



Agency Recommendation Summary

The Department of Health requests funding which would allow updates to the massive warehouse DOH leases by including safety updates to the facility, and operational funding to meet medium and long-term goals. The facility houses 7.5 million high quality masks, and 60-day supply of inventory that supports public health and healthcare response. Funding this proposal would ensure medical materiel such as ventilators, personal protective equipment (PPE) such as masks, gloves and gowns would be available to distribute by DOH during a pandemic rather than relying on overburdened private sectors which may not sustain the needs of our communities.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	5.0	8.0	6.5	8.0	8.0	8.0
Operating Expenditures						
Fund 001 - 1	\$6,761	\$7,094	\$13,855	\$7,094	\$7,094	\$14,188
Total Expenditures	\$6,761	\$7,094	\$13,855	\$7,094	\$7,094	\$14,188

Decision Package Description

Problem

Vendor managed inventory by healthcare partners is insufficient during a large-scale public health emergency. Medical supply chain management is vital to life safety and the economy – therefore, continuing the capabilities and infrastructure built throughout COVID-19 will position Washington state to be prepared to deploy medical materiel rapidly and equitably to keep Washingtonians safe. To address the medical logistics and medical countermeasure needs of the communities and have the capacity and capability to rapidly deploy PPE and medical materiel to local jurisdictions, healthcare, state agencies, and other stakeholders in Washington State and possibly the Pacific Northwest, Washington State Department of Health (DOH) needs to facilitate a fully operational warehouse with the staff and equipment to receive, stage, store, and deploy medical materiel (i.e., personal protective equipment, ventilators, etc.) and medical countermeasures (pharmaceuticals, therapeutics, etc.).

The time is now to address this compounding issue as COVID-19 brought forward many lessons learned and affected nearly every aspect of healthcare and public health, bringing to light the disparities and gaps in the supply chain for public health and healthcare systems to provide consistent PPE and other medical materiel and supplies. The federal government’s Strategic National Stockpile (SNS) did not have enough medical materiel for the size and scope of the response to COVID-19. In Washington State it is critical for local jurisdictions, tribes, healthcare, and other stakeholders to have access to the medical materiel and/or medical countermeasures that will keep Washingtonians safe during a public health emergency.

One important lesson learned from the COVID-19 response is that smaller counties that did not have the purchasing power that larger counties had were unable to have their voices heard when trying to purchase PPE from suppliers and their community’s access to the needed medical materiel was stifled. The Medical Logistics Center will allow for equitable distribution of materiel across Washington State to communities and healthcare facilities that are unable to have large purchasing power when there is a shortage of supplies.

Historical planning efforts for the receipt, staging, and storing of Medical Countermeasures (MCMs) within the Center for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) grant does not adequately supply funding for the needed capabilities which were developed during the COVID-19 response. Any large-scale public health emergency will far exceed the capacity of the parameters of the planning that had been done and exceed the resources needed to provide medical materiel in a timely and equitable way to the most impacted populations.

The other lesson learned from COVID-19 is that local public health jurisdictions did not have the capacity to coordinate and distribute the

amount of PPE and other medical materiel needed and requested during the COVID-19 pandemic, as the local jurisdictions did not have the ability to receive, stage, and store the amount of medical assets and did not have the workforce needed to distribute the medical materiel for a public health emergency of this size and scope.

This request has not been previously requested

Proposal

The solution is to strengthen and keep the capacity and capability of the DOH-ran Medical Logistics Center that is currently successfully operating. During the COVID-19 response, DOH acquired large 198,000 square foot, temperature-controlled warehouse with the capacity and capability to provide for a fully functioning Medical Logistics Center. This facility has been overseen and ran by DOH since February 2022.

