

Appendix

1. Discussions and Focus Groups
2. Process for Assessing States

Appendix 1: Discussions and Focus Groups

1.1 Discussions

Snapshot of titles and organization types that participated in discussions for this research.

Public Sector Participants	Private Sector Participants
Representing: Public Health, Emergency Management	Representing: Healthcare (Patient Delivery), Private Sector Supply Chain, Industry Associations
<ul style="list-style-type: none">• Public Health Emergency Preparedness (PHEP) Director• Medical Countermeasure (MCM) Coordinator• Strategic National Stockpile (SNS) Coordinator• Public health Department Director• Emergency Preparedness and Response Director/Chief/Manager• Policy and Finance Manager• Health Policy Analyst• Pharmacist Consultant• Deputy Incident Commander• Director of Policy and Strategic Initiatives• Director/Deputy Director of Emergency Field Operations• Healthcare Coalitions (HCC)	<ul style="list-style-type: none">• Hospital• Hospital Association• Pharmacy officer• Director of Global Resource and Development and Consulting• Senior Vice President of Public Policy and Government Relations

1.2 Representative Sample of Discussion Questions

We asked both private industry and public health partners a set of questions relevant to state-managed medication stockpiles to understand the landscape of states' stockpiling efforts. The questions pertain to the development of medication stockpiles, what stakeholders are involved, what medications should be stockpiled (if at all), what are the barriers to standing up a state stockpile, and what the benefits might be.

- Are there any initiatives/efforts towards building a state-managed medication stockpile in [your state] that we should be aware of? If so, who are the key stakeholders leading or responsible for these initiatives?
- How was/were these initiatives started? (e.g., legislation, policies, availability of COVID-19 funding)
- How does/would the state determine which medications are essential to stockpile?
- Who are some of the key stakeholders (public and/or private) leading those processes?

- How do you work with other stakeholders (e.g., healthcare facilities, providers) to coordinate access to medications from the stockpile during emergencies?
- How do you ensure that medications within the stockpile are readily accessible during emergencies or public health crises?
- What are some of the greatest challenges or barriers to implementing a medication stockpile? (e.g., operational challenges such as staffing, maintenance of inventory, funding resources)

1.3 Survey Questions

This research was also shared with the Allied Associations Emergency Readiness Group (A2 ERG) which consists of employees of state, regional, and metro hospital associations responsible for emergency preparedness and response. Data was collected during a regularly scheduled meeting, and via online survey. Survey questions are listed below.

- From your perspective, should states play a role in addressing or managing the response to drug shortages?
- What role does your organization (hospital) play in addressing drug shortages?
- Does your state have clear, transparent plans/processes for distribution or allocation?
- What medications, if any, are most appropriate for inclusion in a state-managed stockpile?

Appendix 2: Process for Assessing States

2.1 Primary Indicators

States were sorted between three categories to determine the different levels to which a state has established a stockpile. Data from this research is provided in Appendix 3.0.

Category 1	Category 2	Category 3
States that currently maintain stockpiles of medical supplies (PPE and/or medication) - through existing programs, plans, and/or legislation.	States that have had an event-specific stockpile or have had a medical stockpile for emergencies - but lack substantial information around the stockpile.	States where there is no apparent mention of medical stockpiles in any aspect - due to the lack of publicly available information.
Example: North Dakota and Delaware both manage their own stockpiles of PPE and medications; and information on their stockpiles can easily be found on their public health sites	Example: Michigan and West Virginia both mention a state-managed stockpile that was stood up during COVID-19. There was proposed legislation or funding mechanisms identified to establish those stockpiles, however no updated information was found on those stockpiles.	Example: New Mexico and Arkansas

Policy/Program	Proposed Legislation	State Law or Code
There is some sort of policy (plan, strategy, program) in place that mentions the existence of a state managed stockpile.	There is, or has been, a state bill proposed that mentions establishing and/or maintaining a medical stockpile.	A piece of legislation that mentions the existence of a state stockpile has been introduced and enacted into state law.
Example: Nevada had implemented their COVID-19 Disease Outbreak Management Plan which established a state stockpile.	Example: California introduced Assembly Bill 2101 that would require the Department of Public Health to establish a statewide strategic stockpile.	Example: New York established Section 2803 of the Public Health Law that required hospitals within the state to maintain a 90-days' worth stockpile of PPE.

2.2 Data Sources and Limitations

The data presented in this analysis includes only information available in the public domain. Sources include state department of health webpages, strategy/planning documents, state legislation, state budgets, and news articles. Most states have experience with, and publicly available information about, PPE stockpiles with COVID-19 supplies; however, there is limited data on current practices associated with medication stockpiling. Therefore, PPE stockpile-related data is included in this study to the extent that the data provides insight to other stockpile management capacity and capabilities (e.g., staffing, distribution, existing processes). An attempt was made to contact public health departments in every state. Where possible, information was validated by state and emergency management officials who participated in discussions.

2.3 Criteria and Measures

The following describes criteria and measures used to assess medication stockpiling capacity and capabilities within each state.

Category	Measures	Measure Descriptions
Stockpile Experience	Ideation; Planning; Some Level of Implementation; Pilot/Executed	PAST EXPERIENCE WITH STOCKPILE (WELL-DOCUMENTED): This category encompasses states with well-documented past experiences or ongoing development of publicly acknowledged state stockpiles, whether for medical surge or pharmaceutical purposes.
		PAST EXPERIENCE WITH STOCKPILE (NOT WELL-DOCUMENTED, MAY BE RELATED TO SNS PROCESSES AND NOT A SEPARATE STATE MANAGED STOCKPILE): States in this category have less-documented past experiences, potentially linked to Strategic National Stockpile (SNS) processes or other systems.
		NO KNOWN EXPERIENCE WITH STATE MANAGED STOCKPILE: The third category comprises states with no known experience in managing state stockpiles, lacking any publicly available information on the subject. States lacking sufficient information in the public domain to be assessed against more than two criteria were not assessed.
Program; Policy; Legislation		LEGISLATION: This category includes existing, proposed, and failed bills that acknowledge the existence of a state-managed stockpile in some aspect.
		POLICY: This category includes guided actions and processes that are laid out to support the establishment, management, and/or maintenance of the state stockpile.
		PROGRAM: This category encompasses public health department or agency specific plans, strategies, and/or guiding documents that acknowledge the existence of a state-managed stockpile.

Lead Stakeholder	Yes; No	Defines which department, division, or agency oversees the state-managed stockpile.
Funding	Yes; No	As available, includes information around potential funding sources for stockpile management (e.g., staffing, procurement, logistics). This included federal sources, state budgets, etc.
Medications in Scope	Antibiotics; Antiviral; CBRNE Events; Other	Inclusion of specific medications (e.g., emergency stock) or “category” of medications.
Distribution	Identified; codified	This category includes information pertaining to who can access the stockpile, how that stockpile is accessed, and how supplies are distributed from the stockpile.
Other	Purpose/goals/ motivations (including intended end-user targets; procurement processes	Researched information around intentions, opportunities, and drivers for standing up a state-managed stockpile however, not much information was found on publicly available resources.