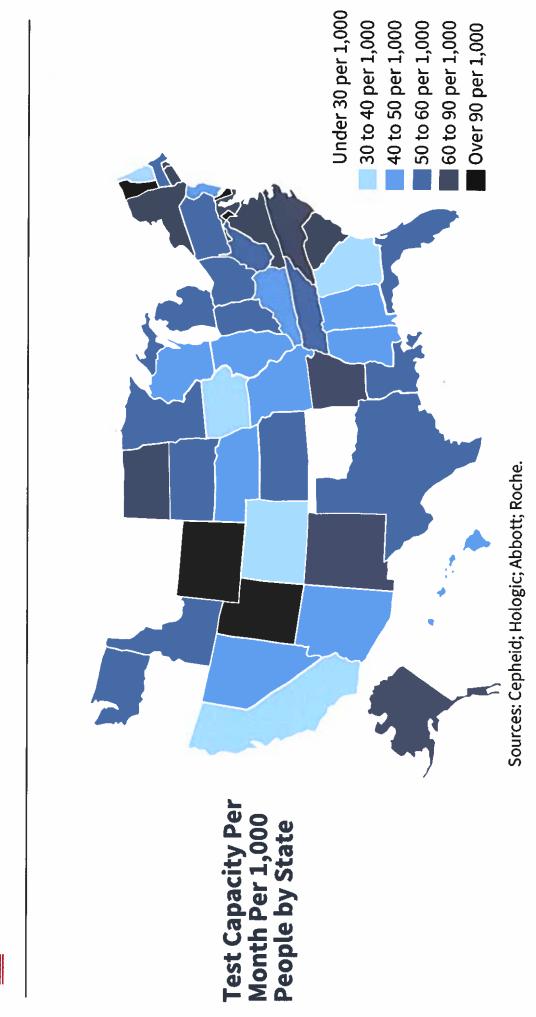
Manufacturer	Name	Contact Info	States
Abbott	Pam Redmond	pamela.redmond@abbott.com, 603-560-9082	All States
Becton, Dickinson & Co.	Elizabeth Woody	elizabeth_woody@bd.com	All States
Cepheid	AJ Gopal	805-422-4143	AK, AZ, CA, CO, HI, IA, ID, KS, MN, MO, MT, ND, NE, NM, NV, OK, SD, OR, TX, UT, WA, WY
	Kevin Starr	408-316-8204	CT, DE, IL, IN, MA, ME, MI, NH, NJ, NY, OH, PA, RI, VT, WI
	Dan Jenkins	678-727-6669	AL, AR, FL, GA, KY, LA, MD, MS, NC, SC, TN, WV, VA
Halogic	Jerry Wilson	jerry.wilson2@hologic.com, 858-229-6610	All States
Roche	Rajen Bhimaraj	rajendran.bhimaraj@roche.com, 978-430-8577	FL, GA, IL, IN, LA, MI, MO, PR, TN, TX, WI
	Rod Cotton	rodney.cotton@roche.com, 317-502-6622	CA, CO, HI, IA, KS, MN, MO, NE, NM, OR, UT, WA
	Ron DiNizo	ron.dinizo@roche.com, 937-608-4575	AR, AZ, CA, CT, FL, IL, IN, KS, MA, MD, MN, NC, NJ, NY, OH, PA, SC, TN, TX, VA
	Dan Zortman	dan.zortman@roche.com, 317-285-9748	DE, FL, MA, MD, NC, NJ, NY, OH, PA, RI, VA, WV
Thermo Fisher Scientific	Tim Fenton	202-257-4277	All States
Note: States are welcome to reach out to manufacturers directly as needed.	out to manufacturers direct	ly as needed.	

FDA has expanded testing options to address supply needs

- Swabs
- Initially, nasopharyngeal (NP) swabs were used
- In March, FDA expanded options to oropharyngeal (OP) swabs if NP swabs not available
 - In March, anterior nares sampling was added, using foam swabs
- In April, anterior nares sampling expanded to include spun polyester swabs, which are more readily available and manufacturable at scale
- Transport media
- Initially, universal transit media (UTM) and viral transit media (VTM) were used
 - In March, alternative transport media added, including Amies-based and saline In March FDA said labs can make their own VTM (CDC recipe)
 - In April, alternative solution options further expanded
- FDA stated labs should not reject samples regardless of swab type



COVID-19 TESTING



COVID-19 TESTING

Task Force Providing Technical Assistance to States on Individualized Testing Plans

CDC FDA and DoD are providing a range of technical assistance resources to each state to help them develop a state-specific testing plan that meets their unique needs

Resource	Detail
Testing Capacity Map	A map of lab testing machines in each state and the capacity of each machine so that states can develop a plan for surging testing capacity at regional labs
Resource Prioritization	After states identify the regional labs where they would like to surge capacity TF will partner with commercial manufacturers of testing equipment to ensure those regional labs, along with large commercial labs, are prioritized for receiving lab testing supplies
Surveillance & Sentinel Surveillance Plan Technical Assistance	CDC is prepared to put personnel on-the-ground in all 50 states this week to provide technical assistance state health officials in each state as they develop their surveillance and sentinel surveillance testing plans
Specimen Collection Personnel	CDC is entering contracts with several national organizations who can provide thousands of additional clinical personnel on a temporary (2-6 week) basis to increase specimen collection of key populations
CDC COVID Corp	CDC is employing a group of approximately 500 individuals who will be directly supporting states long-term; this support will include providing a small number of personnel to each state to support contact tracing as well as a larger team that can be deployed to states in much larger numbers if there are outbreaks
Data Collection	CDC's existing data systems will be used to help states track and monitor the number of individuals tested for COVID and the number of individuals who test positive



4/24 Follow-Up - Governors COVID-19 Briefing

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Fri, Apr 24, 2020 at 10:10 PM

Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Senior Staff,

Thank you for your efforts in the whole-of-America approach to respond to COVID-19 and plan for America's economic recovery. Below are follow-up items from today's briefing.

Guidelines for Opening Up American Again

The President and Vice President released the *Guidelines for Opening Up American Again* (20-page slide deck; Opening America). As a reminder, here are the proposed State gating criteria to satisfy before proceeding to phased opening:

- **SYMPTOMS**: Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period **AND** downward trajectory of COVID-like syndromic cases reported within a 14-day period.
- **CASES**: Downward trajectory of documented cases within a 14-day period **OR** downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests).
- **HOSPITALS**: Treat all patients without crisis care **AND** robust testing program in place for at-risk healthcare workers, including emerging antibody testing.

State-Specific Information

• **State-by-State Testing Platform Information**: Each governor and staff received State-by-State testing platform information that included State-specific high and low throughput machine location map and location details (if you need this state-Specific information re-sent, please let me know). 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. *FEMA in coordinating with HHS, CDC, and FDA is holding state-by-state technical assistance calls through Saturday, April 25.*

• State & County-Level PPE Data: Prior to the Monday, April 20 briefing, each governor and staff received State- and county-specific information on personal protection equipment (PPE) and other critical supplies being distributed to healthcare providers through the normal commercial supplier distribution system, which has been

bolstered by Project Airbridge and additional commercial supply chain acquisitions. The next State-specific update is expected to be provided on Monday, April 27. Additional information about nursing home PPE efforts will be provided next week as well.

Readout from the April 24, 2020 Governors Briefing

Today, Vice President Mike Pence led a discussion with the chief executives of approximately 50 States, territories, and the city of Washington, DC, and the White House Coronavirus Task Force to discuss updates on the all-of-America approach to respond to COVID-19 and drive America's economic revival in a phased approach.

Vice President Pence led a discussion of best practices from our Nation's governors on re-open strategies, expanded testing, and supply chain management. Participants discussed the Guidelines for Opening Up American Again including key gating criteria, core State preparedness responsibilities and a data-informed, phased approach and various state-specific strategies. Several participants discussed the importance of close coordination with both health professionals, private sector partners and community leaders. Governors shared best practices on leading their entire testing ecosystem, including scaling and utilizing all testing capacity, improving transparency on all testing options, and bolstering contact tracing and surveillance. The Federal government continues to provide supply chain support that is helping all states. Federal leaders continue to drive enhanced domestic production of key products, providing swift and thorough regulatory approvals, and continuing Operation Airbridge, which is supplementing efforts of the commercial supply chain to get critical supplies directly to the healthcare providers.

Best practices shared today included:

- Gov. Andrew Cuomo's (New York) efforts to expand testing and tracing (more here).
- Gov. Bill Lee's (Tennessee) partnership with the private sector to expand testing (more here).

• Gov. Charlie Baker's (Massachusetts) public-private partnership to expand drive-through testing (more here).

- Gov. Gary Herbert's (Utah) efforts to develop a "healthy together" app in partnership with the private sector that checks symptoms, connects users with testing, and augments contact tracing (more here).
- Gov. Tim Walz's (Minnesota) partnership with the Mayo Clinic and the University of Minnesota for expanding testing (more here).
- Gov. Kim Reynolds' (Iowa) launching of the "Test Iowa Initiative" and utilizing state employees to expand contact tracing efforts (more here).
- Gov. Phil Murphy's (New Jersey) partnership with Rutgers University on a saliva test (more here).
- Gov. Mike Parson's (Missouri) utilization of the Google Marketplace to connect manufacturers and suppliers of PPE with providers (more here).
- Gov. Doug Ducey's (Arizona) partnership with the University of Arizona and Senora Quest Laboratories on antibody testing (more here and here).

Federal, State, local, and tribal leaders to continue to regularly highlight social distancing efforts and how they are incorporated into various phases. Participants also discussed the Federal government's historic efforts to support State, local, and tribal leaders including, historic financial support and regulatory flexibilities, approving 56 major disaster declaration requests and over 45 Title 32 requests to 100% federally fund National Guard activities related to COVID-19 response and re-open efforts, including helping with logistics, testing and helping vulnerable citizens.

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 over 185 briefings – including 15 governors' briefings – with over 87,000 State, local,

and tribal leaders. Leaders at every level of government and the private sector are working in partnership to bend the curve and plan our Nation's economic revival.

Below, you will find additional information and resources mentioned on today's briefing call:

- Contacting Your FEMA Regional Administrator
- H.R. 266 Paycheck Protection Program and Health Care Enhancement Act (includes \$11 billion in testing resources for State, local, and tribal governments)
- COVID-19 Testing & PPE Resources
- New Telehealth Toolkit to Accelerate State Use of Telehealth in Medicaid & CHIP

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

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Thanks,

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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.).

Please ensure your State is reporting key information from their State emergency manager to the FEMA Regional Administrator. Most States are reporting this data on a daily basis, which is appreciated and *we ask you to take action to ensure your State continues doing this on a regular basis*. This reporting includes:

- Daily broad healthcare capacity data reporting on key hospital capacity and ventilator use metrics.
- Daily State's stockpile inventory and hospital PPE supplies to assist with our prioritization of supplies and equipment deliveries to areas most in need.

H.R. 266 - Paycheck Protection Program and Health Care Enhancement Act

Today, President Trump signed H.R. 266 that includes \$25 billion for our Nation's historic testing efforts, including \$11 billion in testing support for State, local, and tribal governments. This legislation provides \$320 billion in additional funding for the incredibly successful Paycheck Protection Program (PPP), which has already aided countless small businesses and millions of American workers. More details about the legislation here.

COVID-19 Testing & PPE Resources

• **Molecular & Serological Tests**: As mentioned in today's briefing by FDA Commissioner Hahn, FDA has approved 62 COVID-19 tests. You can find the full list **here**.

• Swab & Media Options: Attached you will find a tables of swab and media options by laboratory. More information here.

• Increase Payment for High-Production Coronavirus Lab Tests: CMS announced Medicare is doubling payment for certain lab tests that use high-throughput technologies to rapidly diagnose large numbers of COVID-19 cases. Additional information here.

• CMS Pays for COVID-19 Specimen Collection: CMS will pay 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.

• **Reminder – FDA Delegates Authority to States**: On March 16, the FDA put in place a policy for states to take responsibility for tests developed and used by laboratories in their states. States can set up a system in which they take responsibility for authorizing such tests and the laboratories will not engage with the FDA. This includes expanding swab options as Colorado as done. More information here.

• Additional Testing Resources: FDA Frequently Asked Questions (FAQ) and 24/7 technical assistance for labs (1-888-463-6332).

- Personal Protective Equipment Preservation
- Strategies for Optimizing the Supply of N95 Respirators

New Telehealth Toolkit to Accelerate State Use of Telehealth in Medicaid & CHIP

The Centers for Medicare & Medicaid Services (CMS) released a new toolkit for states to help accelerate adoption of broader telehealth coverage policies in the Medicaid and Children's Health Insurance Programs (CHIP). This release builds on the agency's swift actions to provide states with a wide range of tools and guidance to support their ability to care for their Medicaid and CHIP beneficiaries during this public health emergency. You can find the full toolkit here.

This toolkit provides states with issues to consider as they evaluate the need to expand their telehealth capabilities and coverage policies, including:

- Patient populations eligible for telehealth
- Coverage and reimbursement policies
- Providers and practitioners eligible to provide telehealth
- Technology requirements
- Pediatric considerations



Follow-Up - 3/30 Governors Briefing on COVID-19

1 message

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Mon, Mar 30, 2020 at 10:27 PM

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Governors and Senior Staff,

Thank you for your efforts in the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. Below and attached are follow-up items from today's briefing including *Leading Practices for and from Our Nation's Governors* (attached).

Data Ask from FEMA

FEMA Administrator Gaynor has asked your state emergency managers for feedback on the data questions found below. Welcome you all engaging your state emergency managers on the response to these questions. Prudently achieving realtime supply chain and data management for healthcare within your state is a best practice.

- How many usable ventilators, ICU beds, convertible vents in the state?
- What is the hospital bed and ICU bed occupancy rate in the state?
- How many new ICU beds does the state estimate it can stand-up and the number of ventilator or alternatives it can or is standing up?
- What is the decompression ability of hospitals in the state?
- How many anesthesia machines are in the state and have they been converted?
- _

Letter to America's Hospital Administrators on Data for Patient Impact and Hospital Capacity

Vice President Pence recently wrote a **letter** to America's hospital administrators thanking them for their tireless efforts to provide healthcare to Americans during this unprecedented pandemic and **outlines the Administration request that** hospitals provide information on daily testing, daily counts of patients, availability of hospital beds, and availability mechanical ventilators.

Readout from the March 30 Briefing with Governors

Today, President Donald J. Trump and 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, prepare for, and mitigate the effects of COVID-19.

The President, Vice President, Secretary of Labor Eugene Scalia, Acting Homeland Security Secretary Chad Wolf, FEMA Administrator Pete Gaynor, Dr. Deborah Birx, Dr. Anthony Fauci, and all 10 FEMA Regional Administrators urged State, local, and tribal leaders to regularly highlight community mitigation efforts to **"Slow the Spread"** through April 30. Participants also discussed the Federal government's historic efforts to support State, local, and tribal leaders including, already approving 25 major disaster declaration requests and 13 Title 32 requests to 100% federally fund State National Guard activities related to COVID-19 response efforts. The importance of the CARES Act funding of \$150 billion for states for direct COVID-19 efforts and significant logistical support for critical supplies was also discussed. Participants discussed the importance of real-time supply chain and data management by State leaders and efforts to effectively utilize all resources within each State. The importance of State and local coordination with critical infrastructure and key resource industries was discussed, as well as State-Federal coordination on unemployment claims. (Attached you will find a helpful document highlighting Leading Practices for and from Our Nation's Governors).

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 90 briefings with over 45,000 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.

Below, you will find additional information and resources that were provided ahead of today's call including:

- Contacting Your FEMA Regional Administrator
- Testing Resources Including Swab & Reagent Flexibilities
- FEMA Guidance to States on National Guard Title 32 Status
- Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge
- DHS Updates Essential Critical Infrastructure Workers Guidance for States & Localities
- DOL Issues Guidance for Workers and Employers Explaining Paid Sick Leave and Expanded Family and Medical Leave Benefits

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

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Thanks,

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Slow the Spread

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 <u>must be formally communicated</u> 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right – the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

Contact information for your FEMA Regional Administrator is attached.

Testing Resources Including Swab & Reagent Flexibilities

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, **utilizing alternative swab supplies/methods (flexibilities in the types of swabs your healthcare professionals can use)**, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your state public health lab.

Link to Food & Drug Administration FAQ on Testing including swab and reagent flexibilities.

• **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 Thermo Fisher, and other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.

• Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

FEMA Guidance to States on National Guard Title 32 Status

FEMA has released guidance for States and territories seeking approval from the President on National Guard Title 32 Status – criteria below. Pursuant to this approval, the Federal government will fund 100% 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% cost share to assess whether an extension of this level of support is needed. To date, 14 States have already received approval (March 22, March 28, March 30) More information here.

Title 32 Approval 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, and it should identify 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.

Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge

The Centers for Medicare & Medicaid Services (CMS) has issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to COVID-19. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. This allows hospitals and health systems to deliver services at other locations to make room for COVID-19 patients needing acute care in their main facility. CMS's temporary actions announced empower local hospitals and healthcare systems to: (1) increase hospital capacity – CMS hospitals without walls; (2) rapidly expand the healthcare workforce; (3) put patients over paperwork; (4) further promote telehealth in Medicare. More information here.

DHS Updates Essential Critical Infrastructure Workers Guidance for States & Localities

U.S. Department of Homeland Security (DHS) has released updated guidance on the essential critical infrastructure workforce. 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.

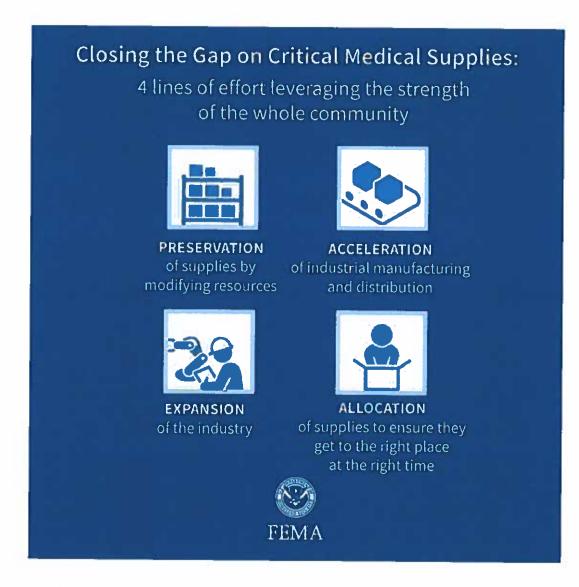
- A key update to guidance now includes employees supporting or enabling transportation functions, including truck drivers, bus drivers, dispatchers, maintenance and repair technicians, warehouse workers, truck stop and rest area workers, etc. See more **here**.
- State, local, tribal, and territorial governments are responsible for implementing and executing response activities, including decisions about access and reentry, in their communities, while the Federal Government is in a supporting role. Officials should use their own judgment in issuing implementation directives and guidance.

<u>DOL Issues Guidance for Workers and Employers Explaining Paid Sick Leave and Expanded Family and</u> <u>Medical Leave Benefits</u>

March 28, the U.S. Department of Labor (DOL) published more guidance to provide information to employees and employers about how each will be able to take advantage of the protections and relief offered by the Families First Coronavirus Response Act (FFCRA) when it goes into effect on April 1, 2020. More information here.

ICYMI: Ford, GE Plan to Produce 50,000 Ventilators in 100 Days (more here)

Ford Motor and GE Healthcare plan to produce 50,000 ventilators within the next 100 days at a facility in Michigan to assist with the coronavirus pandemic.