This has allowed capacity to bring on other DOH logistical programs for the response including the Testing Initiative. The Medical Logistics Team in partnership with the Testing team receives, stages, stores and distributes COVID-19 test kits out to Local Health Jurisdictions, long term care facilities, School Districts, and other community partners and stakeholders. Also, working with Care Connect, providing space to store care kits prior to distribution. The Medical Logistics Center has also allowed DOH to have the staff to respond to other Public Health initiatives – sending masks to Tribal partners for wildfire season and rapidly responding to Monkeypox Virus and logistically moving vaccine and antivirals across the state. This capability of the Medical Logistics Center has been highly successful in rapidly responding to and shifting from one public health priority to the next as needed throughout multiple public health emergencies.

This is the best option for Washington state to continue to be prepared to rapidly deploy medical materiel and medical countermeasures in a meaningful and equitable way to keep Washingtonians safe. Incidents typically begin and end locally, however, as has been seen throughout the COVID-19 pandemic, large-scale incidents can quickly overwhelm local jurisdictions. It is vital that Washington State maintains a state of readiness with the ability to rapidly deploy PPE, medical materiel, and countermeasures to local jurisdictions, tribes, state agencies, and other stakeholders.

These robust capabilities were built during the COVID-19 response to fill a gap between emergency management and the local health jurisdictions. Maintaining these capabilities and infrastructures will position DOH and local health jurisdictions to better serve all of Washingtonians in future emergencies. This will lead to public health services being expanded, improved, and accelerated during a response. In turn, public health outcomes including COVID-19 will be better addressed. The Medical Logistics team also has caches of medical beds, E-beds, E-Ped kits, Dividers, Air Purifiers, Bed Linens, Body Bags, Strike Package Supplies for Isolation and Quarantine, and other PPE at a variety of locations across the state to be prepared to rapidly deploy materiel to areas outside of Western Washington, i.e., Spokane, Connell, and Wenatchee. These caches are inspected by the Medical Logistics staff on a regular basis.

The short/mid-term goals for the Medical Logistics Center are that Washington will have a ready supply of at least 7.5 million high-quality masks available for expedited distribution to support communities and partners should the need arise at any time. DOH will also maintain a 60-day supply of PPE to support the healthcare system in case of surge and/or supply chain constraints due to COVID-19 variants and/or any other infectious disease or public health emergency. The long-term goal is to collaborate with other state agencies and stakeholders to build a rotation plan for this PPE and medical materiel to ensure stewardship of supplies and bolster the capability of the state to respond to a public health emergency. An additional long-term possibility is a Regional Medical Countermeasures and Logistics Center for the Pacific Northwest with collaboration from federal, regional, and state partners, which would allow for increased coordination efforts in receiving, staging, and storing of PPE and medical materiel to serve the Pacific Northwest.

This funding package will buy the opportunity for state agencies, tribal partners, local health jurisdictions, healthcare, and other state partners to have the ability to be able to deploy medical materiel and countermeasures thoughtfully and equitably to Washingtonians during a public health

emergency/event. This capability will reduce the barriers that smaller communities and healthcare providers face when trying to purchase PPE within the managed care model, and it will eliminate the need to request items from the SNS within the first few hours of a response. Washington State will already be supplied and ready to facilitate a rapid deployment of medical materiel around the state.

This funding package will purchase the resources to allow staff to safely maneuver materiel around the warehouse and in-between warehouses. The resources needed to do that include staff, equipment, and all wrap-around services for the warehouse. The staff needed to make this facility run safely and efficiently includes 8 positions (1-EMPS 4; 2-EMPS 3; 2-EMPS 2; 3-EMPS1.). These staff handle everything from inventory management, coordination of deliveries and pick-ups, facilitation with other DOH offices and divisions, and warehouse management. The equipment that will be needed to run this facility includes the purchase of a riding pallet jack, reach truck, propane-ran forklift, and a box truck. The wrap around services for this facility includes the building lease, utilities, recycling, internet, custodial services, pest control, propane, VPN, security, water, laundry services, inventory management system, building insurance, maintenance, AEDs, fire extinguishers, eye wash stations, and first-aid kits that are all managed through facilities and DOH contracts. This is a current process for the warehouse and would remain the same moving forward.

Alternative

Return to the pre-COVID-19 model for DOH capacity and capability regarding receiving, staging, storing and distribution of PPE and medical materiel. This model was quickly proven to be insufficient due to limited space and insufficient workforce to rapidly deploy medical materiel and countermeasures to protect Washingtonians and returning to this model would yield similar results in future public health emergencies.

Maintaining multiple locations with a smaller footprint rather than one large space was also considered and determined to not be as cost effective or efficient when all factors were considered.

This funding package will buy the opportunity for state agencies, tribal partners, local health jurisdictions, healthcare, and other state partners to have the ability to be able to deploy medical materiel and countermeasures thoughtfully and equitably to Washingtonians during a public health emergency/event. This capability will reduce the barriers that smaller communities and healthcare providers face when trying to purchase PPE within the managed care model, and it will eliminate the need to request items from the SNS within the first few hours of a response. Washington State will already be supplied and ready to facilitate a rapid deployment of medical materiel around the state.

The Medical Logistics Center is the best option for Washington state to continue to be prepared to rapidly deploy medical materiel and medical countermeasures in a meaningful and equitable way to keep Washingtonians safe. Incidents typically begin and end locally, however, as has been seen throughout the COVID-19 pandemic, large-scale incidents can quickly overwhelm local jurisdictions. It is vital that Washington State maintains a state of readiness with the ability to rapidly deploy PPE, medical materiel, and countermeasures to local jurisdictions, tribes, state agencies, and other stakeholders.

These robust capabilities were built during the COVID-19 response to fill a gap between emergency management and the local health jurisdictions and maintaining these capabilities and infrastructure will position DOH and local jurisdictions to better serve all of Washingtonians in future emergencies. This will lead to public health services being expanded, improved, and accelerated during a response, and in turn, public health outcomes including COVID-19 will be better addressed.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

These assumptions are based on a continuation of the current (FY23) funding level for FY24 as COVID funding was previously used and will no longer be available.

Detailed Assumptions and Calculations:

CLASS	Position	Range	2022	2023	2024	2025
EMPS4	Med Logistics MCM Supervisor	64	127,464	131,288	135,227	139,283
EMPS3	MLC Lead	60	118,111	121,654	125,304	129,063
EMPS3	Fleet Lead	60	118,111	121,654	125,304	129,063
EMPS2	Logistics Specialist	52	91,127	93,861	96,677	99,577
EMPS2	Training Coordinator	52	91,127	93,861	96,677	99,577
EMPS1	Logistics Specialist	46	85,538	88,104	90,747	93,470
EMPS1	Logistics Specialist	46	85,538	88,104	90,747	93,470
EMPS1	Logistics Specialist	46	85,538	88,104	90,747	93,470
Total:			802,554	826,631	851,430	876,972

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only

FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
1.0	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 4	\$92,000.00	\$34,000.00	\$4,000.00	\$8,000.00
1.0	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 3	\$83,000.00	\$32,000.00	\$4,000.00	\$8,000.00
1.0	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 3	\$83,000.00	\$32,000.00	\$4,000.00	\$8,000.00
1.0	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 1	\$59,000.00	\$27,000.00	\$4,000.00	\$8,000.00
1.0	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 1	\$59,000.00	\$27,000.00	\$4,000.00	\$8,000.00
5.0		\$376,000.00	\$152,000.00	\$20,000.00	\$40,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This package supports the **Governor's Results Washington** strategic goal 4: Health and safe communities: Fostering the health of Washingtonians from a healthy start to safe and supported future. The Governor's strategy to contract with local businesses for state contracts is also a focus of the Medical Logistics Center.

This proposal supports the Dept. of Health's **Transformational Plan Priority I. Health and Wellness**, in that All Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being. This proposal achieves this priority by driving the agency to modernize, innovate, and increase public health's relevancy over the next five to ten years. The Medical Logistics Center and its capabilities would help to diversify and secure funding, and strategically deploy resources for maximum impact. Other efforts that the Medical Logistics Center supports include:

- Ensure equitable access to services, programs, opportunities, and information
- Meaningfully engage communities to inform DOH's efforts
- Ensure equitable access to information and services.
- Address structural and institutional inequities
- Establish proactive, transparent, and inclusive processes for identifying and aligning public health funding priorities to address systemic inequities.