Leading Practices for and from Our Nation's Governors - 03-30-2020.pdf 481K

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 - Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 – Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)

Leading Practices for and from Our Nation's Governors to Prepare for, Respond to, and Mitigate COVID-19

March 30, 2020

Locally Executed, State Managed, Federally Supported

Leading Practices

- Ensure Communities Embrace Mitigation & Highlight tenants of the "Slow the Spread" and Implementation of Community Mitigation Framework
- Ensure Coordination Between State & Local Emergency Management and State & Local Public Health Officials
- Confirm All Key State Political Leaders Understand Emergency Management Process
- Manage & Preserve PPE Including Redistribute within State while Protecting Healthcare Workers & Patients
- Understand and Leverage the Entire Testing Ecosystem in Your State
 - o Ensure Hospitals & State/Local Labs in Your State Report COVID-19 Cases to CDC
 - o Promote & Partner with Private Labs for Testing
 - o Ensure Transparency on High-Throughput Testing Platforms
 - o Establish Satellite/Mobile Testing
 - o Adapt Testing Capabilities That Preserve Personal Protective Equipment (PPE)
 - o Ensure Labs Are Using All Swab, Reagent, and Media Options/Methods
- Achieve Real-Time Supply Chain & Data Management for Healthcare Within Your State
 - o Ensure Real-Time Supply Chain Management & Bolster Logistics Talent
 - End Elective Procedures to Free Up Resources
 - Survey Outpatient Surgical Centers & Clinics for Ventilators (Including Anesthesiologist Ventilator Machines)
 - o Collect Public, Private, and Government Hospital Bed Capacity Data
 - o Increase Hospital Capacity & Actively Plan to Stand-Up Alternate Care Sites
 - Ensure Robust Coordination with Private Sector Key Resources (Critical Infrastructure, Food Supply, Logistics, etc.) including using CISA Guidance for Deciding Which Critical Infrastructure/Industries to Exempt from Community Mitigation Requirements
 - Identify All Avenues to Surge Medical Professionals from In- & Out-of-State & Remove Regulatory Barriers to Licensing, Telehealth, and Healthcare Providers
- Limit Long-Term Care Visitations & Improve Infection Control Protocols
- Implement Prison Visit Limitations & Follow CDC Guidance
- Establish Childcare for Essential Workers with a Mitigation Risks Plan
- Hold Regular Press Conferences to Share Information and Control Rumors
- Promote Positive Stories of Orderly Closings of Schools and Non-Essential Businesses and their Innovative Strategies to Support Children and Families, Exemplary Citizens Helping Others, Private Sector Entities Helping in Extraordinary Ways, and Examples of Bipartisanship

Best Practice Examples from our Nation's Governors (*NEW since last update.)

Community Mitigation

- Gov. Jim Justice (WV) brought in a health official from WVU to be the State's COVID-19 czar. *NEW
- Gov. Michelle Grisham (NM) <u>released</u> a PSA urging residents to take the situation seriously and to do their part to prevent the spread. *NEW
- Gov. Henry McMaster (SC) requested all out-of-state visitors who plan to stay two or more nights *self-quarantine for two weeks.* *NEW
- Gov. Brad Little (ID) announced a statewide stay-at-home order.
- Gov. Ron DeSantis (FL) issued an EO requiring those who travel to FL from NY, NJ, or CT to self-isolate for 14 days.
- Gov. Gretchen Whitmer (MI) <u>brought</u> collegiate rivals together encouraging residents to take the pandemic seriously and mitigate the spread.
- Gov. Gary Herbert (UT) launched the Utah Leads Together Plan, a comprehensive, strategic threepart plan to coordinate public health response, large-scale testing, and a historic economic stimulus.
- Several Governors, including Gov. Andrew Cuomo (NY), have utilized well-known people to publicize the importance of community mitigation and social distancing.
- Gov. Mike DeWine (OH) along with several other Governors have held daily press briefings keeping the public updated and informed on best community mitigation practices.
- Governors of CT, NJ, and NY coordinated regional-based community mitigation efforts.

Expanding Testing through Commercial & Academic Options

- Gov. Charlie Baker (MA) partnered with MIT and Harvard to create a testing site that will be able to increase testing capacity by 2,000 per day in the state of Massachusetts. *NEW
- Gov. Pete Ricketts (NE) <u>maximizing</u> reagent by pooling multiple people's COVID-19 samples together, saving resources and time.
- Gov. Greg Abbott (TX) Texas is on course for its goal of increasing testing capacity to 15,000 tests per week. They have tested 21,000 in the state to date. *NEW
- Gov. Jared Polis (CO) <u>called-up</u> the Colorado National Guard's medical professionals to support drive-up testing sites in collaboration with State and community medical professionals.
- Gov. Phil Murphey (NJ) <u>partnered</u> with BioReference and LabCorp to increase daily testing capacity.
- Gov. Kim Reynolds (IA) worked with the University of Iowa Hospitals and Clinics to start testing in their own laboratory, expanding the capacity.

Expanding Supply Chain

- Gov. Eric Holcomb (IN) <u>shared</u> that more than 125 companies have been vetted as being able to help support the economy and front-line response workers. *NEW
- Gov. Asa Hutchinson (AR) released PPE guidance from the University of Arkansas for Medical Sciences and the Arkansas Department of Health to health providers in the state on prioritizing, maximizing, and utilizing PPE where it is most needed among healthcare providers, and while protecting the safety of patients and health professions.
- Gov. Doug Ducey (AZ) <u>announced</u> a public-private partnership between the State of Arizona, BSTRONG Initiative partnering with Global Empowerment Mission and the Verstandig Foundation to secure one million N95 masks and additional medical equipment.
- Gov. Gretchen Whitmer (MI) <u>called</u> on the public to donate PPE and other essential medical supplies.
- Gov. Mike Parson (MO) shared a video of a delivery of PPE from the strategic national stockpile.

- Gov. Mike Parson (MO) <u>signed</u> an executive order allowing for the sale of unprepared foods by restaurants directly to citizens, in order to prevent waste and help restaurants already struggling because of the restrictions.
- Gov. Pete Ricketts (NE) <u>convened</u> his State's grocery industry and producers to ensure the security of the State's food chain supply and ensure products move quickly.
- Gov. Tom Wolf (PA) <u>reopened</u> select rest areas for truck parking in critical locations to help with freight movement with guidance to mitigate spread.
- Gov. Greg Abbott (TX) stood up a Supply Chain Strike Force to guide collaboration between the public and private sectors to ensure healthcare facilities have the supplies and resources they need to respond to COVID-19. The Strike Force has established an online portal to streamline the process and validation of leads for more supplies. Also, the Strike Force advised guidance allowing restaurants to sell bulk retail products from distributers directly to consumers providing another source of food and resources.
- Gov. Mark Gordon (WY) <u>signed</u> an executive order expediting the delivery of COVID-19 related supplies by extending hours of service restrictions and waiving size and weight permit fees.

Expanding Healthcare Capacity

- Gov. Gretchen Whitmer (MI) implemented a statewide load balancing plan for hospitals to help manage capacity. *NEW
- Gov. Ralph Northam (VA) <u>directed</u> all hospitals to stop performing elective surgeries and procedures. *NEW
- Gov. Greg Abbott (TX) temporarily <u>waived</u> certain hospital licensing rules to meet Texas's need for additional hospital capacity. *NEW
- Gov. Gretchen Whitmer (MI) <u>expanded</u> the healthcare workforce by relaxing scope of practice laws for physician assistants and nurses the flexibility they need to treat COVID-19 patients in hospitals and other healthcare facilities. *NEW
- Gov. Gavin Newsom (CA) <u>signed</u> an executive order increasing California's healthcare capacity in clinics, mobile health care units, and adult day healthcare facilities
- Gov. Ned Lamont (CT) signed an executive order to expand access to telehealth services and suspended the licensure/certification/registration requirements for telehealth.
- Gov. Kim Reynolds (IA) <u>signed</u> legislation expanding the role for physician assistants allowing for full prescriptive rights, legal protections similar to other healthcare professions, and the ability to be reimbursed by Medicaid.
- Gov. Greg Abbott (TX) issued an executive order today to better track both hospital bed capacity and COVID-19 test results across the State, and temporarily waived certain hospital licensing rules to meet Texas's need for additional hospital capacity.
- Gov. Jay Inslee (WA) <u>signed</u> legislation that increased surge capacity in the healthcare workforce by reducing credentialing delays for healthcare workers.
- Gov. Asa Hutchinson (AR) through his State Medical Board <u>granted</u> emergency temporary licenses for more than 100 new physicians who have completed at least one year of an internship and granted licensure for 300 new nurses by expediting their licensing in the month of March.
- Several States (including MA, NY, and WI) are exploring <u>using college dormitories</u> or hotels to help ease potential hospital overload.

Other Good Practices

- Gov. Laura Kelly (KS) <u>shared</u> a story supporting the teachers who are doing great work despite the tough times. *NEW
- Gov. Christ Sununu (NH) <u>established</u> a fund to help with the costs associated with the changes to childcare providers. *NEW
- Gov. JB Pritzker (IL) <u>announced</u> they have raised more than \$23 million for the relief fund. *NEW

- Gov. Kristi Noem (SD) <u>reminded</u> everyone what is truly important in life, and hope that this situation will bring all citizens together. *NEW
- Gov. Mike Parson (MO) <u>thanked</u> all the agriculture workers, who are playing a vital role during this time. *NEW
- Gov. Gavin Newsom (CA) <u>deployed</u> California National Guard members to provide short-term food security to isolated and vulnerable Californians.
- Mayor Muriel Bowser (DC) <u>established</u> a D.C. education equity fund to get more digital resources to students and families (received more than \$1 million in donations) to continue school via distance learning programs.
- Gov. Larry Hogan (MD) "announced the relaunch of the <u>Maryland Unites</u> initiative to connect Marylanders with resources and highlight stories of generosity and compassion amid the crisis."
- Gov. Chris Sununu (NH) stopped by his State Emergency Operations to thank everyone for their hard work.
- Gov. Phil Murphey (NJ) launched a job portal to connect out-of-work residents to opportunities within the essential business market.
- Gov. Kevin Stitt (OK) will be creating a "be a neighbor" initiative to encourage volunteering throughout the state.
- Gov. Raimondo (RI) offered resources to those struggling with mental health during this time.
- Gov. Ralph Northam (VA) <u>established</u> a number for people to text who need food. This number will connect them with nearby resources or help.



Follow-Up - 3/26 Governors Briefing on COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Thu, Mar 26, 2020 at 10:42 PM

Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Senior Staff,

Thank you for your efforts on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. Attached you will find President Donald J. Trump's Letter to America's Governors.

Data Ask from the Vice President

Surveying Outpatient Surgical Centers & Clinics for Ventilators: The Vice President asked every governor to survey their outpatient surgical centers and clinics for ventilators. We also would encourage governors to know their public and private hospital bed and ICU bed capacity.

- The U.S. Food & Drug Administration (FDA) has issued **guidance** allowing those ventilators to be modified by changing a vent. Governors are going to be able to identify a whole new range of ventilators that could be easily converted, add to their supply, and focused at the point of the need in their states.
- Anesthesiologists Patient Safety Foundation (APSF)/American Society of Anesthesiologists (ASA) has issued guidance on purposing anesthesia machines as ICU ventilators. You can find more information on using anesthesia machines as ICU ventilators for COVID-19 here.

Readout from the March 26 Briefing with Governors

Today, President Donald J. Trump and Vice President Mike Pence led a discussion with the chief executives of over 50 states, territories, and Washington, DC, to provide an update on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. The Federal leaders urged state, local, and tribal leaders to regularly highlight the **"15 Days to Slow the Spread**" community mitigation guidance. Participants also discussed leveraging state and community-level data to help chart the path forward and underscore how that may look different across and within states – as state and local leaders will decide. The discussion also focused on the unprecedented red tape removal and state waiver approval, surging Federal resources to high-demand areas, the importance of the Coronavirus Aid, Relief, and Economic Security (CARES) Act to states including \$150 billion for direct COVID-19 efforts, and supply chain management at every level of government. The President and Vice President thanked governors for leading on proactive measures, including establishing intra-state supply chain management, removing red tape barriers to expand access to healthcare, and expanding healthcare capacity. *Attached you will find a helpful document highlighting actions from our Nation's governors.*

To date, 12 states have received expedited approval on disaster declarations. In addition, the Trump Administration has approved 23 Medicaid 1135 Waivers, 56 SBA disaster assistance waivers, 45 states have received initial education testing waivers, and 646 USDA waivers for states for child nutrition (National School Lunch and Breakfast, Summer Food Service Program, Seamless Summer Option, and the Child and Adult Care Feeding Program), Women, Infants, and Children (WIC), and Supplemental Nutrition Assistance Program (SNAP).

Since January 2020, the Trump Administration has held over 82 briefings with over 42,000 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 to bend the curve. 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. The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to supplement, but not replace private sector, local, and state resources.

Testing Resources Including Swab & Reagent Flexibilities

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, **utilizing alternative swab supplies/methods (flexible's in the types of swabs your healthcare professionals can use)**, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your state public health lab.

Link to Food & Drug Administration FAQ on Testing including swab and reagent flexibilities.

• **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 Thermo Fisher, and other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.

• Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

Below, you will find additional information and resources ahead of today's call including:

- Contacting Your FEMA Regional Administrator
- Primer COVID-19 Pandemic: Response & Recovery Through Federal-State-Local-Tribal Partnership
- Private Sector Partnership Resources
- REAL ID Enforcement Deadline Change
- Preventing Hoarding of Health & Medical Resources
- States Helping States Emergency Management Assistance Compacts (EMAC)

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

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Office of the Vice President

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Thanks,

Nic

--

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

15 Days to Slow the Spread

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 <u>must be formally communicated</u> 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right – the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

• Contact information for your FEMA Regional Administrator is attached.

Primer - COVID-19 Pandemic: Response & Recovery Through Federal-State-Local-Tribal Partnership

Response and recovery efforts are locally executed, state managed, and federally supported. It is important that requests for assistance, including for critical supplies, get routed through the proper channels as soon as possible. Learn more

about the response and recovery process via this important resource here.

• Please distribute this 5-Page COVID-19 Response & Recovery Primer to your State, local, and tribal leaders.

Private Sector Partnership Resources

Private sector partners that are interested in supporting this effort can find more on FEMA's website here.

- To sell medical supplies or equipment to the federal government, please email specifics to **covidsupplies@fema.dhs.gov**.
- If you have medical supplies or equipment to donate, please provide us details on what you are offering.
- If you are a private company that wants to produce a product related to the COVID response email **nbeoc@max.gov**.
- If you are a hospital and other companies in need of medical supplies, contact your state Department of Public Health and/or Emergency Management
- For non-medical supplies, services or equipment, if you are interested in doing business with FEMA, visit our **Industry Liaison Program**.

<u>REAL ID Enforcement Deadline Change</u>

President Trump **announced on March 24** the Department of Homeland Security will be postponing the deadline for compliance with REAL ID enforcement deadline. Acting Secretary Chad Wolf said, "Due to circumstances resulting from the COVID-19 pandemic and the national emergency declaration, the Department of Homeland Security, as directed by President Donald J. Trump, is extending the REAL ID enforcement deadline beyond the current October 1, 2020 deadline. I have determined that states require a twelve-month delay and that the new deadline for REAL ID enforcement is October 1, 2021. DHS will publish a notice of the new deadline in the Federal Register in the coming days." More information here.

Preventing Hoarding of Health & Medical Resources

President Trump signed an **Executive Order** providing the authority to address, if necessary, hoarding that threatens the supply of necessary health and medical resources. HHS Secretary Azar has released **a notice** that identifies specific medical products that will be subject to the President's recent executive order to prevent hoarding and price-gouging including items such as N-95 respirators, portable ventilators, PPE masks, gowns and gloves and other items.

States Helping States - Emergency Management Assistance Compacts (EMAC)

States have pre-negotiated memorandums of agreement to provide support to one another as part of disaster response. These agreements are usually broad enough that they could be utilized for states to help other states during COVID-19. Governors can work through their state Emergency Management Directors to get that process started.

• **Personnel**: if you do not have the capacities – from an emergency management or public health standpoint – to support your ongoing response, consider requesting EMAC support from other states who are not as severely impacted right now. Currently there is one active EMAC mission for personnel: Oregon has provided to Washington an Incident Management Team to support the Seattle-King Co. Public Health Department with the health EOC operations.

• **Telehealth**: The National Emergency Management Association (NEMA) is working through issues related to the use of telehealth through the compact.

3 attachments

Applauding Leadership Actions from Our Nation's Governors to Prepare, Respond, and Mitigate COVID-

19.pdf 453K

- FEMA Regional Administrators Contact Information.pdf 486K
- Letter to America's Governors -- 03-26-2020.pdf 1955K

Applauding Leadership Actions from Our Nation's Governors to Prepare, Respond, and Mitigate COVID-19

March 26, 2020

Locally Executed, State Managed, Federally Supported

- Highlighting the "<u>15 Days to Slow the Spread</u>" & State-Specific Guidelines
- Ensuring Hospitals & State/Local Labs Report COVID-19 Cases to CDC
- Establishing a Supply Chain Management Coordination Group
 - Engaging Private Sector Supply Chain and Logistics Leaders in Your State to Provide Coordination Expertise and Leadership
 - o Surveying Outpatient Surgical Centers & Clinics for Ventilators
 - o Encouraging Innovation with Private Sector Partners to Key Medical Supplies
 - Assisting Food Service Industry (Sell Food Direct Before Expiration, Providing Directory of Delivery/Pickup Sources, etc.)
 - Ensuring Coordination with Private Sector on Critical Infrastructure (CI) Designations & Highlighting Department of Homeland Security CI Guidance
 - Promoting Guidance to Preserve PPE
 - Ensuring Public Health Officials and Emergency Managers are Coordinated & Utilizing Existing Emergency Management Protocol and Systems
- Ending Elective Procedures & Appointments to Free Up Key Resources & Ensure Key Resources are Repurposed
- Providing Guidance on COVID & Non-COVID Hospitals
- Limiting Long-Term Care Visitations to Continue to Focus on the Most Vulnerable
- Implementing Prison Visit Limitations & Follow New CDC Guidance
- Removing Regulatory Burden's for Occupational Licensing, Telehealth, & Healthcare Providers
- Understanding the Complete Testing Ecosystem
 - o Understanding Private Sector Testing Capacities within the State
 - o Driving Transparency on All Testing Capacities within the State
 - Establishing Satellite/Mobile Testing to Leverage Expanded Testing Capacity and Prepare for Pending New Self-Test Capabilities
 - Ensuring Key Stakeholders Understand Testing Swab Flexibilities
- Establishing Childcare for Essential Workers
- Communicating Regularly with the Public and Other State, Local, & Tribal Officials
- Promoting Amazing Stories of Citizens and Private Sector Partners Providing Innovative Solutions to Serve Their Nation, State, Community, & Fellow Citizens

Recent Actions from Our Nation's Governors

Community Mitigation

- Gov. Ron DeSantis (FL) issued an EO requiring those who travel to FL from NY, NJ, or CT to self-isolate for 14 days.
- Several governors including Gov. Andrew Cuomo (NY) have utilized well known people to publicize the importance of community mitigation and social distancing. Gov. Gretchen Whitmer (MI) brought collegiate rivals together encouraging residents to take the pandemic seriously and mitigate the spread.
- Gov. Gary Herbert (UT) <u>launched</u> the Utah Leads Together Plan, a comprehensive, strategic three part plan to coordinate public health response, large-scale testing, and a historic economic stimulus.
- Gov. Mike DeWine (OH) and many other governors have held daily press briefings keeping the public updated and informed on best community mitigation practices.
- Governors of CT, NJ, and NY coordinated regional-based community mitigation efforts.

Supply Chain Management

- Gov. Greg Abbott (TX) stood up a Supply Chain Strike Force to guide collaboration between the public and private sectors to ensure health care facilities have the supplies and resources they need to respond to COVID-19. The Strike Force has established an online portal to streamline the process and validation of leads for more supplies. Also, the Strike Force advised guidance allowing restaurants to sell bulk retail products from distributers directly to consumers providing another source of food and resources.
- Gov. Asa Hutchinson (AR) released PPE guidance from the University of Arkansas for Medical Sciences and the Arkansas Department of Health to health providers in the State on prioritizing, maximizing, and utilizing PPE where it is most needed among healthcare providers, while protecting the safety of patients and health professionals.
- Gov. Doug Ducey (AZ) <u>announced</u> a public-private partnership between the State of Arizona, BSTRONG Initiative partnering with Global Empowerment Mission and the Verstandig Foundation to secure one million N95 masks and additional medical equipment.
- Gov. Gretchen Whitmer (MI) <u>called</u> on the public to donate PPE and other essential medical supplies.
- Gov. Mike Parson (MO) <u>signed</u> an executive order allowing for the sale of unprepared foods by restaurants directly to citizens, in order to prevent waste and help restaurants already struggling because of the restrictions.
- Gov. Pete Ricketts (NE) <u>convened</u> his State's grocery industry and producers to ensure the security of the State's food chain supply and ensure products move quickly.
- Gov. Tom Wolf (PA) reopened select rest areas for truck parking in critical locations to help with freight movement with guidance to mitigate spread.
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- Gov. Asa Hutchinson (AR) through his State Medical Board <u>granted</u> emergency temporary licenses for over 100 new physicians who have completed at least one year of internship and granted licensure for 300 new nurses by expediting their licensing in the month of March.
- Several States (including MA, NY, and WI) are exploring <u>using college dormitories</u> or hotels to help ease potential hospital overload.

Expanding Testing through Commercial & Academic Options

- **Gov. Jared Polis (CO)** <u>called-up</u> the Colorado National Guard's medical professionals to support drive-up testing sites in collaboration with State and community medical professionals.
- Gov. Phil Murphey (NJ) <u>partnered</u> with BioReference and LabCorp to increase daily testing capacity.
- Gov. Kim Reynolds (IA) worked with the University of Iowa Hospitals and Clinics to start testing in their own laboratory, expanding capacity.

<u>Additional Actions</u>

- Gov. Gavin Newsom (CA) <u>deployed</u> California National Guard members to provide shortterm food security to isolated and vulnerable Californians.
- Mayor Muriel Bowser (DC) <u>established</u> a D.C. education equity fund to get more digital resources to students and families (received over \$1 million in donations) to continue school via distance learning programs.
- Gov. Larry Hogan (MD) announced the relaunch of the <u>Maryland Unites</u> initiative to connect Marylanders with resources and highlight stories of generosity and compassion amid the crisis.
- Gov. Phil Murphy (NJ) <u>launched</u> a job portal to connect out-of-work residents to opportunities within the essential business market.
- Gov. Kevin Stitt (OK) will be creating a "be a neighbor" initiative to encourage volunteering throughout the State.
- Gov. Raimondo (RI) offered resources to those struggling with mental health during this time.
- Gov. Ralph Northam (VA) <u>established</u> a number for people to text who need food, it will connect them with nearby resources or help.

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 - Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 - Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)



THE WHITE HOUSE washington March 26, 2020

To America's Governors:

As you know, on March 16, 2020, I published my *Coronavirus Guidelines for America*. States, localities, and citizens across our country have responded to this call to action in full force, making tremendous sacrifices in support of our National effort to defeat the virus. I want to thank each of you, along with your frontline responders and essential workers, for stepping up to help America confront this unprecedented global pandemic. Together, we are proving that no challenge can match the indomitable strength, ingenuity, and determination of the American people.

There is still a long battle ahead, but our efforts are already paying dividends. As we enhance protections against the virus, Americans across the country are hoping the day will soon arrive when they can resume their normal economic, social, and religious lives.

In furtherance of this shared goal, my Administration is working to publish new guidelines for State and local policymakers to use in making decisions about maintaining, increasing, or relaxing social distancing and other mitigation measures they have put in place.

This is what we envision: Our expanded testing capabilities will quickly enable us to publish criteria, developed in close coordination with the Nation's public health officials and scientists, to help classify counties with respect to continued risks posed by the virus. This will incorporate robust surveillance testing, which allows us to monitor the spread of the virus throughout the country. Under these data-driven criteria, we will suggest guidelines categorizing counties as high-risk, medium-risk, or low-risk.

With each passing day, our increasingly extensive testing capabilities are giving us a better understanding of the virus and its path. As testing gives us more information about who has been infected, we are tracking the virus and isolating it to prevent further spread. This new information will drive the next phase in our war against this invisible enemy.

The virus has inflicted a heavy toll on our country. A number of our fellow citizens have tragically succumbed to its ravages, while many more are fighting for their lives. We mourn alongside those who have lost loved ones, and we send our prayers for the recovery of all who are still sick. In their honor, we pledge to marshal every resource and power we have to overcome and vanquish this threat.

Through it all, I am deeply inspired by the unflinching dedication of Americans in every state who are rallying together to defeat the virus. I look forward to witnessing that same boundless spirit drive our recovery and quickly return us to the path of exceptional health, safety, and prosperity for all of our citizens.

Sincerely,

Neukoung



Follow-Up - 3/23 Governors Briefing with the Vice President on COVID-19 1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Mon, Mar 23, 2020 at 8:52 PM

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Governors and Governors' Senior Staff,

Thank you for joining today's briefing call Vice President Mike Pence on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19.

Data Asks from the Vice President

- 1. Hospitals & State/Local Labs Reporting COVID-19 Cases to CDC: The Vice President asked every governor to ensure your State and local public health departments including hospitals are reporting their COVID-19 testing data and results in real-time to Centers for Disease Control and Prevention (CDC). This is required under the Families First Coronavirus Response Act (H.R. 6201) signed by President Trump on March 18.
- *H.R. 6201 language on testing data requirement:* "SEC. 1702. States and local governments receiving funds or assistance pursuant to this division shall ensure the respective State Emergency Operations Center receives regular and real-time reporting on aggregated data on testing and results from State and local public health departments, as determined by the Director of the Centers for Disease Control and Prevention, and that such data is transmitted to the Centers for Disease Control and Prevention."

2. Surveying Outpatient Surgical Centers & Clinics for Ventilators: The Vice President asked every governor to survey their outpatient surgical centers and clinics for ventilators. The U.S. Food & Drug Administration (FDA) is now allowing those ventilators to be modified by changing a vent. Governors are going to be able to identify a whole new range of ventilators that could be easily converted, add to their supply, and focused at the point of the need in their States. More details below.

Readout from the Vice President's Briefing with Governors

Today, Vice President Mike Pence led a discussion with the chief executives of over 50 States, territories, and Washington, DC, to provide an update on the all-of-America approach to respond to, prepare for, and mitigate the effects of 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. The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to supplement, but not replace private sector, local, and state resources. Federal leaders stressed that local leaders need to work

with State leaders. Participants also discussed the importance of connectivity to healthcare providers and their associated supply chains to create a clear dashboard of all the key resources in each community and across each State. Many States have worked diligently to pull-together all of the key stakeholders in their State to have a coordinated, innovative, solution-focused supply management ecosystem.

The Vice President and Dr. Birx urged State and local leaders to regularly highlight the "**15 Days to Slow the Spread**" community mitigation guidance established by the CDC. Participants discussed the historic actions taken by the Federal government to support State, local, and private sector leaders, importance of data sharing between State and Federal governments, States removing telemedicine barriers, importance of Emergency Management Assistance Compact (EMAC) agreements to surge resources and personnel, preserving key medical supplies by curtailing elective medical procedures and appointments, and supporting small businesses and American workers.

The Vice President applauded specific Governors for driving innovative solutions to this unprecedented challenge, including implementing best practices in scaling testing, conserving key resources, communicating with local and tribal officials, waiving state regulatory barriers, and utilizing established emergency management structures to ensure coordinated efforts and communications across all levels of government.

Since January 2020, the Trump Administration has held over 60 briefings with over 35,000 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 to bend the curve.

Below, you will find additional information mentioned on today's call and resources to follow-up including:

- FEMA Regional Administrators Contact Information
- New Ventilator Guidance Expanding the Availability of Ventilators as Well as Other Respiratory Devices
- Testing Prioritization
- Testing Resources
- Guidance on Essential Critical Infrastructure Workforce
- Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs
- Federal Waiver for Testing Assessments
- Resources for Constituents Overseas Traveling Back to the U.S.
- Centers for Disease Control & Prevention (CDC) Mitigation Framework for States, Localities, & Communities

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

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Thanks,

Nic

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15 Days to Slow the Spread

ADDITIONAL INFORMATION

Contact Information - FEMA Regional Administrators

Sunday, you and your staffs received contact information for your Federal Emergency Management Agency (FEMA) Regional Administrators. FEMA has activated the National Response Coordination Center (NRCC) 24/7, and is now the lead agency to make formal Federal requests. Your State's strong leadership is needed to provide effective emergency management that is: (1) Locally-executed, (2) State-managed, and (3) Federally-supported. 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right – the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

Contact Information: Contact information for your FEMA Regional Administrator is attached.

<u>New Ventilator Guidance – Expanding the Availability of Ventilators as Well as Other Respiratory</u> <u>Devices</u>

The U.S. Food & Drug Administration (FDA) has issued *guidance* to expand the availability of ventilators as well as other respiratory devices and their accessories during this pandemic. Every governor should survey their outpatient surgical

centers and clinics for ventilators as FDA is now allowing those ventilators to be modified by changing a vent. Governors are going to be able to identify a whole new range of ventilators that could be easily converted, add to their supply, and focused at the point of the need in their States. To expand availability, FDA will not object to limited modifications to the indications, claims, functionality, or to the hardware, software, or materials of FDA-cleared devices used to support patients with respiratory failure or respiratory insufficiency. This policy applies only during the public health emergency. More information *here*.

Testing Prioritization

The U.S. Department of Health and Human Services (HHS) has recommended prioritization for COVID-19 testing for individuals. HHS has developed three categories that we strongly recommend States and clinical laboratories utilize as they develop strategies to prioritize COVID-19 testing in their communities. *Attached is a document with some additional details* about the three categories and why we must prioritize these populations.

- Priority 1: Hospitalized patients; healthcare facility workers with symptoms.
- **Priority 2**: Patients in long-term care facilities with symptoms; patients over age 65 years with symptoms; patients with underlying conditions with symptoms; first responders with symptoms.
- **Priority 3**: Critical infrastructure workers with symptoms; Individuals who do not meet any of the above categories with symptoms; healthcare facility workers and first responders; individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations.

Testing Resources

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, alternative swab supplies/methods, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your State public health lab. <u>Link to Food & Drug Administration FAQ on Testing</u>.

- **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, Holagic, LabCorps, Roche, and Thermo Fisher, and other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.
- Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

Guidance on Essential Critical Infrastructure Workforce

The Cybersecurity and Infrastructure Security Agency (CISA) released guidance to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19. More information *here*.

Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs

The Centers for Medicare & Medicaid Services (CMS) has released new tools to strip away regulatory red tape and unleash new resources to support state Medicaid and Children's Health Insurance Programs (CHIP). CMS now has a full suite of tools available to maximize responsiveness to state needs. The agency has created four checklists that together will make up a comprehensive Medicaid COVID-19 federal authority checklist to make it easier for states to receive federal waivers and implement flexibilities in their program. More information *here*.

-

Federal Waiver for Testing Assessments

The U.S. Department of Education (DOEd) upon proper request will grant a waiver to any State that is unable to assess its students due to the ongoing national emergency, providing relief from Federally mandated testing requirements for this school year. A State unable to assess its students can seek a waiver from Federal testing requirements by completing a form available *here*. DOEd has dramatically streamlined the application process to make it as simple as possible for state leaders who are grappling with many complex issues.

Resources for Constituents Overseas Traveling Back to the U.S.

If you have constituents overseas trying to travel back the U.S. your office or your constituents can contact the U.S. Department of State at 1-888-407-4747 or go to **step.state.gov**.

<u>Centers for Disease Control & Prevention (CDC) Mitigation Framework for States, Localities, &</u> <u>Communities</u>

Protect yourself and your community from getting and spreading respiratory illnesses like COVID-2019. Everyone has a role to play in preparation and prevention. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all-of-community approach is focused to slow the transmission of COVID-19, and reduce illness and death, while minimizing social and economic impacts. The framework includes: (i) Local Factors to Consider for Determining Mitigation Strategies, (ii) Community mitigation strategies by setting and by level of community transmission or impact of COVID-19, and (iii) Potential mitigation strategies for public health functions. More *here*.

2 attachments

FEMA Regional Administrators Contact Information.pdf 486K

COVID-19 Priority Testing Patients Graphic 03.23.2020.pdf 203K

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 - Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 - Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)

Coronavirus

PRIORITIES FOR TESTING PATIENTS WITH SUSPECTED COVID-19 INFECTION



COVID-19 Symptoms: Fever, Cough, and Shortness of Breath

PRIORITY 1

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system

- Hospitalized patients
- Healthcare facility workers with symptoms



4

PRIORITY 2

Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients over age 65 years with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

NON-

PRIORITY

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

NON-PRIORITY

Individuals without symptoms

For more information visit: coronavirus.gov



Follow-Up - 3/19 Governors Briefing with the President & Vice President on COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Thu, Mar 19, 2020 at 9:38 PM

Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Governors' Senior Staff,

Thank you for joining today's briefing call with President Donald J. Trump and Vice President Mike Pence on the all-of-America approach to respond to, prepare for, and mitigate the effects of 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. The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to supplement, but not replace private sector, local, and state resources.

On the call, Federal leaders stressed that local leaders need to work with State leaders. Participants also discussed the importance of connectivity to healthcare providers and their associated supply chains to create a clear dashboard of all the key resources in each community and across each State. Several States have worked diligently to pull-together all of the key stakeholders in their State to have a coordinated, innovative, solution-focused supply management ecosystem.

The President, Vice President, and Dr. Birx urged State, local, and tribal leaders to regularly highlight the **15 Days to Slow the Spread** community mitigation guidance established by the CDC. Participants discussed the historic actions taken by the Federal government to support State, local, and private sector leaders, including invoking the Defense Production Act to facilitate distribution of critical equipment and supplies as needed; waiving unnecessary regulations; urging the postponement of elective medical procedures and appointments that leads to the preservation of key medical supplies; deploying our two Naval Hospital ships to cities along both coasts; and supporting small businesses and American workers.

The President and Vice President applauded specific Governors for driving innovative solutions to this unprecedented challenge, including implementing best practices in scaling testing, conserving key resources, communicating with local and tribal officials, waiving state regulatory barriers, and utilizing established emergency management structures to ensure coordinated efforts and communications across all levels of government.

Since January 2020, the Trump Administration has held nearly 50 briefings with over 30,000 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 to bend the curve. One fight, one American team!

Below, you will find additional information mentioned on today's call and resources to follow-up.

<u>Contact Information – FEMA Regional Administrators</u>

Federal Emergency Management Agency (FEMA) activated the National Response Coordination Center (NRCC) 24/7, and they are readying 50+ teams to deploy across the U.S. to activate their emergency operations centers and address the threat. 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.

- Action for Governors: We ask that all Federal requests be formally communicated by your State emergency manager to your FEMA Regional Administration this is the same process as natural disasters (e.g., hurricane recovery, flood recovery, tornado recovery, etc.). Attached is the contact information for your FEMA Regional Administrator.
- FEMA Fact Sheet Coronavirus (COVID-19) Pandemic Eligible Emergency Protective Measures (attached)

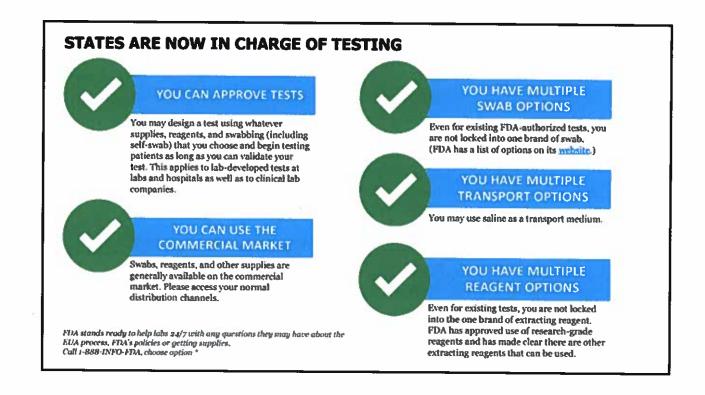
<u>Centers for Disease Control & Prevention (CDC) Mitigation Framework for States, Localities, &</u> <u>Communities</u>

Protect yourself and your community from getting and spreading respiratory illnesses like COVID-2019. Everyone has a role to play in preparation and prevention. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all-of-community approach is focused to slow the transmission of COVID-19, and reduce illness and death, while minimizing social and economic impacts. The framework includes: (i) Local Factors to Consider for Determining Mitigation Strategies, (ii) Community mitigation strategies by setting and by level of community transmission or impact of COVID-19, and (iii) Potential mitigation strategies for public health functions. More here.

COVID-19 Testing Resources

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, alternative swab supplies/methods, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your State public health lab. Link to Food & Drug Administration FAQ on Testing.

• Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.



Personal Protective Equipment (PPE)

Strategies for Optimizing Personal Protective Equipment (PPE)

The Centers for Disagree Control & Prevention (CDC) released PPE guidance that will provide guidance in PPE shortages, particularly for long-term care facilities, dialysis, and home health providers. The strategies include information specific to eye protection, isolation gowns, facemasks, and N95 respirators. The information can be found here.

Non-Essential Medical Procedures

Recommendations to Cancel Adult Elective and Non-Essential Medical, Surgical & Dental Procedures

CMS released recommendations to delay non-essential procedures in an effort to preserve personal protective equipment (PPE), beds, and ventilators for facilities as well as to free up health care workers to treat patients with COVID-19. The recommendations provide a framework for hospitals and clinicians to implement immediately to determine and identify non-essential and elective procedures. The recommendations and guidelines can be found here.

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

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Thanks,

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White House Office of Intergovernmental Affairs

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2 attachments

Contact Information - FEMA Regional Administrators & Deputy Regional Administrators.pdf 333K

FEMA Fact Sheet - Coronavirus (COVID-19) Pandemic Eligible Emergency Protective Measures.pdf 145K

FEMA Regional Administrators/Deputy Regional Administrators Roster

REGION I Boston, MA





Russ Webster Regional Administrator

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REGION IV Atlanta, GA

REGION V Chicago, IL

MaryAnn Tierney

REGION II New York City, NY

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Kevin Sligh Deputy Regional Administrator

Kevin.M.Sligh@fema.dhs.gov 312.408.5350 (desk) / 312-218-5232

FEMA Regional Administrators/Deputy Regional Administrators Roster cont'd.

REGION VI Denton, TX

REGION VII Kansas City, MO

REGION VIII Denver, CO

REGION IX Oakland, CA



Tony Robinson Regional Administrator

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Moises Dugan Deputy Regional Administrator

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Paul Taylor Regional Administrator

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Kathy Fields Deputy Regional Administrator

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Bob Fenton Regional Administrator

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REGION X Bothell, WA

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Vince Maykovich Deputy Regional Administrator

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FACT SHEET

Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, this guidance outlines types of emergency protective measures that may be eligible under FEMA Public Assistance Program.

FEMA Public Assistance Program

FEMA encourages officials to take appropriate actions that are necessary to protect public health and safety pursuant to public health guidance. In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA's Public Assistance program. *FEMA will not duplicate assistance provided by the U.S. Department of Health and Human Services (HHS), to include the Centers for Disease Control and Prevention (CDC), or other federal agencies.*

State, territorial, tribal, and local government entities and certain private non-profit organizations are eligible to apply for <u>Public Assistance</u>. FEMA assistance will be provided at a 75 percent federal cost share. This assistance will require execution of a FEMA-State/Tribal/Territory Agreement, as appropriate, and execution of an applicable emergency plan. Local governments and other eligible PA applicants will apply through their respective state, tribal or territorial jurisdictions.

Eligible Assistance

Under the COVID-19 Emergency Declaration described above, FEMA may provide assistance for emergency protective measures including, but not limited to, the following, if not funded by the HHS/CDC or other federal agency. 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):

- Management, control and reduction of immediate threats to public health and safety:
 - o Emergency Operation Center costs
 - o Training specific to the declared event
 - o Disinfection of eligible public facilities
 - Technical assistance to state, tribal, territorial or local governments on emergency management and control of immediate threats to public health and safety





- Emergency medical care:
 - o Non-deferrable medical treatment of infected persons in a shelter or temporary medical facility
 - o Related medical facility services and supplies
 - Temporary medical facilities (for treatment when existing facilities are reasonably forecasted to become overloaded in the near term and cannot accommodate the patient load or to quarantine potentially infected persons)
 - o Inoculation for emergency responders
 - o Use of specialized medical equipment
 - o Medical waste disposal
 - o Emergency medical transport
- Medical sheltering (e.g. when existing facilities are reasonably forecasted to become overloaded in the near future and cannot accommodate needs)
 - All sheltering must be conducted in accordance with standards and/or guidance approved by HHS/CDC and must be implemented in a manner that incorporates social distancing measures
 - Non-congregate medical sheltering is subject to prior approval by FEMA and is limited to that which is reasonable and necessary to address the public health needs of the event, is pursuant to the direction of appropriate public health officials and does not extend beyond the duration of the Public Health Emergency
- Household pet sheltering and containment actions related to household pets in accordance with CDC guidelines
- 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
- Security and law enforcement
- Communications of general health and safety information to the public
- Search and rescue to locate and recover members of the population requiring assistance
- Reimbursement for state, tribe, territory and/or local government force account overtime costs

More Information

Further information about eligible emergency protective measures can be found in the <u>Public Assistance Program</u> and <u>Policy Guide</u>, FP 104-009-2 (April 2018).

For more information, visit the following federal government websites:

- Coronavirus (COVID-19) (CDC)
- Centers for Medicare & Medicaid Services



Important Role of FEMA in COVID-19 Preparedness, Response, & Mitigation 1 message

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Sun, Mar 22, 2020 at 1:58 PM

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Cc: "Hoelscher, Douglas L. EOP/WHO" < Douglas.L.Hoelscher@who.eop.gov>, "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>



Governor and Senior Staff,

Thank you for all of your hard work and partnership regarding the All-of-America effort to respond to, prepare for, and mitigate the effects of COVID-19. I wanted to follow-up on a few things from Thursday's briefing between the President, Vice President, and Governors.

The Federal Emergency Management Agency (FEMA) has activated the National Response Coordination Center (NRCC) 24/7, and they are engaging 50+ teams to deploy across the U.S. to activate their emergency operations centers and address the threat of COVID-19. FEMA regional directors have been actively working the phones.

Action Request: Federal Emergency Management Agency (FEMA) has activated the National Response Coordination Center (NRCC) 24/7 and is now the lead agency to make formal Federal requests. Your State's strong leadership is needed to provide effective emergency management that is: (1) Locally-executed, (2) State-managed, and (3) Federally-supported.

o Local leaders are the "boots on the ground" and are best suited to quickly identify innovative solutions for the majority of issues.

o State officials are best situated to help coordinate these solutions both across the state and with the Federal government.

o The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to support these solutions.

What This Means: 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right - the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities

and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

• **Contact Information**: Contact information for your FEMA Regional Administrator is attached – we imagine your emergency manager has them on speed dial.

• **Testing**: If you have not yet connected with the representatives from Roche, Thermo Fisher, and other private sector testing platforms, I would encourage you to do so as that is where the high-speed testing solution is moving forward.

Sound emergency management discipline will allow all of us to have unity of effort and have a real-time understanding of all the key resources in each community and across each State.

Thanks,

White House Office Intergovernmental Affairs

Sent on behalf of:

Douglas L. Hoelscher

Deputy Assistant to the President & Director

White House Office of Intergovernmental Affairs

O: 202-456-4247 | C: 202-881-8950 | E: Douglas.L.Hoelscher@who.eop.gov

and

Nicholas D. Pottebaum Special Assistant to the President & Deputy Director White House Office of Intergovernmental Affairs O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

15 Days to Slow the Spread

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 – Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 - Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)



Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> Mon, Mar 16, 2020 at 3:27 PM To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <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>



Governors and Governors' Senior Staff,

In follow up to today's Governor-Only Briefing with the President & Vice President today (Monday, March 16), attached is the guidance referenced in the briefing being released today, "**The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread**."

Additionally, below you will find additional information referenced on today's briefing call/VTC.

Thanks,

Nic

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

UPDATES

President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19

Presidential Proclamation Here

• Letter from President Donald J. Trump on Emergency Determination Under the Stafford Act to U.S. Department of Homeland Security, Department of Treasury, U.S. Department of Health & Human Services, and Federal Emergency Management Agency. The letter includes specific recommendation to governors including:

• "In order to meet the challenges caused by this emergency pandemic, I have encouraged all State and local governments to activate their Emergency Operations Centers and to review their emergency preparedness plans. In the meantime, I expect FEMA to continue to review all ways in which it can provide assistance to States consistent with the authorities provided to it by this letter and by statute."

o "I encourage all governors and tribal leaders to consider requesting Federal assistance under this provision of the Stafford Act, pursuant to the statutory criteria. I stand ready to expeditiously consider any such request."

- President Donald J. Trump Has Mobilized the Full Resources of the Federal Government to Respond to the Coronavirus
- FEMA Fact Sheet

Expanding Testing & State-Approved Diagnostic Testing Resources

- Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.
- Questions or Inquiry for Mobile Testing (primarily for healthcare workers, first responders, and those over the age of 65 year of age): Please have your team or emergency manager reach out to your FEMA regional manager found here for more information.
- Helpful Guidance for Your State Health Officer & State Health Lab: FAQs on Diagnostic Testing (more here).
- FDA gives flexibility to New York State Department of Health, FDA issues Emergency Use Authorization Diagnostic
- HHS Funds Development of COVID-19 Diagnostic Tests

Framework Mitigation Strategies for Communities with Local COVID-19 Transmission

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.

- A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (more here; 10-page frame work for States, localities, and communities).
- CDC mitigation strategies for Santa Clara (CA), Seattle (WA), New Rochelle (NY), Florida, and Massachusetts.

Centers for Medicare & Medicaid Services (CMS) Resources for States

On Friday, the Trump Administration announced aggressive actions and regulatory flexibilities to help healthcare providers and states respond to and contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is taking several actions following President Trump's declaration of a national emergency

due to COVID-19. A press release outlining CMS announcement can be found here. A fact sheet outlining these actions can be found here.

• Flexibility and Relief for State Medicaid Agencies: The national emergency declaration also enables CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under section 1135 waivers. States and territories are now encouraged to assess their needs and request these available flexibilities, which are outlined in the Medicaid and CHIP Disaster Response Toolkit. Examples of flexibilities available to states under section 1135 waivers include the ability to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, allow providers to provide care in alternative settings, waive prior authorization requirements, and temporarily suspend certain pre-admission and annual screenings for nursing home residents. For more information and to access the toolkit, visit here.

• Waivers and Flexibilities for Hospitals and other Healthcare Facilities: CMS will temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements. CMS will also issue several blanket waivers, listed on the website below, and the CMS Regional Offices will review other provider-specific requests. These waivers provide continued access to care for beneficiaries. For more information on the waivers CMS has granted, visit here.

• **Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance**: As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here and all CMS guidance related to COVID-19 can be found here.

The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread.pdf 469K

The President's Coronavirus Guidelines for America 15 Days to Slow the Spread

- 1. Listen to and follow the directions of your state and local authorities.
- 2. If you feel sick, stay home. Do not go to work. Contact your medical provider.
- 3. If your children are sick, keep them at home. Do not send them to school. Contact your medical provider.
- 4. If someone in your household has tested positive for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.
- 5. If you are an older person, stay home and away from other people.
- 6. If you are a person with a serious underlying health condition that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.
- 7. Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to stop the spread of the coronavirus:
 - > Work or engage in schooling from home whenever possible.
 - If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.
 - > Avoid social gatherings in groups of more than 10 people.
 - Avoid eating or drinking in bars, restaurants, and food courts use drivethru, pickup, or delivery options.
 - > Avoid discretionary travel, shopping trips, and social visits.
 - Do not visit nursing homes or retirement or long-term care facilities unless to provide critical assistance.
 - Practice good hygiene:
 - Wash your hands, especially after touching any frequently used item or surface.
 - Avoid touching your face.

- Sneeze or cough into a tissue, or the inside of your elbow.
- Disinfect frequently used items and surfaces as much as possible.

* School operations can accelerate the spread of the coronavirus. Governors of states with evidence of community transmission should close schools in affected and surrounding areas. Governors should close schools in communities that are near areas of community transmission, even if those areas are in neighboring states. In addition, state and local officials should close schools where coronavirus has been identified in the population associated with the school. States and localities that close schools need to address childcare needs of critical responders, as well as the nutritional needs of children.

** Older people are particularly at risk from the coronavirus. All states should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.

*** In states with evidence of community transmission, bars, restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate should be closed.



FEMA Releases Information Regarding National Guard Title 32 Status

1 message

Swint, Zachariah D. EOP/WHO <Zachariah.D.Swint2@who.eop.gov> Sun, Mar 29, 2020 at 1:31 PM To: "Swint, Zachariah D. EOP/WHO" <Zachariah.D.Swint2@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <Douglas.L.Hoelscher@who.eop.gov>, "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Governors,

Please see the FEMA release on National Guard Title 32 Status below.

Regards,

Zach Swint

Office of Intergovernmental Affairs

The White House

C: (202) 881-6717 | E: Zachariah.D.Swint2@who.eop.gov

March 29, 2020 Contact: Congressional and Intergovernmental Affairs Division Phone: 202-646-4500



FEMA Releases Information Regarding National Guard Title 32 Status

The response to COVID-19 is a highly coordinated effort between States, Territories, and the Federal government. As States and Territories scale their response to meet the threat, the Federal government will scale its support of these efforts by increasing the level of shared resources. To effectively contain and mitigate the spread of COVID-19 it is imperative that real-time information and data, including demand on hospital beds and supply chain issues, be collected and shared. With this rapidly evolving situation, the Federal government will continue closely monitoring needs and re-evaluating Federal support.

On March 22, President Trump directed the Secretary of Defense to permit full federal reimbursement, by FEMA, for some states for use of their National Guard forces.

To date, President Trump has approved this authority to the following: California, Florida, Guam, Louisiana, Massachusetts, Maryland, New Jersey, New York, Puerto Rico and Washington. 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.

Since then, the Administration has received requests from additional states seeking approval of federal support for use of their 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, and it should identify 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% 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% 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.

If you have any questions, please contact the Office of External Affairs, Congressional and Intergovernmental Affairs Division at (202) 646-4500 or at FEMA-Congressional-Affairs@ fema.dhs.gov.

FEMA's mission is to help people before, during and after disasters.

Follow FEMA online, on Twitter @FEMA or @FEMAEspanol, on FEMA's Facebook page or Espanol page and at FEMA's YouTube account. Also, follow Administrator Pete Gaynor's activities @FEMA_Pete.



Letter from President Donald J. Trump to America's Governors 1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> Thu, Mar 26, 2020 at 1:55 PM To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <Douglas.L.Hoelscher@who.eop.gov>, "Swint, Zachariah D. EOP/WHO" <Zachariah.D.Swint2@who.eop.gov>



Office of the Press Secretary

FOR IMMEDIATE RELEASE March 26, 2020

Letter from President Donald J. Trump to America's Governors



THE WHITE HOUSE washington March 26, 2020

To America's Governors:

As you know, on March 16, 2020, I published my *Coronavirus Guidelines for America*. States, localities, and citizens across our country have responded to this call to action in full force, making tremendous sacrifices in support of our National effort to defeat the virus. I want to thank each of you, along with your frontline responders and essential workers, for stepping up to help America confront this unprecedented global pandemic. Together, we are proving that no challenge can match the indomitable strength, ingenuity, and determination of the American people.

There is still a long battle ahead, but our efforts are already paying dividends. As we enhance protections against the virus, Americans across the country are hoping the day will soon arrive when they can resume their normal economic, social, and religious lives.

In furtherance of this shared goal, my Administration is working to publish new guidelines for State and local policymakers to use in making decisions about maintaining, increasing, or relaxing social distancing and other mitigation measures they have put in place.

This is what we envision: Our expanded testing capabilities will quickly enable us to publish criteria, developed in close coordination with the Nation's public health officials and scientists, to help classify counties with respect to continued risks posed by the virus. This will incorporate robust surveillance testing, which allows us to monitor the spread of the virus throughout the country. Under these data-driven criteria, we will suggest guidelines categorizing counties as high-risk, medium-risk, or low-risk.

With each passing day, our increasingly extensive testing capabilities are giving us a better understanding of the virus and its path. As testing gives us more information about who has been infected, we are tracking the virus and isolating it to prevent further spread. This new information will drive the next phase in our war against this invisible enemy.

The virus has inflicted a heavy toll on our country. A number of our fellow citizens have tragically succumbed to its ravages, while many more are fighting for their lives. We mourn alongside those who have lost loved ones, and we send our prayers for the recovery of all who are still sick. In their honor, we pledge to marshal every resource and power we have to overcome and vanquish this threat.

Through it all, I am deeply inspired by the unflinching dedication of Americans in every state who are rallying together to defeat the virus. I look forward to witnessing that same boundless spirit drive our recovery and quickly return us to the path of exceptional health, safety, and prosperity for all of our citizens.

Sincerely,

Neukoung

The White House · 1600 Pennsylvania Ave NW · Washington, DC 20500-0003 · USA · 202-456-1111

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Letter to Our Nation's Governors from Vice President Mike Pence

1 message

Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov> To: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>

Tue, Mar 31, 2020 at 10:30 PM



Office of the Vice President

Governors,

Thank you for your continued partnership in the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. Please find a letter from Vice President Mike Pence attached.

Also attached are a number of resources we hope you and your state emergency management teams will continue to utilize, including The President's Coronavirus Guidelines for America: 30 Days to Slow the Spread. Please do not hesitate to reach out if you have any questions.

Sincerely,

Tucker

Tucker Obenshain

Office of the Vice President

(202) 881-6217 (no text)

4 attachments

- VPOTUS Letter to Our Nation's Governors 03.31.20.pdf
- Additional Resources for Our Nation's Governors 03.31.20.pdf

B FEMA REGIONAL CONTACT INFORMATION.pdf

B 30 Days to Slow the Spread.pdf



THE VICE PRESIDENT WASHINGTON

March 31, 2020

Dear Governors:

On behalf of President Trump and the White House Coronavirus Task Force, I want to extend my gratitude for your tireless efforts in our whole-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19. As we have discussed on our calls, and during our many one-on-one conversations, 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. I am personally grateful for your strong leadership in our states and territories, and for your time on these productive calls.

Above all else, I urge you to continue to regularly highlight community mitigation efforts to "Slow the Spread" through April 30. I would also like to reiterate our message to **encourage all your State emergency directors to have a plan to use the National Guard to move medical equipment from storehouses to hospitals**. We continue to hear from hospitals that are often unaware of PPE equipment that has been delivered from FEMA to State facilities. Please reinforce this to ensure the hospitals in your State get the supplies they need to provide lifesaving treatment to patients.

You have already received these from White House Intergovernmental Affairs, but attached again are some helpful resources we reviewed on the phone yesterday, including:

- Contacting Your FEMA Regional Administrator
 - o Data Ask from FEMA
 - o FEMA Guidance to States on National Guard Title 32 Status
- Testing Resources Including Swab & Reagent Flexibilities
- Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge
- Department of Homeland Security Updated Essential Critical Infrastructure Workers Guidance for States & Localities
- Department of Labor Issues Guidance for Workers and Employers Explaining Paid Sick Leave and Expanded Family and Medical Leave Benefits

Thank you for your leadership, and we will continue to be in close communication.

Sincere hael R. Pence

Vice President of the United States



Additional Resources for Our Nation's Governors

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 <u>must be formally communicated</u> 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.). In particular, please ensure good connectivity between your State public health director and your State emergency manager. Contact information for your FEMA Regional Administrator is attached separately.

Data Ask from FEMA

FEMA Administrator Gaynor has asked your State emergency managers for feedback on the data questions found below, welcoming you to engage with your State emergency managers on the response to these questions. Prudently achieving realtime supply chain and data management for healthcare within your State is a best practice.

- How many usable ventilators, ICU beds, and convertible ventilators are currently available within the state or tribe?
- What is the current hospital bed and ICU bed occupancy rate in the state/tribe?
- How many <u>new ICU beds does the state/tribe estimate it can stand-up and the</u> number of ventilators, or FDA-approved <u>ventilator alternatives</u>, it can or is standing up?
- What is the decompression ability of hospitals in the state/tribe (i.e.: are there currently field hospitals or alternate care facilities established)?
- How many anesthesia machines are in the state/tribe and have they been converted?

FEMA Guidance to States on National Guard Title 32 Status

FEMA has released guidance for States and territories seeking approval from the President on National Guard Title 32 Status – criteria below. 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. To date, 14 States have already received approval. More information can be found here: https://www.fema.gov/national-guard-title-32-status

Title 32 Approval 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, and it should identify 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.

Please encourage your State emergency managers to have a plan to utilize your National Guard to move medical equipment from storehouses to hospitals.

Testing Resources Including Swab & Reagent Flexibilities

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, utilizing alternative swab supplies/methods (flexibilities in the types of swabs your healthcare professionals can use), diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your State public health lab.

- Food & Drug Administration FAQ on Testing including swab and reagent flexibilities can be found here: <u>https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2</u>
- **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, Thermo Fisher, and other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.
- Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

<u>Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19</u> <u>Patient Surge</u>

The Centers for Medicare & Medicaid Services (CMS) has issued an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to COVID-19. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. This allows hospitals and health systems to deliver services at other locations to make room for COVID-19 patients needing acute care in their main facility. CMS's temporary actions announced empower local hospitals and healthcare systems to: (1) increase hospital capacity – CMS hospitals without walls; (2) rapidly expand the healthcare workforce; (3) put patients over paperwork; and (4) further promote telehealth in Medicare. More information can be found here: <u>https://www.cms.gov/newsroom/fact-sheets/additional-</u> <u>backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-</u> <u>covid-19-patient</u>

<u>Department of Homeland Security Updates Essential Critical Infrastructure Workers</u> <u>Guidance for States & Localities</u>

The U.S. Department of Homeland Security (DHS)'s Cybersecurity and Infrastructure Security Agency has released updated guidance on the essential critical infrastructure workforce. Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and safety as well as community wellbeing.

- A key update to guidance now includes employees supporting or enabling transportation functions, including truck drivers, bus drivers, dispatchers, maintenance and repair technicians, warehouse workers, truck stop and rest area workers, etc. More information can be found here: <u>https://www.cisa.gov/publication/guidance-essential-critical-infrastructureworkforce</u>
- State, local, tribal, and territorial governments are responsible for implementing and executing response activities, including decisions about access and reentry, in their communities, while the Federal Government is in a supporting role. Officials should use their own judgment in issuing implementation directives and guidance.

Department of Labor Issues Guidance for Workers and Employers Explaining Paid Sick Leave and Expanded Family and Medical Leave Benefits

On March 28, the U.S. Department of Labor (DOL) published more guidance to provide information to employees and employers about how each will be able to take advantage of the protections and relief offered by the Families First Coronavirus Response Act (FFCRA) when it goes into effect on April 1, 2020. More information can be found here: <u>https://www.dol.gov/newsroom/releases/whd/whd20200328</u>

If you have any additional questions, please reach out to the Office of the Vice President or White House Intergovernmental Affairs Office.

Office of the vice president		
Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

Office of the Vice President

Intergovernmental Affairs Office

Name	Cell Phone	Email
Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Ella Campana	202-881-7298	Ariella.M.Campana@who.eop.gov

FACT SHEET

Coronavirus (COVID-19) Pandemic: Regional Administrators

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA is leading federal operations on behalf of the White House Coronavirus Task Force; who oversees the whole-of-government response to the pandemic. Governors can express intent to seek FEMA assistance by notifying the respective FEMA Regional Administrator in the FEMA regional office.

Regional Administrators

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

- Russ Webster, Regional Administrator, Russell.Webster@fema.dhs.gov 617-956-7500 (desk), 857-210-4308 (cell)
- Paul F. Ford, Deputy Regional Administrator, Paul.Ford@fema.dhs.gov 978-461-5602 (desk), 617-947-0048 (cell)

Region 2 - New Jersey, New York, Puerto Rico, and U.S. Virgin Islands

- Tom Von Essen, Regional Administrator, Thomas.VonEssen@fema.dhs.gov 212-680-3806 (desk), 202-704-6650 (cell)
- Tammy Littrell, Acting Deputy Regional Administrator, Tammy.Littrell@fema.dhs.gov, 212-680-3612 (desk), 303-941-7313 (cell)

Region 3 - Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

- MaryAnn Tierney, Regional Administrator, MaryAnn.Tierney@fema.dhs.gov, 215-931-5600 (desk), 215-687-3090 (cell)
- Janice Barlow, Deputy Regional Administrator, Janice.Barlow@fema.dhs.gov, 215-931-5569 (desk), 215-478-2909 (cell)



Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

- Gracia B. Szczech, Regional Administrator, Gracia.Szczech@fema.dhs.gov, 770-220-5264 (desk), 404-520-0381 (cell)
- Robert Samaan, Deputy Regional Administrator, Robert.Samaan@fema.dhs.gov, 770-220-3123 (desk), 202-288-9160 (cell)

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

- James K. Joseph, Regional Administrator, James.K.Joseph@fema.dhs.gov, 312-408-5501 (desk), 202-704-5658 (cell)
- Kevin Sligh, Deputy Regional Administrator, Kevin.M.Sligh@fema.dhs.gov, 312.408.5350 (desk), 312-218-5232

Region 6 - Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

- Tony Robinson, Regional Administrator, Tony.Robinson@fema.dhs.gov, 940-898-5309 (desk), 940-368-0211 (cell)
- Moises Dugan, Deputy Regional Administrator, Moises.Dugan@fema.dhs.gov, 940-898-5312 (desk), 940-247-1536 (cell)

Region 7 - Iowa, Kansas, Missouri, and Nebraska

- Paul Taylor, Regional Administrator, Paul.Taylor@fema.dhs.gov, 816-283-7054 (desk), 816-988-6196 (cell)
- Kathy Fields, Deputy Regional Administrator, Kathy.Fields2@fema.dhs.gov, 816-283-7062 (desk), 816-810-8192 (cell)

Region 8 - Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- Lee dePalo, Regional Administrator, Lee.dePalo@fema.dhs.gov, 303-235-4990 (desk), 720-456-9616 (cell)
- Nancy Dragani, Deputy Regional Administrator, Nancy.Dragani@fema.dhs.gov, 303-235-4840 (desk), 202-702-1991 (cell)

Region 9 – American Samoa, Arizona, California, Guam, Hawaii, Nevada, Commonwealth of the Mariana Islands, Federate States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

 Bob Fenton, Regional Administrator, Robert.Fenton@fema.dhs.gov, 510-627-7029 (desk), 510-867-1615 (cell) Jim Cho, Acting Deputy Regional Administrator, <u>James.Cho@fema.dhs.gov</u>, 510-627-7136 (desk), 215-240-0034 (cell)

Region 10 - Alaska, Idaho, Oregon, and Washington

- Mike O'Hare, Regional Administrator, Michael.OHare@fema.dhs.gov, 425-487-4604 (desk), 202-657-1973 (cell)
- Vince Maykovich, Deputy Regional Administrator, Vincent.Maykovich@fema.dhs.gov, 425-487-4799 (desk), 425-879-6983 (cell)



Follow-Up Vice President's Discussion with Our Nation's Governors on COVID-19 Coordination & Preparedness

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Mon, Mar 2, 2020 at 6:29 PM

Cc: "Hoelscher, Douglas L. EOP/WHO" <Douglas.L.Hoelscher@who.eop.gov>, "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>, "Imhoff, Olivia P. EOP/WHO" <Olivia.P.Imhoff2@who.eop.gov>, "Swint, Zachariah D. EOP/WHO" <Zachariah.D.Swint2@who.eop.gov>



Our Nations' Governors,

Thank you for joining today's discussion between the **Vice President and Our Nation's Governors on COVID-19 Coordination & Preparedness**. Below you will find a readout of the briefing along with additional resources.

Vice President Mike Pence today participated in a discussion with more than 50 of our Nation's governors to provide an update on the work of the White House Coronavirus Task Force, to continue coordination with governors and state and local officials to respond to and prepare for the coronavirus, and to thank governors and state and local leaders—particularly state and local health officials—for their leadership.



The Vice President first introduced Ambassador Debbie Birx. M.D. as the White House Coronavirus Coordinator. Dr. Birx is a world renowned expert in handling the HIV/AIDS epidemic who will play a critical role in the Administration's efforts and understands the importance of a whole-of-government approach alongside governors, state and local leaders.

Next, U.S. Department of Health and Human Services (HHS) Secretary Alex Azar, and Centers for Disease Control & Prevention (CDC) Principal Deputy Director Dr. Anne Schuchat provided a status update on the Coronavirus, outlined ongoing Federal efforts, and discussed State and local actions with the governors.

Governor Larry Hogan, Chair of the National Governors Association, joined the Vice President in person, and other governors joined via video teleconference or phone.

Since the very beginning of the coronavirus outbreak, the President has taken an unprecedented whole-of-government approach to protect the American people, thus the Vice President pledged to convene the governors for a teleconference on a weekly basis, assuring that Federal leaders will continue its close coordinate with our Nation's governors and other State and local leaders on a Whole-of Government Approach to the developing situation.

Moving forward, the Vice President asks that you keep the following resources close at hand.

Helpful Agency Contact Information: Below, please find contact information for our Intergovernmental Affairs colleagues across the Federal family.

- U.S. Department of Health and Human Services Darcie Johnston (Office 202-853-0582 / Cell 202-690-1058 / Email – darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security Cherie Short (Office 202-441-3101 / Cell 202-893-2941 / Email cherie.short@hq.dhs.gov)

• U.S. Department of State – Bill Killion (Office – 202-647-7595 / Cell – 202-294-2605 / Email – killionw@state.gov)

• U.S. Department of Transportation – Sean Poole (Office – 202-597-5109 / Cell – 202-366-3132 / Email – sean.poole@dot.gov)

The Office of the Vice President and White House Office of Intergovernmental Affairs (IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance.

Office of the Vice President		
Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

White House Office of Intergovernmental Affairs		
Name	Cell Phone	Email
Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

<u>Up-To-Date Information</u>: Additional helpful resources and up-to-date information can be found on the below websites and social media channels.

For background and the most up-to-date information, please visit the Centers for Disease Control and Prevention Coronavirus Disease 2019 website: HERE

U.S. Department of Health and Human Services

- Twitter (here)
- Facebook (here)

Centers for Disease Control and Prevention

- Twitter (here)
- Facebook (here)



RE: Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President

1 message

 Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>
 Mon, Mar 16, 2020 at 3:53 PM

 Cc: "Hoelscher, Douglas L. EOP/WHO" <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>

A follow-up, you can find **The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread** guidelines online now here: http://45.wh.gov/1e5aC9.

From: Pottebaum, Nic D. EOP/WHO Sent: Monday, March 16, 2020 3:27 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> Subject: Follow-Up from March 16th Governors-Only Call/VTC with the President & Vice President



Governors and Governors' Senior Staff,

In follow up to today's Governor-Only Briefing with the President & Vice President today (Monday, March 16), attached is the guidance referenced in the briefing being released today, "**The President's Coronavirus Guidelines for America - 15 Days to Slow the Spread**."

Additionally, below you will find additional information referenced on today's briefing call/VTC.

Thanks,

Nic

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

UPDATES

President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19

Presidential Proclamation Here

• Letter from President Donald J. Trump on Emergency Determination Under the Stafford Act to U.S. Department of Homeland Security, Department of Treasury, U.S. Department of Health & Human Services, and Federal Emergency Management Agency. The letter includes specific recommendation to governors including:

• "In order to meet the challenges caused by this emergency pandemic, **I have encouraged all State and local governments to activate their Emergency Operations Centers and to review their emergency preparedness plans.** In the meantime, I expect FEMA to continue to review all ways in which it can provide assistance to States consistent with the authorities provided to it by this letter and by statute."

• "I encourage all governors and tribal leaders to consider requesting Federal assistance under this provision of the Stafford Act, pursuant to the statutory criteria. I stand ready to expeditiously consider any such request."

- President Donald J. Trump Has Mobilized the Full Resources of the Federal Government to Respond to the Coronavirus
- FEMA Fact Sheet

Expanding Testing & State-Approved Diagnostic Testing Resources

- Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.
- Questions or Inquiry for Mobile Testing (primarily for healthcare workers, first responders, and those over the age of 65 year of age): Please have your team or emergency manager reach out to your FEMA regional manager found here for more information.
- Helpful Guidance for Your State Health Officer & State Health Lab: FAQs on Diagnostic Testing (more here).
- FDA gives flexibility to New York State Department of Health, FDA issues Emergency Use Authorization Diagnostic
- HHS Funds Development of COVID-19 Diagnostic Tests

Framework Mitigation Strategies for Communities with Local COVID-19 Transmission

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy. CDC is aggressively responding to the global outbreak of

COVID-19 and community spread in the United States. CDC's all of community approach is focused to slow the transmission of COVID-19, reduce illness and death, while minimizing social and economic impacts.

- A Framework for Mitigation: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (more here; 10-page frame work for States, localities, and communities).
- CDC mitigation strategies for Santa Clara (CA), Seattle (WA), New Rochelle (NY), Florida, and Massachusetts.

Centers for Medicare & Medicaid Services (CMS) Resources for States

On Friday, the Trump Administration announced aggressive actions and regulatory flexibilities to help healthcare providers and states respond to and contain the spread of 2019 Novel Coronavirus Disease (COVID-19). CMS is taking several actions following President Trump's declaration of a national emergency due to COVID-19. A press release outlining CMS announcement can be found here. A fact sheet outlining these actions can be found here.

• Flexibility and Relief for State Medicaid Agencies: The national emergency declaration also enables CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under section 1135 waivers. States and territories are now encouraged to assess their needs and request these available flexibilities, which are outlined in the Medicaid and CHIP Disaster Response Toolkit. Examples of flexibilities available to states under section 1135 waivers include the ability to permit out-of-state providers to render services, temporarily suspend certain provider enrollment and revalidation requirements to promote access to care, allow providers to provide care in alternative settings, waive prior authorization requirements, and temporarily suspend certain pre-admission and annual screenings for nursing home residents. For more information and to access the toolkit, visit here.

• Waivers and Flexibilities for Hospitals and other Healthcare Facilities: CMS will temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements. CMS will also issue several blanket waivers, listed on the website below, and the CMS Regional Offices will review other provider-specific requests. These waivers provide continued access to care for beneficiaries. For more information on the waivers CMS has granted, visit here.

• **Centers for Medicare & Medicaid Services (CMS) Nursing Home Guidance**: As you know, nursing homes and their residents are vulnerable populations for COVID-19. This week, CMS released updated guidance for infection control and prevention of COVID-19 in Nursing Homes which can be found here (3/9). The Press Release can be found here and all CMS guidance related to COVID-19 can be found here.



Latest Information - COVID-19

1 message

Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov>

Sun, Mar 8, 2020 at 9:30 PM

To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov> Cc: "Hoelscher, Douglas L. EOP/WHO" <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>, "Imhoff, Olivia P. EOP/WHO" <Olivia.P.Imhoff2@who.eop.gov>



Our Nation's Governor's and Staff,

We look forward to having our Nation's Governors join tomorrow's call/video teleconference with the Vice President (Monday, March 9 at 12:00 p.m. ET).

To receive the most the most up-to-date set of information and guidance on COVID-19, please go HERE (or https://www.cdc.gov/coronavirus/2019-ncov/index.html).

This is a one-stop-shop for What You Should Know, Situation Updates, and Information for Specific Audiences including the CDC's Public Health Laboratory Testing Map.

Latest Updates

- FDA and CDC take action to increase access to respirators, including N95s, for health care personnel (more here)
- Coronavirus (COVID-19) Update: FDA Issues New Policy to Help Expedite Availability of Diagnostics (more here)
- Comprehensive Update on Testing Numbers (March 7,2020 White House Press Briefing by FDA Commissioner Stephen M. Hahn, M.D.):
- CDC has shipped tests sufficient to test about 75,000 individuals for COVID-19 to Public Health Laboratories. And all Public Health Laboratories that originally received a CDC test have received replacement tests. Laboratories in areas with the highest need for testing based on the outbreak have received additional tests, however, all state public health labs now have tests available to them.
- As of March 7, the CDC test shipped to public health labs has been able to test more than 3,500 specimens from 1,583 patients.
- Additionally, as of March 6, more than 1.1 million tests have been shipped to nonpublic health labs.
- The manufacturer, IDT, is distributing these tests nationwide, although the first batch of tests were shipped to the states of California and Washington based on confirmed clusters in those areas.
- IDT currently has another 400,000 tests which have undergone and passed final quality control check and we expect those tests to ship to labs on March 9.
- Another manufacturer's tests will be undergoing a quality control check. That batch of 640,000 tests could ship as early as March 9.
- IDT and other manufacturers believe they can scale up production so that by the end of next week tests, an additional 4 million tests could be shipped.

• This does not include the ramp up expected by large commercial or academic labs.

The Office of the Vice President and White House Office of Intergovernmental Affairs (IGA) will continue to share pertinent information as it becomes available. Please do not hesitate to reach out to our office directly if we can be of assistance. Below, please find additional information.

Office of the Vice President		
Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

White House Office of Intergovernmental Affairs		
Name	Cell Phone	Email
Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Olivia Imhoff	202-881-7466	Olivia.P.Imhoff2@who.eop.gov

Thanks,

Nic

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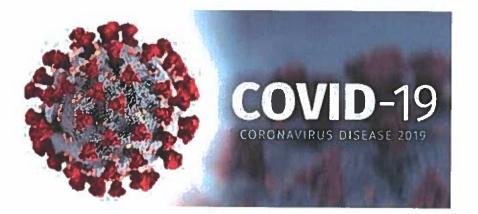
Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

Background & Additional Information



Background: Under the leadership of President Trump and Vice President Pence, the full weight of the U.S. Government is working to protect the health and safety of the American people. Decisive action from President Trump at the beginning of the COVID-19 outbreak—including prudent travel restrictions and an early containment strategy—has given State and local officials and private sector partners time to prepare. In January, the President formed a Coronavirus Task Force, led by Vice President Mike Pence and comprised of subject-matter experts, to organize a whole-ofgovernment response. The Coronavirus Task Force and broader Administration have worked and will continue to work with State-Local-Tribal officials and private sector and non-profit partners in preparing for and responding to the Coronavirus. It is important to note that at this time, the risk for the average American remains low, and all agencies are working aggressively to monitor this continuously evolving situation and to keep our partners and the public informed.

<u>Up-To-Date Information</u>: To receive the most the most up-to-date set of information and guidance on COVID-19, please go HERE (or https://www.cdc.gov/coronavirus/2019-ncov/index.html).

- What You Should Know (here)
- Travel Information (here)
- Preventing COVID-10 Spread in Communities (here)
- Higher Risk & Special Populations (here)
- Healthcare Professionals (here)
- Resources for Healthcare Facilities (here)
- Resources for Health Departments (here)
- Laboratories (here)
- Communication Resources (here)

<u>Agency Resources and Contact Information</u>: Below, please find agency-by-agency information, guidance, and contact information.

Resources – Below, please find agency-by-agency resources and guidance.

- U.S. Department of Health and Human Services (here)
- U.S. Department of Education (here)
- U.S. Department of Agriculture (here)

- U.S. Department of Labor (here)
- U.S. Department of Homeland Security (here)
- U.S. Department of State (here)
- U.S. Department of Veterans Affairs (here)
- U.S. Environmental Protection Agency (here)
- U.S. Department of the Interior (here)
- Centers for Medicare and Medicaid (here)

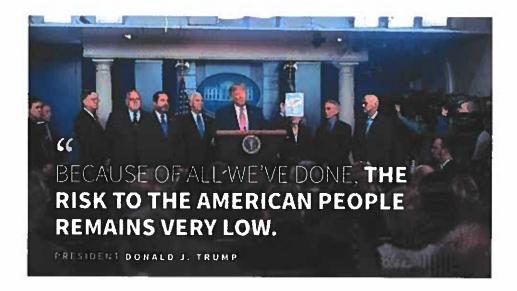
Contact Information – Below, please find contact information for our Intergovernmental Affairs colleagues across the federal family. As State and local elected officials, they are your primary points of contact.

- U.S. Department of Health & Human Services: Darcie Johnston (Phone 202-690-1058 / Email darcie.johnston@hhs.gov)
- U.S. Department of Homeland Security: Cherie Short (Phone 202-893-2941 / Email cherie.short@hq.dhs.gov)
- U.S. Department of State: Bill Killion (Phone 202-647-7595 / Email killionw@state.gov)
- U.S. Department of Transportation: Sean Poole (Office ~ 202-597-5109 / Cell 202-366-3132 / Email sean.poole@dot.gov)
- U.S. Department of Education: Susan Falconer (Phone 202-320-6837 / Email susan.falconer@ed.gov)
- U.S. Department of Veterans Affairs: Thayer Verschoor (Phone 202-461-7385 / Email Thayer.verschoor@va.gov)
- U.S. Environmental Protection Agency: Britt Carter (Phone 202-440-0728 / Email carter.brittanys@epa.gov)
- U.S. Small Business Administration: Ryan Lambert (Phone 202-615-6570 / Email ryan.lambert@sba.gov)
- U.S. Department of Agriculture: Lillie Brady (Phone 202-845-3872 / Email lillie.brady@usda.gov)

Local Preparedness Tips: Responses locally executed, state managed, and federally supported.

- Ensuring clear, open lines of communication with the public and making information and guidance readily available.
- Sharing and disseminating verified and accurate guidance and information.
- Coordinating with State and local health authorities (a complete list of State & Territorial Health Department Websites can be found **here**)
- Reviewing local preparedness plans and strategies.

What You Need To Know: President Trump and the Administration Are Taking a Whole-Of-Government Approach to Protecting the American People



Top Line.

- The risk to the American public remains low.
- The Coronavirus Task Force is marshalling a whole-of government response to COVID-19 and driving collaboration between Federal-State-Tribal-Local stakeholders.
- The Federal Government has been able to provide tests to all the state jurisdictions and labs that have requested it. In addition, all state labs have the test and are empowered to conduct the test themselves. Complementing these efforts, leading commercial laboratories in the country will soon have tests available for local doctors, pharmacies, and broadly to the American public.

President Trump has made the safety, security and health of the American people his top priority from day one.

- There is no higher priority for President Trump than protecting the health and safety of Americans.
- In 2018, President Trump signed the National Biodefense Strategy, which improves speed of action in situations such as this.
- While additional cases are expected, the general risk to the average American remains low, and the Administration is taking measures to keep the threat low.

Since the very beginning of the coronavirus outbreak, the President has taken an unprecedented wholeof-government approach to protect the American people.

- President Trump took unprecedented action and suspended all travel into the United States from China and has issued subsequent screening measures and guidance on travel from other impacted areas across the globe.
- Issuing a public health emergency declaration on January 31.
- Establishing the White House task force to combat the coronavirus spread. The Task Force is coordinating and marshalling the full resources and capabilities of the Federal government to respond to the coronavirus.
- Forging relationships and collaboration between the public and private sectors.
- Remained in close contact with our Nation's governors and other key stakeholders.
- The Washington Times: Thanks to Trump Administration, the United States has a Coronavirus Plan of Action.

• Dr. Marc Siegel: Coronavirus Public Health Response Has Been Handled Well

While the overall threat to the American public remains low, the President has directed the White House Task Force to take all steps to ensure the health and well-being of the American people and we are wellprepared.

- Americans do not need to change their day-to-day lives but should stay informed and practice good hygiene.
- There are good tried and true hygiene practices which can be very effective to reduce the chance of getting sick.
- Travelers are encouraged to always exercise healthy travel habits when traveling and to follow appropriate guidance (*see here*). At this time, there are no domestic travel restrictions in the United States.
- We are working rapidly on therapeutics and vaccines and have launched the first U.S. clinical trial for an investigational antiviral.
- The Federal Government has been able to provide tests to all the state jurisdictions and labs that have requested it. Between March 2nd and 5th, more than 900,000 tests were distributed across the country.
- The United States has the finest public health system in the world and knows the playbook to respond to infectious disease outbreaks.

Local, State, tribal, & Federal coordinated preparedness & response efforts.

- Federal officials have been working diligently to communicate with State, local, and tribal officials on the Federal government's efforts to prepare and respond to COVID-1.
- Our Nation's Governors have participated in-person and on conference call briefings with Federal partners on January 30, February 9, February 20 and March 2. These communications remain ongoing.
- White House, OMB, HHS, DHS, DOT, and State Department Officials met with over 40 State, county, and city health officials from over 30 States and territories to thank them for their leadership and to continue discussions on the Federal-State-Local partnership to prepare and respond to COVID-19 (February 25).
- HHS, CDC, DHS, and Federal partners have held numerous national briefing calls with State, local, tribal, private-sector, and community leaders.
- The Trump Administration is partnering with State, local, and tribal elected and appointed leaders' associations.

Recent Actions: Below, please find pertinent updates on pertinent Administrations actions.

- Task Force Briefings (briefings are held on a frequent basis and can be viewed live here)
 - o March 6: Video
 - o March 4: Video
 - o March 2: Video
 - o February 29: Video

• President Trump Signs the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (March 6) (transcript/video)

• President Trump and Vice President Pence attend Coronavirus Briefing with Airline CEOs (March 4) (transcript/video)

• Vice President Pence meets with Long-Term, Post-Acute and Palliative Care Provider Executives (March 4) (transcript)

• Centers for Medicare & Medicaid Services (CMS) Announces Actions to Address Spread of Coronavirus (March 4) (more **here**)

• President Trump Visits the National Institutes of Health and attends Roundtable Briefing (March 3) (transcript)

• Vice President Pence attends Coronavirus Briefing with Diagnostic Lab CEOs (March 4) (transcript/video)



Update from Vice President Mike Pence: Project Airbridge State & County-Level Data - Virginia

Mercer, Clark <clark.mercer@governor.virginia.gov>

Mon, Apr 20, 2020 at 10:04 AM

To: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>

Cc: "ralph.northam@governor.virginia.gov" <ralph.northam@governor.virginia.gov>, "stacey.brayboy@governor.virginia.gov" <stacey.brayboy@governor.virginia.gov>, "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>

Thank you, Tucker. We will look forward to being on the 11am call. As I sent this weekend, any assistance re: consistent messaging from the White House would be most appreciated. We continue to be blindsided by the verbal assaults on the Commonwealth and remain concerned that they are encouraging not only protests in violation of your own guidance (we can handle) but, frankly, violence based on the intel we are gathering.

Clark

On Mon, Apr 20, 2020 at 9:05 AM Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov> wrote:

Good Morning, please see an updated PPE distribution document attached for reference during the 11am all-governors VTC with Vice President Pence. As stated below, these supplies have been distributed as a result of Project Airbridge and additional commercial supply chain acquisitions.

Best,

Tucker Obenshain

Office of the Vice President

(202) 881-6217 (no text)

From: Obenshain, Tucker T. EOP/OVP Sent: Friday, April 17, 2020 12:19 PM

To: 'ralph.northam@governor.virginia.gov' <ralph.northam@governor.virginia.gov>; 'clark.mercer@governor. virginia.gov' <clark.mercer@governor.virginia.gov>; 'Baxter.carter@governor.virginia.gov' <Baxter.carter@governor. virginia.gov>; 'stacey.brayboy@governor.virginia.gov' <stacey.brayboy@governor.virginia.gov> Cc: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> Subject: Update from Vice President Mike Pence: Project Airbridge State & County-Level Data - Virginia



Office of the Vice President

Over the past several briefings, I've provided updates with FEMA Administrator Pete Gaynor and Joint Chiefs of Staff Rear Adm. John Polowczyk on increasing supply and expanding domestic allocation and production of medical supplies and equipment.

As the result of Project Airbridge and additional commercial supply chain acquisitions, attached you will find personal protection equipment (PPE) and other critical supplies distributed from FEMA to your State between April 1- April 14. The information shared with you today is for official use only and is not for distribution. The attachment includes:

- Statewide Total PPE Shipments for N95 Masks, Surgical Masks, Face Shields, Gowns, and Gloves
- County-Level PPE Shipments for N95 Masks, Surgical Masks, Face Shields, Gowns, and Gloves

The PPE was distributed to healthcare facilities in your State through the normal commercial supplier distribution system. Project Airbridge has greatly helped expedite sourcing of key materials from around the world and more 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.

Necessary State Reporting Ask: This information is being provided to support State-led efforts to get necessary critical supplies to the right place, at the right time within your state. In return, I ask you to ensure your State is reporting key information from your State emergency manager to the FEMA Regional Administrator. Most States are reporting this data on a daily basis, which is appreciated and I ask you to take action to ensure your State continues doing this on a regular basis. This reporting includes:

- Daily broad healthcare capacity data reporting on key hospital capacity and ventilator use metrics.
- Daily State's stockpile inventory and hospital PPE supplies to assist with our prioritization of supplies and equipment deliveries to areas most in need.

If you have any additional questions, please reach out to my office or White House Intergovernmental Affairs Office. Thank you for your tireless efforts and partnership during these unprecedented times.

Sincerely,

Vice President Mike Pence

###

Additional Background on Project Airbridge

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. The Air Bridge 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 months or 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% of supplies on each plane are for customers within the hotspot areas with most critical needs. The remaining 50% is fed into distributors' normal supply chain to their customers in other areas nationwide. HHS and FEMA determine hotspot areas based on CDC data. The information does not include product distributed outside of major medical distributors and ~8% of total volume not mapped to a location. Numbers are directional and constitute a minimum, not a maximum. All numbers round to nearest 100. You can find more information here.

We have received a number of questions as to where specifically these private sector medical supplies are going to better inform prioritization decisions being made at the state, local, tribal and territorial level. FEMA provides these documents to you so you can understand the overall flow of commercial supplies within your state. This information informs partners on the flow of private sector-distributed PPE which includes, but is not limited to, shipments facilitated by Project Airbridge.

Intergovernmental Affairs Office Contact Information

Name	Cell Phone	Email
Doug Hoelscher	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov
Ella Campana	202-881-7298	Ariella.M.Campana@who.eop.gov

Office of the Vice President Contact Information

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

Slow the Spread

*Disclosure and Source of Attachment: Data provided by top U.S. medical suppliers (Cardinal, Concordance, Owens Minor, McKesson, and Medline). Product classifications provided by suppliers. Units in "eaches." Does not include product distributed outside of major medical distributors and ~8% of total volume not mapped to allocation; numbers are directional and constitute a minimum, not a maximum. All numbers rounded to nearest 100. This document may contain confidential commercial information and is for official government use only. You may not distribute any information contained in this document to non-governmental entities without the express authorization of FEMA.



Any help you can provide...

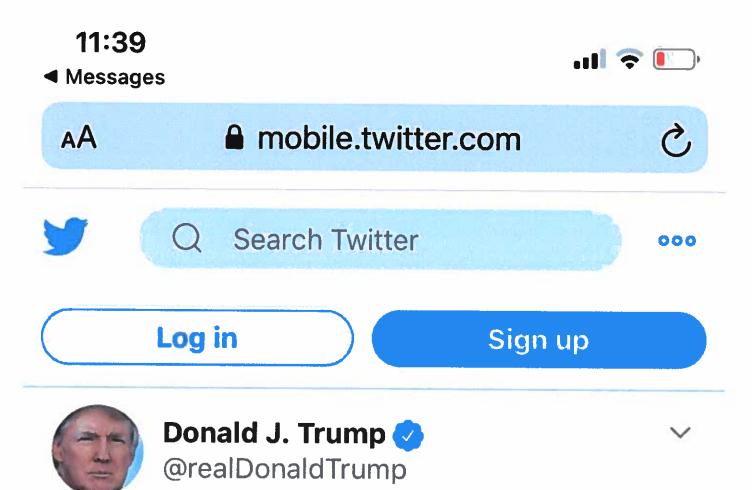
2 messages

Mercer, Clark <clark.mercer@governor.virginia.gov> To: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>

Fri, Apr 17, 2020 at 11:41 AM

We are being positive and upbeat- wanting the White House to be successful with this pandemic. I echo that anytime I do interviews, etc and Gov has avoided all cable tv so he doesn't get sucked into the partisan fights.

I know you can't control tweets though this is so unhelpful for folks to come together and work towards solutions.



LIBERATE VIRGINIA, and save your great 2nd Amendment. It is under siege!



This is going downhill, fast. It's remarkably dangerous rhetoric- for no apparent reason. [Quoted text hidden]



Any help you can provide...

Mercer, Clark <clark.mercer@governor.virginia.gov> To: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>

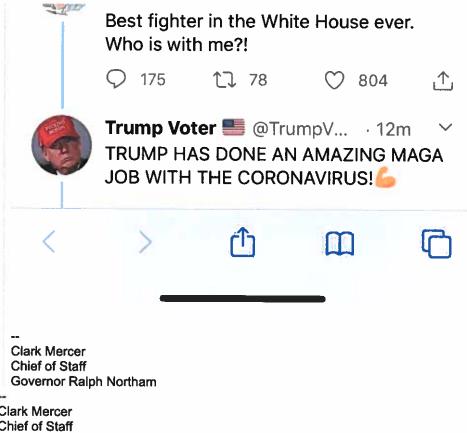
Sat, Apr 18, 2020 at 7:56 PM

This is going downhill, fast. It's remarkably dangerous rhetoric- for no apparent reason.

On Fri, Apr 17, 2020 at 11:41 AM Mercer, Clark <clark.mercer@governor.virginia.gov> wrote: We are being positive and upbeat- wanting the White House to be successful with this pandemic. I echo that anytime I do interviews, etc and Gov has avoided all cable tv so he doesn't get sucked into the partisan fights.

I know you can't control tweets though this is so unhelpful for folks to come together and work towards solutions.





Clark Mercer Chief of Staff Governor Ralph Northam



Pentagon/DoD/Testing Assistance in Virginia

Mercer, Clark <clark.mercer@governor.virginia.gov> Thu, Apr 23, 2020 at 2:24 PM To: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>, "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>, "Swint, Zachariah D. EOP/WHO" <Zachariah.D.Swint2@who.eop.gov>, "William.F.Crozer@who.eop.gov" <William.F.Crozer@who.eop.gov> Cc: Carlos Hopkins <carlos.hopkins@governor.virginia.gov>, Daniel Carey <daniel.carey@governor.virginia.gov>, Denise Burch <denise.burch@governor.virginia.gov>, Karen Remley <karen.remley@vdh.virginia.gov>, "Moran, Brian"

Hi all,

On behalf of Virginia's Governor Ralph Northam, I would like to set up a call to discuss how any and all Defense facilities (and federal facilities) with testing capacity in Virginia or the the District-Maryland-Virginia aka "DMV" region could be used to assist COVID-19 testing efforts in the Commonwealth.

I understand Maryland's Governor Larry Hogan made such a request and is receiving assistance, and that our localities in Virginia were informed today by your office that Virginia needed to make an official "ask" to receive this assistance. Please consider this email that ask, and please let me know who we can speak with to better understand what capabilities exist that we could leverage.

Thanks for all you are doing; Denise on this reply will set up a call with myself and Secretary of Health and Human Resources Dan Carey, Dr. Karen Remley who is heading up our testing, Secretary of Veterans and Defense Affairs Carlos Hopkins, and Secretary of Public Safety and Homeland Security Brian Moran.

Thank you,

Clark Mercer Chief of Staff Governor Ralph Northam --Clark Mercer Chief of Staff Governor Ralph Northam



Fwd: Letter for Ken Cuccinelli

Mercer, Clark <clark.mercer@governor.virginia.gov> To: nick.barbknecht@hq.dhs.gov Bcc:

Fri, Apr 10, 2020 at 12:09 PM

Mr. Barbknecht,

I know you and your team are slammed right now, though wanted to reup this letter for Mr. Cuccinelli. We also had the chance to speak on the phone. Here in Virginia we are going to have a handful of multigenerational seafood companies suffer and/or likely go under if they are unable to get seasonal visas for the crab season (companies like Graham & Rollings, Bevans Oyster Co., Cowart Seafood). It's not a high number of visas that the seafood indsutry needs compared to other non-manufacturing/producers like hotels, landscaping firms, etc. though they make a huge difference. Any consideration that could be given to this timely problem would be much appreciated.

Thank you, Clark

------ Forwarded message ------From: Mercer, Clark <clark.mercer@governor.virginia.gov> Date: Tue, Feb 25, 2020 at 12:18 PM Subject: Letter for Ken Cuccinelli To: <nick.barbknecht@hq.dhs.gov>

Good Afternoon Mr. Barbknecht,

Please see attached letter for Mr. Ken Cuccinelli.

I would appreciate your bringing this letter to his personal attention.

Thanks very much.

Clark

Clark Mercer Chief of Staff Governor Ralph Northam

[Quoted text hidden]





COMMONWEALTH of VIRGINIA

Clark Mercer Chief of Staff Office of the Governor February 25, 2020

The Honorable Ken Cuccinelli Acting Deputy Secretary of Homeland Security Washington, DC 20528

Dear Mr. Cuccinelli:

Thank you for taking the time to consider the issue of H-2B Temporary Non-Agricultural Workers, and our domestic seafood industry. While I will concentrate on how this issue is affecting Virginia businesses, it is a broader issue nationally. I am not naïve and recognize the tremendous task that President Trump has charged you with in addressing our nation's immigration system, and I would not be reaching out unless there was a relatively straightforward and commonsense fix for this problem— and, more importantly, one that I believe you and President Trump would be amenable to.

Personally, we have a couple connections. Kevin Maloy is my old boss at the Commission at Wartime Contracting and was gracious enough to help facilitate this letter getting to you. I grew up in Alexandria, though my father's family is originally from the Northern Neck where he was a waterman in the oyster and menhaden business. For a few years, I ran my own oyster company on the Eastern Shore in Cape Charles, and I am familiar with the Tangier Island Oyster Company. In fact, I have purchased several thousand oysters a year, for several years, for my family's annual oyster roast through Craig Suro. Both Kevin and Craig encouraged me to reach out, and I know you care deeply about Virginia and are willing to roll up your sleeves and do the work when you see an issue worth addressing.

The H-2B visa program is intended for *seasonal* workers. The seafood industry, notably the crabbing industry, has its season set by the government. This is unique compared to the other industries that seek H-2B visas— while those industries might be "seasonal" they are not legally confined as to when they can conduct commerce.

Crab picking and fish packaging houses rely on seasonal workers to manufacture their products. Picked crabmeat and packaged fish go on the shelves and compete with similar products produced outside of the United States. When a crab house shuts down, it shuts down for good and loses that market share to international competitors. We have seen far too many family businesses— owned for generations— shut down over the last several years. These are typically family businesses on places like the Eastern Shore, Northern Neck, or in Hampton Roads. Any state with a coastline and seafood industry faces a similar predicament.

Despite the seafood industry being manufacturers, they are in the same category of service companies like hotels and landscaping firms. A unique and important differentiator is that these services do not face the same competition and existential threats; i.e. there will always be grass to be cut and folks taking vacations with a need to stay at a hotel here in the United States. While these businesses certainly might benefit by having H-2B visas, and from one year to the next might suffer a bit if they don't receive a sufficient number of visas, they aren't competing internationally and the existence of their very industry The Honorable Ken Cuccinelli February 25, 2020 Page Two

is not being threatened in the same manner. In terms of scale, these industries request an exponentially higher number of visas than the seafood industry needs to stay afloat.

There are currently 33,000 H-2B visas available nationwide and there are 99,000 requests. The system that is in place now gives out the visas based on a lottery system. That system does not differentiate between the type of business, the immediate need (i.e. when the season for that business starts), or how long a business has been operating. With the lottery completed for this year, companies have been grouped into five categories: Group A, Group B, Group C, Group D, and Group E. Several of our Virginia seafood companies that have been family owned and operated for generations, are in Group D. They will not receive any of the 33,000 visas and their seasons open up in April. If the Department of Homeland Security decides to release additional visas later in the year (the Department did so in June last year and October two years ago), it will be too late for these companies, as their seasons will have closed.

The dockside market value of Virginia seafood is \$183 million annually with a \$407 million dollar total market value. Virginia ranks third nationally behind Alaska and Louisiana in term of the total amount of seafood landed at our ports.

It is my understanding that there are efforts in Congress to pass legislation that would differentiate the seafood industry to accommodate these necessary visas. I will work with Virginia's congressional delegation and encourage this action; though in the interim I would ask that you consider steps that could be taken administratively to distribute visas in a thoughtful way to the seafood industry.

If you are willing, a small group of business owners from Virginia would love to meet with you to discuss this situation. At the end of the day, the United States Government recognizes that the agricultural community is unique and valued, and has a separate visa program. Seafood is no different—our seafood companies are manufacturers and not in the service economy. When they cannot operate due to a lack of visas, some will unfortunately go out of business. Thank you for considering this issue and I hope you will be in touch If there is anything that I can do from Virginia to assist you.

Sincerely,

lake Muc

Clark Mercer



Fwd: Letter for Ken Cuccinelli

 Barbknecht, Nick <nick.barbknecht@hq.dhs.gov>
 Tue, Feb 25, 2020 at 1:31 PM

 To: "Mercer, Clark" <clark.mercer@governor.virginia.gov>
 Cc: "Streeter, Ryan" <ryan.streeter@hq.dhs.gov>, "SHORT, CHERIE" <cherie.short@hq.dhs.gov>

Clark - thank you for the letter. Received. I'll be sure we get a response back to you. - Nick

Nick Barbknecht

Advisor, Intergovernmental Affairs

U.S. Department of Homeland Security

M (202) 365-7768

nick.barbknecht@hq.dhs.gov

From: Mercer, Clark <clark.mercer@governor.virginia.gov> Sent: Tuesday, February 25, 2020 12:18 PM To: Barbknecht, Nick <nick.barbknecht@hq.dhs.gov> Subject: Letter for Ken Cuccinelli

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact your component SOC with questions or concerns.

[Quoted text hidden]



Call Tonight at 6:45 p.m. (Sunday, March 15)

 Mercer, Clark <clark.mercer@governor.virginia.gov>
 Sun, Mar 15, 2020 at 6:25 PM

 To: "Pottebaum, Nic D. EOP/WHO" <Nicholas.D.Pottebaum@who.eop.gov>
 Sun, Mar 15, 2020 at 6:25 PM

 Bcc: Keyanna Conner <keyanna.conner@governor.virginia.gov>, Marvin Figueroa <marvin.figueroa@governor.virginia.gov>, Stacey Brayboy <stacey.brayboy@governor.virginia.gov>

Nic,

Our Secretary of Administration Keyanna Conner and Legislative Director Marvin Figueroa will be on. I don't have the Governor confirmed at this point and will let you know if that changes by 6:45. Thanks.

On Sun, Mar 15, 2020 at 6:04 PM Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> wrote:

Clark,

Please confirm if the Governor or a representative (senior staff member) can join.

Here are the details about the call with Margaret Weichert, Deputy Director for Management at the Office of Management and Budget (OMB) & Acting Director at the Office of Personnel Management (OPM).

Date: TONIGHT - Sunday, March 15

Time: 6:45 p.m. (15-20 minutes)

Call-In Information

- Dial-In: (202) 395-6392
- Code: 286 8183

Attendees:

- Margaret Weichert OMB & OPM
- Nic Pottebaum WH Intergovernmental Affairs
- William Crozer WH Intergovernmental Affairs

Invited:

- Gov. Northam (VA) or Chief of Staff/Senior Staff Member
- Gov. Hogan (MD) or Chief of staff/Senior Staff Member
- Mayor Bowser (DC) or Chief of Staff/Senior Staff Member

Thanks,

Nic

--

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803| E: Nicholas.D.Pottebaum@who.eop.gov

Clark Mercer Chief of Staff Governor Ralph Northam



Letter to Ken Cuccinelli

Obenshain, Tucker T. EOP/OVP <Anne.T.Obenshain@ovp.eop.gov> To: "Mercer, Clark" <clark.mercer@governor.virginia.gov>

Thu, Mar 5, 2020 at 10:55 AM

Hey, Clark. Good hearing from you. Can we connect tomorrow? Traveling with VP to today and it's a little hectic.

Tucker Obenshain Office of the Vice President C: (202) 881-6217

On Mar 5, 2020, at 10:51 AM, Mercer, Clark <clark.mercer@governor.virginia.gov> wrote:

Tucker,

Hope you are doing well. If you have a couple minutes, I'd like to discuss this issue with you related to the seafood industry and H-2B seasonal visas. I think there is a fairly straightforward fix that folks would be very appreciative of if the Administration were to act on. My cell is ', Know you are busy though wouldn't be reaching out unless I thought there would be some common ground on a way forward.

Thanks, Clark

-----Forwarded message ------From: **Burch, Denise** <denise.burch@governor.virginia.gov> Date: Thu, Mar 5, 2020 at 10:10 AM Subject: Letter to Ken Cuccinelli To: <douglas.l.hoelscher@who.eop.gov> CC: Clark Mercer <clark.mercer@governor.virginia.gov>

Good Morning Mr. Hoelscher,

Chief Mercer asked me to forward you the attached letter to Secretary Ken Cuccinelli.

Thanks very much.

Denise

Denise Burch Confidential Assistant to the Chief of Staff and Deputy Chief of Staff Office of Governor Ralph S. Northam 1111 E. Broad Street Richmond, VA 23219 804.225.4810

--Clark Mercer Chief of Staff Governor Ralph Northam <Ken Cuccinelli - H-2B Temporary Non-Agricultural Workers.pdf>



Follow-Up - 3/23 Governors Briefing with the Vice President on COVID-19

 Hoelscher, Douglas L. EOP/WHO <Douglas.L.Hoelscher@who.eop.gov>
 Tue, Mar 24, 2020 at 10:28 AM

 To: "Mercer, Clark" <clark.mercer@governor.virginia.gov>, "Pottebaum, Nic D. EOP/WHO"
 Tue, Mar 24, 2020 at 10:28 AM

 <Nicholas.D.Pottebaum@who.eop.gov>
 Cc: "Obenshain, Tucker T. EOP/OVP" <Anne.T.Obenshain@ovp.eop.gov>, "Swint, Zachariah D. EOP/WHO"

 <Zachariah.D.Swint2@who.eop.gov>

Thanks Clark – appreciate the partnership – we are all in this together!

From: Mercer, Clark <clark.mercer@governor.virginia.gov> Sent: Tuesday, March 24, 2020 10:21 AM To: Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> Cc: Hoelscher, Douglas L. EOP/WHO <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> Subject: Re: Follow-Up - 3/23 Governors Briefing with the Vice President on COVID-19

Nic and team,

I know you are under tremendous pressure and working long hours. Hang in there. You are doing a great job of keeping states informed and balancing a number of interests. If there is anything I can help you with in Virginia, please let me know.

Thanks, Clark

On Mon, Mar 23, 2020 at 8:52 PM Pottebaum, Nic D. EOP/WHO <Nicholas.D.Pottebaum@who.eop.gov> wrote:



Governors and Governors' Senior Staff,

Thank you for joining today's briefing call Vice President Mike Pence on the all-of-America approach to respond to, prepare for, and mitigate the effects of COVID-19.

Data Asks from the Vice President

1. Hospitals & State/Local Labs Reporting COVID-19 Cases to CDC: The Vice President asked every governor to ensure your State and local public health departments including hospitals are reporting their COVID-19 testing data and results in real-time to Centers for Disease Control and Prevention (CDC). This is required under the Families First Coronavirus Response Act (H.R. 6201) signed by President Trump on March 18.

• *H.R. 6201 language on testing data requirement:* "SEC. 1702. States and local governments receiving funds or assistance pursuant to this division shall ensure the respective State Emergency Operations Center receives regular and real-time reporting on aggregated data on testing and results from State and local public health departments, as determined by the Director of the Centers for Disease Control and Prevention, and that such data is transmitted to the Centers for Disease Control and Prevention."

2. Surveying Outpatient Surgical Centers & Clinics for Ventilators: The Vice President asked every governor to survey their outpatient surgical centers and clinics for ventilators. The U.S. Food & Drug Administration (FDA) is now allowing those ventilators to be modified by changing a vent. Governors are going to be able to identify a whole new range of ventilators that could be easily converted, add to their supply, and focused at the point of the need in their States. More details below.

Readout from the Vice President's Briefing with Governors

Today, Vice President Mike Pence led a discussion with the chief executives of over 50 States, territories, and Washington, DC, to provide an update on the all-of-America approach to respond to, prepare for, and mitigate the effects of 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. The Federal government helps scale best practices, coordinates key priorities, and provides regulatory flexibilities and key resources to supplement, but not replace private sector, local, and state resources. Federal leaders stressed that local leaders need to work with State leaders. Participants also discussed the importance of connectivity to healthcare providers and their associated supply chains to create a clear dashboard of all the key resources in each community and across each State. Many States have worked diligently to pull-together all of the key stakeholders in their State to have a coordinated, innovative, solution-focused supply management ecosystem.

The Vice President and Dr. Birx urged State and local leaders to regularly highlight the "**15 Days to Slow the Spread**" community mitigation guidance established by the CDC. Participants discussed the historic actions taken by the Federal government to support State, local, and private sector leaders, importance of data sharing between State and Federal governments, States removing telemedicine barriers, importance of Emergency Management Assistance Compact (EMAC) agreements to surge resources and personnel, preserving key medical supplies by curtailing elective medical procedures and appointments, and supporting small businesses and American workers.

The Vice President applauded specific Governors for driving innovative solutions to this unprecedented challenge, including implementing best practices in scaling testing, conserving key resources, communicating with local and tribal officials, waiving state regulatory barriers, and utilizing established emergency management structures to ensure coordinated efforts and communications across all levels of government.

Since January 2020, the Trump Administration has held over 60 briefings with over 35,000 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 to bend the curve.

Below, you will find additional information mentioned on today's call and resources to follow-up including:

- FEMA Regional Administrators Contact Information
- New Ventilator Guidance Expanding the Availability of Ventilators as Well as Other Respiratory Devices

- Testing Prioritization
- Testing Resources
- Guidance on Essential Critical Infrastructure Workforce
- Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs
- Federal Waiver for Testing Assessments
- Resources for Constituents Overseas Traveling Back to the U.S.
- Centers for Disease Control & Prevention (CDC) Mitigation Framework for States, Localities, & Communities

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	202-881-8950	Douglas.L.Hoelscher@who.eop.gov
Nic Pottebaum	202-881-7803	Nicholas.D.Pottebaum@who.eop.gov
Zach Swint	202-881-6717	Zachariah.D.Swint2@who.eop.gov

Office of the Vice President

Name	Cell Phone	Email
Tucker Obenshain	202-881-6217	Anne.T.Obenshain@ovp.eop.gov

Thanks,

Nic

--

Nicholas D. Pottebaum

Special Assistant to the President and Deputy Director

White House Office of Intergovernmental Affairs

O: 202-456-2132 | C: 202-881-7803 | E: Nicholas.D.Pottebaum@who.eop.gov

ADDITIONAL INFORMATION

<u>Contact Information – FEMA Regional Administrators</u>

Sunday, you and your staffs received contact information for your Federal Emergency Management Agency (FEMA) Regional Administrators. FEMA has activated the National Response Coordination Center (NRCC) 24/7, and is now the lead agency to make formal Federal requests. Your State's strong leadership is needed to provide effective emergency management that is: (1) Locally-executed, (2) State-managed, and (3) Federally-supported. 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.). Reminding your team that if they are not utilizing the connectivity between the state operations center and the FEMA team, they aren't doing right – the good news most folks are now utilizing this path and with your help, we can all ensure effective processes elevate key priorities and questions. In particular, please ensure good connectivity between your state public health director and your state emergency manager.

• Contact Information: Contact information for your FEMA Regional Administrator is attached.

<u>New Ventilator Guidance – Expanding the Availability of Ventilators as Well as Other Respiratory</u> <u>Devices</u>

The U.S. Food & Drug Administration (FDA) has issued *guidance* to expand the availability of ventilators as well as other respiratory devices and their accessories during this pandemic. Every governor should survey their outpatient surgical centers and clinics for ventilators as FDA is now allowing those ventilators to be modified by changing a vent. Governors are going to be able to identify a whole new range of ventilators that could be easily converted, add to their supply, and focused at the point of the need in their States. To expand availability, FDA will not object to limited modifications to the indications, claims, functionality, or to the hardware, software, or materials of FDA-cleared devices used to support patients with respiratory failure or respiratory insufficiency. This policy applies only during the public health emergency. More information *here*.

Testing Prioritization

The U.S. Department of Health and Human Services (HHS) has recommended prioritization for COVID-19 testing for individuals. HHS has developed three categories that we strongly recommend States and clinical laboratories utilize as they develop strategies to prioritize COVID-19 testing in their communities. *Attached is a document with some additional details* about the three categories and why we must prioritize these populations.

- Priority 1: Hospitalized patients; healthcare facility workers with symptoms.
- **Priority 2**: Patients in long-term care facilities with symptoms; patients over age 65 years with symptoms; patients with underlying conditions with symptoms; first responders with symptoms.
- **Priority 3**: Critical infrastructure workers with symptoms; Individuals who do not meet any of the above categories with symptoms; healthcare facility workers and first responders; individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations.

Testing Resources

This website offers frequently asked questions relating to the development and performance of diagnostic tests for COVID-19, including information on what commercial laboratories are offering testing, alternative swab supplies/methods, diversification on the types of reagents that can be used, etc. This information should be shared and reviewed by your State public health lab. *Link to Food & Drug Administration FAQ on Testing*.

- **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, Holagic, LabCorps, Roche, and Thermo Fisher, and other private sector testing platforms, we would encourage you to do so as that is where the high-speed testing solution is moving forward.
- Technical Assistance for State Labs: 24/7 Technical Assistance for Labs: 1-888-463-6332.

Guidance on Essential Critical Infrastructure Workforce

The Cybersecurity and Infrastructure Security Agency (CISA) released guidance to help state and local jurisdictions and the private sector identify and manage their essential workforce while responding to COVID-19. More information *here*.

Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs

The Centers for Medicare & Medicaid Services (CMS) has released new tools to strip away regulatory red tape and unleash new resources to support state Medicaid and Children's Health Insurance Programs (CHIP). CMS now has a full suite of tools available to maximize responsiveness to state needs. The agency has created four checklists that together will make up a comprehensive Medicaid COVID-19 federal authority checklist to make it easier for states to receive federal waivers and implement flexibilities in their program. More information *here*.

Federal Waiver for Testing Assessments

The U.S. Department of Education (DOEd) upon proper request will grant a waiver to any State that is unable to assess its students due to the ongoing national emergency, providing relief from Federally mandated testing requirements for this school year. A State unable to assess its students can seek a waiver from Federal testing requirements by completing a form available *here*. DOEd has dramatically streamlined the application process to make it as simple as possible for state leaders who are grappling with many complex issues.

Resources for Constituents Overseas Traveling Back to the U.S.

If you have constituents overseas trying to travel back the U.S. your office or your constituents can contact the U.S. Department of State at 1-888-407-4747 or go to **step.state.gov**.

<u>Centers for Disease Control & Prevention (CDC) Mitigation Framework for States, Localities, &</u> <u>Communities</u>

Protect yourself and your community from getting and spreading respiratory illnesses like COVID-2019. Everyone has a role to play in preparation and prevention. CDC is aggressively responding to the global outbreak of COVID-19 and community spread in the United States. CDC's all-of-community approach is focused to slow the transmission of COVID-19, and reduce illness and death, while minimizing social and economic impacts. The framework includes: (i) Local Factors to Consider for Determining Mitigation Strategies, (ii) Community mitigation strategies by setting and by level of community transmission or impact of COVID-19, and (iii) Potential mitigation strategies for public health functions. More *here*.

Clark Mercer

Chief of Staff

Governor Ralph Northam



American Airlines - Coronavirus Update

1 message

Tracy Montross <tracy.montross@aa.com> To: Ralph Northam <ralph.northam@governor.virginia.gov>

Fri, Mar 6, 2020 at 2:42 PM

Governor Northam:

Please find below the latest information from our Newsroom. Please don't hesitate to reach out with any questions or concerns related to American Airlines in Virginia.

All the Best,

Tracy Montross

Regional Director of Government Affairs

Coronavirus Update: American's Commitment to Customer and Team Member Safety

http://news.aa.com/news/news-details/2020/American-Airlines-Update-on-China-Flights-OPS-DIS/default.aspx

Wednesday, March 04, 2020, 8:50 PM

On every journey you take with American Airlines, your safety and well-being, and that of our team members, is our top priority. Coronavirus (COVID-19) is a complicated and fluid situation, and we continue to work closely with the Centers for Disease Control and Prevention (CDC), U.S. Customs and Border Protection (CBP), U.S. Department of State and public health officials on the latest developments.

Having information on our response is a critical step in giving you peace of mind during travel. Here's what we're doing to ensure your safe journey with us:

Our aircraft

- Our cleaning practices have always met or exceeded all CDC guidelines. We have a strong, structured cleaning regimen and our aircraft are cleaned each day at key touchpoints on their journeys with an EPA-approved disinfectant.
- International flights and aircraft with additional time on the ground receive a detailed 30-point cleaning package each day. All of our aircraft also undergo a deep cleaning procedure on a regularly scheduled basis.

- We are enhancing our cleaning procedures on international flights and aircraft that remain overnight at an airport. This move, which will touch the majority of our aircraft each day, includes a more thorough cleaning of all hard surfaces, including tray tables and armrests.
- Most of our aircraft are equipped with High-Efficiency Particulate Air (HEPA) filters that provide a complete air change approximately 15 to 30 times per hour, or once every two to four minutes. A HEPA filter's complete air change is better than most other forms of transportation and office buildings' and similar to the standard for hospitals.
- We're provisioning hand sanitizer and sanitizing wipes for crew members on all international flights across the Pacific Ocean and to Italy. We are working to expand this measure to all flights in the near future.

Our inflight dining and beverages

- All catering equipment on key international flights is undergoing additional sanitation and disinfection procedures:
 - All tableware, dishes, cutlery and glassware are being sanitized/disinfected before washing.
 - All unused inbound supplies are being discarded.
 - Inbound linen and headphones are being sanitized separately.
 - All galley equipment, including carts and carriers, are being sanitized separately.
- On key international flights, mid-cabin bar service will be adjusted and self-serve snack and fruit baskets will be removed. Flight attendants will provide food and beverage items upon request.

Our airports

- American works closely with airport authorities and government agencies to maintain a safe, clean environment for our customers and team members. This includes our own extensive protocol for cleaning customer and team member areas throughout the airport.
- Sanitizing wipes are also available for our team members and hand sanitizing stations are available for customers in key locations throughout the airport.

In guidance with health officials, we urge customers not to travel when sick with an acute respiratory illness. We also encourage our customers to travel with hand sanitizer. To learn more about protecting yourself from COVID-19, visit the CDC website at <u>cdc.gov/coronavirus</u>.

Updated Mar 3, 2020 at 9:00 a.m. CT.

Travel Alert: An update on South Korea flying

Due to the reduction in demand, American Airlines is suspending operations to and from Seoul, South Korea (ICN), and Dallas-Fort Worth (DFW), effective March 4, 2020. Flights to Seoul are scheduled to resume April 25. Our teams are contacting affected customers directly to accommodate their needs.

American continues to review the airline's flight schedule to ensure that customers' needs are accommodated and will make additional refinements as necessary.

Frequently Asked Questions

Which airports in South Korea does American serve?

American serves Incheon International Airport (ICN) from DFW. There is one flight to and from each city per day. As a result of this suspension, American will not operate flights to South Korea until April 25.

How will customers know if they are impacted?

American's Reservations team will contact affected customers directly by email or telephone. Customers who booked through a travel agent will be contacted by their agency directly.

My flight was canceled, and I don't want to rebook. Can I get a refund?

Yes. If a flight is canceled and a customer chooses to not be rebooked, they may request a full refund by visiting <u>aa.com/refunds</u>.

Updated Feb 29, 2020 at 8:00 p.m. CT.

Travel alert: An update on Milan, Italy flying

Travel alerts

Click the button below for information about coronavirus related travel waivers.

View alerts

Due to the reduction in demand, American Airlines is suspending operations to and from Milan, Italy, and New York (JFK) and Miami (MIA). Flights to Milan are scheduled to resume April 25. Our teams are contacting affected customers directly to accommodate their needs. American continues to review the airline's flight schedule to ensure that customers' needs are accommodated and will make additional refinements as necessary.

Frequently asked questions:

Which airports in Milan does American serve?

American serves Malpensa Airport (MXP) from JFK and MIA. There is one flight to and from each

city per day.

When will the flight schedule change? When do you plan to inform customers who were booked on these flights?

On March 1, American will run a formal schedule change, and customers who are booked on impacted flights will see their reservation updated on <u>aa.com</u>. Our teams will contact affected customers directly to accommodate their needs. Customers who booked through a travel agent will be contacted by their agency directly beginning March 1. Customers also can reach out to their travel agency.

My flight was canceled, and I don't want to rebook. Can I get a refund?

Yes. If a flight is canceled and a customer chooses to not be rebooked, they may request a full refund by visiting <u>aa.com/refunds</u>.

Amendment to presidential proclamation

As a result of the amendment to the Jan. 31, 2020 presidential proclamation, the United States government has imposed the following additional entry requirements that take effect March 2, 2020, after 5 p.m. ET:

- Any U.S. citizen or lawful U.S. permanent resident returning to the United States who has traveled to Iran within the previous 14 days must enter the United States through an approved airport. American Airlines customers will be rebooked, if necessary, to one of those airports by our Reservations and Airport teams.
- Foreign nationals who have traveled to Iran within the last 14 days will be denied permission to travel to the United States.

These entry requirements are in addition to those imposed by the presidential proclamation on Jan. 31, which restricted entry to the U.S. from mainland China (excluding Hong Kong and Macau).

American continues to work closely with U.S. authorities to comply with these new orders while treating all of our customers with respect. American is committed to taking care of any affected customers by assisting them with rebooking options and full refunds. Our team is proactively reaching out to customers who may be affected by this travel restriction to ensure they are accommodated.

Frequently asked questions:

When do these orders go into effect?

These orders apply to all flights departing for the United States after 5 p.m. ET on March 2. To be clear, it does not apply to flights that depart prior to 5 p.m. ET on March 2.

What can customers expect when flying American?

Prior to boarding an American Airlines flight departing to the United States, all customers will be asked if they have visited Iran or mainland China (excluding Hong Kong and Macau) within the last 14 days. If a customer traveled to Iran or mainland China (excluding Hong Kong and Macau) within the previous 14 days and is authorized to travel, they must enter the United States through an approved airport.

Foreign nationals who have traveled to Iran or mainland China (excluding Hong Kong and Macau) within the last 14 days will be denied permission to travel to the United States.

What airports are approved entry points for customers entering the United States if the customer has visited Iran within the last 14 days?

- Atlanta: Hartsfield–Jackson Atlanta International Airport (ATL)
- Dallas-Fort Worth: Dallas Fort Worth International Airport (DFW)
- Detroit: Detroit Metropolitan Airport (DTW)
- Newark, New Jersey: Newark Liberty International Airport (EWR)
- Honolulu: Daniel K. Inouye International Airport (HNL)
- New York City: John F. Kennedy International Airport (JFK)
- Los Angeles: Los Angeles International Airport (LAX)
- Chicago: Chicago O'Hare International Airport (ORD)
- Seattle: Seattle-Tacoma International Airport (SEA)
- San Francisco: San Francisco International Airport (SFO)
- Washington, D.C.: Washington-Dulles International Airport (IAD)

What if a customer is authorized to travel, but is scheduled to arrive at a nonapproved airport?

If a customer traveled to Iran or mainland China (excluding Hong Kong and Macau) within the previous 14 days and is authorized to travel, but is scheduled to arrive at a nonapproved airport, American will help reroute the customer to one of the approved airports or offer a refund.

Should customers arrive at international airports early?

We encourage customers departing for the United States to arrive at the airport three hours early as we expect this additional screening will lengthen the normal check-in process.

Who should customers contact if they need help changing their travel plans as a result of the travel restriction?

Customers should contact their original booking provider. American's Reservations team can be contacted at:

- From the US: <u>1-800-433-7300</u>
- From outside the US: +1 817-786-3818 (US) or + 44 207-660-2300 (UK)

Updated Feb 11, 2020 at 12:00 p.m. CT.

Travel Alert: An update on mainland China and Hong Kong flying

Due to the reduction in demand, American Airlines has extended the suspension of flying to and from mainland China and Hong Kong from our Dallas-Fort Worth (DFW) and Los Angeles (LAX) hubs.

- Flights between DFW/LAX and the mainland China are suspended through April 24.
- Flights between DFW and Hong Kong (HKG) are suspended through April 23.
- Flights between LAX and HKG are suspended through April 24.

We will continue to evaluate this schedule and make any adjustments as necessary.

Frequently asked questions

Which airports in mainland China does American serve?

American serves Shanghai Pudong Airport (PVG) and Beijing Capital International Airport (PEK) from DFW and LAX. We also serve Hong Kong International Airport (HKG) from DFW and LAX. On average, there is one flight to each city per day from both DFW and LAX for a total of six flights.

When will the flight schedule change. When do you plan to inform customers who were booked on these flights?

On Feb. 16, American will run a formal schedule change, and customers who are booked on impacted flights will see their reservation updated on <u>aa.com</u>. Our teams will contact affected customers directly to accommodate their needs. Customers who booked through a travel agent will be contacted by their agency directly beginning Feb. 16. Customers also can reach out to their travel agency.

My flight was canceled and I don't want to rebook. Can I get a refund?

Yes. If a flight is canceled and a customer chooses to not be rebooked, they may request a full refund by visiting <u>aa.com/refunds</u>.

Updated Feb 6, 2020 at 10:30 a.m. CT.

Due to the reduction in demand, American Airlines has extended the suspension of flying to Hong Kong from our Los Angeles hub through March 27. Flights to Hong Kong from Dallas-Fort Worth are scheduled to resume Feb. 21. The airline will continue to review its flight schedule to ensure that customers' needs are accommodated and make additional refinements as needed.

Frequently asked questions:

When will American run a schedule change and inform customers who were booked on these flights?

On Feb. 9, American will run a formal schedule change, and customers who are booked on impacted Hong Kong flights will see their reservation updated on <u>aa.com</u>. Affected customers will be contacted directly to accommodate travel needs. Customers who booked through a travel agent will be contacted by their agency directly beginning Feb. 9, or customers can reach out to their travel agency.

My flight was canceled and I don't want to rebook. Can I get a refund?

Yes. If a flight is canceled and a customer chooses to not be rebooked, they may request a full refund by visiting <u>aa.com/refunds</u>.

Updated Feb 2, 2020 at 5:10 p.m. CT.

As a result of the presidential proclamation, the United States government has imposed the following entry requirements that take effect on Feb. 2, 2020 after 5 p.m. ET:

- Any U.S. citizen or lawful U.S. permanent resident returning to the United States returning to the United States who has traveled to mainland China within the previous 14 days must enter the United States through an approved airport. American Airlines customers will be rebooked, if necessary, to one of those airports by our Reservations and Airport teams.
- Foreign nationals who have traveled to mainland China within the last 14 days will be denied permission to travel to the United States.

American continues to work closely with U.S. authorities to comply with these new orders while treating all of our customers with respect. American is committed to taking great care of any affected customers by assisting them with rebooking options and full refunds. Our team is proactively reaching out to customers who may be affected by this travel restriction to ensure they are accommodated.

Frequently asked questions:

When do these orders go into effect?

These orders apply to all flights departing for the United States after 5 p.m. ET on Feb. 2, 2020.

What can customers expect when flying American?

Prior to boarding an American Airlines flight departing to the United States, all customers will be asked if they have visited mainland China (excluding Hong Kong and Macau) within the last 14 days. If a customer traveled to mainland China (excluding Hong Kong and Macau) within the

previous 14 days and is authorized to travel, they must enter the United States through an approved airport.

Foreign nationals who have traveled to mainland China (excluding Hong Kong and Macau) within the last 14 days will be denied permission to travel to the United States.

What airports are approved entry points for customers entering the United States if the customer has visited mainland China (excluding Hong Kong and Macau) within the last 14 days?

- Atlanta: Hartsfield–Jackson Atlanta International Airport (ATL)
- Dallas/Fort Worth: Dallas/Fort Worth International Airport (DFW)
- Detroit: Detroit Metropolitan Airport (DTW)
- Newark, NJ: Newark Liberty International Airport (EWR)
- Honolulu: Daniel K. Inouye International Airport (HNL)
- New York City: John F. Kennedy International Airport (JFK)
- Los Angeles: Los Angeles International Airport (LAX)
- Chicago: Chicago O'Hare International Airport (ORD)
- Seattle: Seattle-Tacoma International Airport (SEA)
- San Francisco: San Francisco International Airport (SFO)
- Washington, D.C.: Washington-Dulles International Airport (IAD)

What if a customer is authorized to travel, but is scheduled to arrive at a nonapproved airport?

If a customer traveled to mainland China (excluding Hong Kong and Macau) within the previous 14 days and is authorized to travel, but is scheduled to arrive at a nonapproved airport, American will help reroute the customer to one of the approved airports or offer a refund.

Should customers arrive at international airports early?

We encourage customers departing for the United States to arrive at the airport three hours early as we expect this additional screening will lengthen the normal check-in process.

Who should customers contact if they need help changing their travel plans as a result of the travel restriction?

Customers should contact their original booking provider. American's Reservations team can be contacted at:

- U.S. Toll Free: 800-582-1573 (for customers in the United States)
- China: +86-400-898-1222 (for customers in China)
- U.S. Non-Toll Free: <u>+1 817-786-3818</u> (for customers calling from country other than United States or China)

Updated Jan 31, 2020 at 10:30 a.m. CT.

Based on the United States Department of State's recent increase of the China Travel Advisory to a Level 4 (Do Not Travel), American is suspending its operations to and from the Chinese mainland beginning today through March 27. Our teams are contacting affected customers directly to accommodate their needs. We will continue to evaluate the schedule for March 28 and beyond and make any adjustments as necessary.

About American Airlines Group

American Airlines offers customers 6,800 daily flights to more than 365 destinations in 61 countries from its hubs in Charlotte, Chicago, Dallas-Fort Worth, Los Angeles, Miami, New York, Philadelphia, Phoenix and Washington, D.C. With a shared purpose of caring for people on life's journey, American's 130,000 global team members serve more than 200 million customers annually. Since 2013, American has invested more than \$28 billion in its product and people and now flies the youngest fleet among U.S. network carriers, equipped with industry-leading high-speed Wi-Fi, lieflat seats, and more inflight entertainment and access to power. American also has enhanced food and beverage options in the air and on the ground in its world-class Admirals Club and Flagship lounges. American was recently named a Five Star Global Airline by the Airline Passenger Experience Association and Airline of the Year by Air Transport World. American is a founding member of **one**world®, whose members serve 1,100 destinations in 180 countries and territories. Shares of American Airlines Group Inc. trade on Nasdaq under the ticker symbol AAL and the company's stock is included in the S&P 500. Learn more about what's happening at American by visiting <u>news.aa.com</u> and connect with American on Twitter @AmericanAir and at Facebook.com/AmericanAirlines

Tracy Montross (American Airlines) V Card.vcf



American Airlines' Coronavirus Update - as of 3/12/19

1 message

Montross, Tracy <Tracy.Montross@aa.com> To: "ralph.northam@governor.virginia.gov" <ralph.northam@governor.virginia.gov> Cc: "Baynard, Tracy M." <tbaynard@mwcllc.com>, "Michele Satterlund (msatterlund@mcguirewoods.com)" <msatterlund@mcguirewoods.com>

Governor Northam:

This is a rapidly changing situation, but I wanted to reach out and share the latest information from American Airlines. Last night, the U.S. government imposed additional travel restrictions for foreign nationals who have visited any of the 26 European states known as the Schengen Area. These restrictions will become effective Friday, March 13, at 11:59 p.m. ET. These entry requirements are in addition to those already imposed by the U.S. presidential proclamation, which restricted entry to the U.S. from Iran and mainland China. American continues to work closely with U.S. authorities to comply with these new orders. We are seeing significant drops in consumer demand across our network and are revisiting our future schedules in light of this announcement given the expected impact on bookings.

In addition, we have placed fare caps on flights from Europe to the U.S. with our Main Cabin fares from Europe and the U.K. at a maximum of 799 EUR/GBP and fares from the U.S. have been capped at \$1,000. These fares include taxes and fees that are typically around \$250 to \$300 on transatlantic routes. We are also offering reasonably priced fares for our premium cabins on our trans-Atlantic routes. See CNBC article linked here.

We remain committed to protecting the health and safety of our customers and team members. American's sick and leave of absence policies are designed for team members to stay home when necessary. Policies and procedures regarding sick time and leaves of absence vary by workgroup and country and are governed by collective bargaining agreements and the Railway Labor Act. Safety remains our top priority as we takes steps to care for our team members in response to COVID-19.

These are trying times for the airline industry, so we appreciate your support in the days ahead. Please continue to contact me directly with any questions or concerns.



Tracy Montross Regional Director of Government Affairs O: 704.359.3738 C: 704.808.9278 Let Good Take Flight | @americanair

Government-Imposed Travel Restrictions

Wednesday, March 11, 2020, 11:59 PM

As a result of the amendment to the Jan. 31, 2020, presidential proclamation, the United States government imposed the following additional entry requirements that take effect March 13, 2020, after 11:59 p.m. ET.

- Any U.S. citizen or lawful U.S. permanent resident returning to the United States who has traveled to one of the Schengen Area countries within the previous 14 days must enter the United States through an approved airport. American Airlines customers will be rebooked, if necessary, to one of those approved airports by our Reservations and Airport teams.
- Foreign nationals who have traveled to one of the Schengen Area countries within the last 14 days will be denied permission to travel to the United States.

These entry requirements are in addition to those imposed by the presidential proclamation on March 2 and Jan. 31, which restricted entry to the U.S. from Iran and mainland China (excluding Hong Kong and Macau) respectively.

American continues to work closely with U.S. authorities to comply with these new orders while treating all of our customers with respect. American is committed to taking care of any affected customers by assisting them with rebooking options. Our team is proactively reaching out to customers who may be affected by these travel restrictions to ensure they are accommodated.

Frequently asked questions

When do these orders go into effect?

These orders apply to all flights departing for the United States after 11:59 p.m. ET on March 13. It does not apply to flights that depart prior to 11:59 p.m. ET on March 13.

Which countries are part of the Schengen Area?

Twenty-six countries are part of the Schengen Area: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland.

The United Kingdom and Ireland are not part of the Schengen Area.

American currently serves seven airports in five countries within the Schengen Area, including France, Germany, Netherlands, Spain and Switzerland.

Which airports in the Schengen Area does American currently serve?

- Four flights: Paris (CDG) via Dallas-Fort Worth (DFW), Miami (MIA), New York City (JFK) and Philadelphia (PHL)
- Two flights: Frankfurt (FRA) via Charlotte (CLT) and DFW
- One flight: Munich (MUC) via CLT
- One flight: Amsterdam (AMS) via PHL
- Two flights: Barcelona (BCN) via MIA and JFK
- Four flights: Madrid (MAD) via DFW, MIA, JFK and PHL
- One flight: Zurich (ZRH) via PHL

Is Italy one of the five countries that American serves?

Yes. However, American previously announced that it suspended service to Italy. Additional details are available on aa.com/coronavirus.

Does American serve other destinations in Europe?

Yes, American has seasonal service to six other countries in Europe, but that service has not commenced yet.

The United Kingdom and Ireland are not part of the Schengen Area.

What can customers expect when flying American?

Prior to boarding an American Airlines flight departing to the United States, all customers will be asked if they have visited a country within the Schengen Area, Iran or mainland China (excluding Hong Kong and Macau) within the last 14 days. If a customer traveled to a country within the Schengen Area, Iran or mainland China (excluding Hong Kong and Macau) within the previous 14 days and is authorized to travel, they must enter the United States through an approved airport.

Foreign nationals who have visited a country within the Schengen Area, Iran or mainland China (excluding Hong Kong and Macau) within the last 14 days will be denied permission to travel to the United States.

What airports are approved entry points for customers entering the United States if the customer has visited the Schengen Area, Iran or mainland China (excluding Hong Kong and Macau) within the last 14 days?

- Atlanta: Hartsfield–Jackson Atlanta International Airport (ATL)
- Dallas-Fort Worth: Dallas Fort Worth International Airport (DFW)
- Detroit: Detroit Metropolitan Airport (DTW)
- Newark, New Jersey: Newark Liberty International Airport (EWR)
- Honolulu: Daniel K. Inouye International Airport (HNL)
- New York City: John F. Kennedy International Airport (JFK)
- Los Angeles: Los Angeles International Airport (LAX)
- Chicago: Chicago O'Hare International Airport (ORD)
- Seattle: Seattle-Tacoma International Airport (SEA)
- San Francisco: San Francisco International Airport (SFO)
- Washington, D.C.: Washington-Dulles International Airport (IAD)

What if a customer is authorized to travel, but is scheduled to arrive at a nonapproved airport? If a customer traveled to a Schengen area country, Iran or mainland China (excluding Hong Kong and Macau) within the previous 14 days and is authorized to travel, but is scheduled to arrive at a nonapproved airport, American will help reroute the customer to one of the approved airports.

Should customers arrive at international airports early?

We encourage customers departing for the United States to arrive at the airport three hours early as we expect this additional screening will lengthen the check-in process.

Who should customers contact if they need help changing their travel plans as a result of the travel restriction?

Customers should contact their original booking provider. American's Reservations team can be contacted using the following phone numbers:

- From the United States: 1-800-433-7300
- From outside the United States: +1 817-786-3818 (U.S.) or + 44 207-660-2300 (UK)



Tracy Montross

Regional Director of Government Affairs

O: 704.359.3738

C: 704.808.9278

Tracy.Montross@aa.com

Let Good Take Flight | @americanair



DCA Fact Sheet_2019_Final.pdf 379K



Close Liberty U

1 message

jmjakim <jmjakim@gmail.com> To: ralph.northam@governor.virginia.gov

Tue, Mar 24, 2020 at 10:11 AM

Good morning,

As you probably know, Liberty University has decided to keep its campus open. Professors are to have office hours with face to face meetings.

The governor closed all schools for the rest of the school year. However, Liberty U's site, which says it was last updated March 23 at 6:10 pm states that students have the choice to return or stay at home.

Please enforce the Governor's decision on schools. Have them send home all students, except for those who have no place to live.

I am unclear how this University is able to continue operating. Their site also states "Osteopathic Medicine students will continue normal residential classes. Classes will not exceed 100 people."

Mr. Farwell Jr. Is not taking this virus seriously and is endangering others in the process. If he will not voluntarily do the right thing, then they need to be forced to close.

Thank you for your assistance in this matter. Sincerely, Janine Jakim

Sent from my Verizon, Samsung Galaxy smartphone



Liberty University

1 message

Brenda Simpson

bhsimpson17@gmail.com>

To: ralph.northam@governor.virginia.gov

Tue, Mar 24, 2020 at 5:10 PM

Hello Governor Northam,

This is to thank you for the hard decisions you have made on our behalf recently and to, simply put, ask you to keep Liberty University from having students return to their campus. We all know this posses a risk to more than just their students, but to the entire region and much beyond.

Thank you for considering all of the possible consequences and you will continue to be in my prayers.

Brenda Simpson Roanoke, VA



ACT NOW: Please protect healthcare workers.

1 message

Anne Marie Caylor <AnneMarie.Caylor.793761@muster.com> Reply-To: annemariecaylor@aol.com To: ralph.northam@governor.virginia.gov

Tue, Mar 24, 2020 at 10:02 PM

Dear Governor Northam,

Please stop Liberty from bringing up to 5000 students from around the country to compete their studies in Lynchburg. They are the largest on line University. I know these kids have been partying and not isolating. Lynchburg has had few cases and will explode. Stop them and help protect our community, nurses and elderly. I ask that Virginia's state government takes stronger measures to help ensure the health of Virginians and protect healthcare workers during the COVID-19 pandemic. Specifically, I ask for our state to:

Follow the example of the Centers for Medicare & Medicaid Services (CMS) in the expansion of Medicare telehealth. Expansion of both eligible patients and origination sites in Virginia is essential and has the potential to reduce costs as well as unnecessary exposure.

Continue to explore all available avenues to ensure an ongoing adequate supply of Personal Protective Equipment (PPE) for healthcare providers.

Further ensure transparency in communications to providers about which practice settings will be receiving PPE and when. It is crucial, for example, that there also be a mechanism for primary care practices that choose to remain open to receive masks and gloves as well as other limited PPE so that they can continue to see patients, thereby reducing the emergency department surge. In the event an adequate supply of PPE is unavailable, clear guidance on CDC and FDA mask usage exceptions, as well as appropriate distribution and utilization of these critical resources, be provided to healthcare providers.

Order all nonessential businesses to close or allow employees to telecommute.

Ban all nonessential gatherings of any size

Time is of the essence. Please help further protect our healthcare workers on the front lines of the COVID-19 pandemic, and slow the spread of COVID-19 by taking these immediate and necessary actions I believe is the best way to keep Virginia's nurses and our entire healthcare workforce safe and ready to provide care to those who will need it in the coming days and weeks.

Sincerely,

Anne Marie Caylor 405 Madison St Lynchburg, VA 24504 434-620-0156



Covid19 lockdown

1 message

Traci Niederriter <tniederriter@yahoo.com>

Wed, Mar 25, 2020 at 1:15 PM To: "ralph.northam@governor.virginia.gov" <ralph.northam@governor.virginia.gov>, "t.scott@bedfordcountyva.gov" <t.scott@bedfordcountyva.gov>

Please Governor lockdown Virginia! Our local community, Bedford County, has 3 positive cases with several local colleges and universities that have young adults returning from spring break and therefore expect our positive case load to increase exponentially. Liberty University is still holding some laboratory classes as reported yesterday by the Lynchburg Mayor.

Our local leaders need your help so they can close our playgrounds, and park pavilions, while keeping our walking trails open for the citizens mental health.

Please Governor lockdown Virginia, be an aggressive leader!

Traci Niederriter

Sent from Yahoo for iPad



FW: request recession of executive order #53 & #55 (2020)

1 message

Sonny <sunster6691@gmail.com> To: ralph.northam@governor.virginia.gov

Tue, Mar 31, 2020 at 3:13 PM

From: Sonny [mailto:sunster6691@gmail.com] Sent: Tuesday, March 31, 2020 2:39 PM To: 'ralph.northam@govva.gov' Cc: 'jayl@brookslittlefield.net'; 'Kevin Farrish'; 'Karen Farrish'; 'Scott Linton'; 'Sheila Linton'; 'DePew, Aimee'; 'Steven Szymanski'; 'Jeff Wiehe'; 'Jeanne Marie Howe'; 'Greg'; 'chairman@fairfaxcounty.gov'; 'Shawn Masters'; 'James Lee'; 'Sean C'; 'Luis C'

Subject: request recession of executive order #53 & #55 (2020)

March 31, 2020

Dear Governor Northam,

As a Fairfax County resident, I would like to express my belief that your Executive Orders # 53 (2020) and #55 (2020) are unconstitutional. Specifically, your order appears to violate my 1st Amendment Constitutional right to peaceably assemble. The First Amendment of the U.S. Constitution does not limit the size of a peaceful assembly. Further, the language you use to unlawfully limit the size of public gatherings in each Order is in conflict. One order limits gatherings to 9 and the other 10. Therefore, and for both the above reasons, I respectfully request that you rescind both Orders, effective immediately.

To be clear, I believe you have the right to *recommend* any social distancing activities of the public that you believe should be observed in the interest of mitigating public danger and probably concur with any rational you choose to support such recommendations. In fact, due to your medical background, I would be inclined to support those recommendations over others. However, the key distinction I am making here is your right to issue a public health <u>recommendation</u> with the intent to mitigate a public danger verses your right to issue <u>an order</u> that infringes on the civil rights afforded to me under the U.S. Constitution.

Additionally, I would like to express my opinion that the Class 1 misdemeanor penalties that are carried under Orders #53 and #55 appear to be in conflict with my 5th Amendment rights. Since Order #55 effectively extends Order #53 and references the same criminal code, I will now refer to them now as a single Order. Specifically, your Order appears to unlawfully compel me to criminally answer for a perceived infringement by a law enforcement officer to your Order that deprives me of liberty without due process. This is because a Class 1 misdemeanor involves threat of being jailed for up to 12 months for a violation of your order. Your Order does not make clear if law enforcement have the right to immediately jail any alleged offender of your Order, or if this penalty can only be applied after the courts have weighed in during legal due process. I called your office today and spoke to Mr. J.D. Ratliff and he confirmed that officers can and will jail for citizens not observing your Order. Thus, it is my confirmed fear that a jailing option by a law enforcement officer is the most likely response and I do not trust any law enforcement officer to make an appropriate or alternative citation response that could possibly avoid jailing of any length of time. I should also point out that I believe being immediately jailed by law enforcement under your order(s) at this time potentially subjects an otherwise law abiding citizen to an environment to which he or she is susceptible to contracting Covid19, otherwise known as the "Coronavirus". Being jailed also most likely results in conditions that further violate social distancing recommendations of the World Health Organization and those outlined by my Fairfax County Board of Supervisors Chairman, Jeff McKay. It short, I believe your Order can only serve to increase the risk of the Corona viral contagion which I believe is not your intent. Therefore, due to infringement of my 5th Amendment Constitutional right with the very real possibility of increased public viral infection, I additionally and respectfully request that you rescind Orders #53 and #55, effective immediately.

Thank you for your time and consideration in this legal and public health safety matter.

Sincerely Yours,

William Wiehe Jr.

Fairfax, Va