Performance Outcomes:

If funding is received for this package, the Medical Logistics Center will be able to continue to be prepared to rapidly deploy medical materiel and medical countermeasures in a meaningful and equitable way to keep Washingtonians safe. The performance outcomes that will be able to be achieved include:

Completing Medical Logistics standard operating procedures and trainings guidance.

Recruiting and retaining a Receive, Stage, and Store (RSS) Task Force to rapidly increase the capacity and capability of staffing to rapidly deploy medical materiel as the incident expands.

Work with ORHS's Health Intelligence team to monitor ongoing supply chain issues to be able to mitigate any supply chain issues for medical materiel within Washington State.

Identify and formulate a medical materiel collaborative with Federal, State, Tribal, and Local partners for planning and decision-making guidance of the use of medical countermeasures during a response.

Equity Impacts

Community outreach and engagement:

The inclusion of the Equity and Social Justice Manager within Washington State DOH's Executive Office of Resiliency and Health Security (ORHS) during the planning and distribution discussions and an Equity Officer within the Incident Management Team (IMT) structure will better address the office's ability to look at distribution of medical materiel, MCM, and PPE with an equity lens, advance health equity, and address health disparities for populations at higher risk and in medically underserved communities. The Medical Logistics Center will be an innovative addition within the state to ensure the adequate supply and rapid distribution of medical materiel and countermeasures for distribution to state entities, tribes, local jurisdictions, healthcare, and other community stakeholders. The state inventory of medical materiel and countermeasures will be there to augment community needs, including distribution to local governments for frontline workers in high-risk settings, schools, and the public, as well as ensure readiness of the healthcare system. Washington State DOH will continue to provide inventory reports, situational assessments, and reports to assess the performance of the Medical Logistics Center.

Medical Logistics and Countermeasures staff has demonstrated this by closely with the Equity and Social Justice Managers to facilitate equitable distribution of COVID-19 Therapeutics across the state of Washington and implementing the test-to-treat strategy for COVID-19 within the state of Washington. The Medical Logistics Center would continue to engage equity partners for the long-term planning efforts for medical countermeasures and logistics distribution planning – and utilize the DOH community engagement guide to engage community partners across Washington State to facilitate collaboration and communication across the state. In order to facilitate equitable distribution of medical materiel across Washington State the Medical Logistics team already has caches of medical beds, E-beds, E-Ped kits, Dividers, Air Purifiers, Ben Linens, Body Bags, Strike Package Supplies for I and Q, and other PPE at a variety of locations across the state to be prepared to rapidly deploy materiel to areas outside of Western Washington, i.e., Spokane, Connell, and Wenatchee. These caches are inspected by the Medical Logistics staff on a regular basis.

The Medical Logistics and Countermeasures staff has worked continuously with tribal nations prior to and during the COVID-19 response with facilitating the medical distribution and countermeasures planning to include language regarding tribal nations ability to request medical countermeasures from Federal, State, or Local entities. That work was done by exercising Medical Countermeasures distribution prior to COVID-19 and incorporating those lessons learned from those exercises in the COVID-19 response. The medical logistics and countermeasures staff just recently partnered with the training and exercise team and tribal partners to participate in a state-wide tribal exercise and distributed 300,000 million masks by plane in coordination with tribal partners to reach remote areas, and the team will continue to engage with tribal partners, and DOHs tribal liaison for Tribal Nation engagement activities.

Disproportional Impact Considerations:

A major goal of public health is to reduce health disparities. Health equity exists when all people can achieve full health potential, regardless of the color of their skin, where they were born, their level of education, gender identity, sexual orientation, religion they practice, job they have, the language they speak, the neighborhood they live in, or whether they have a disability. However, not everyone in Washington State has this opportunity, many communities experience health inequities because of these things. This is something that the Medical Logistics Center would work to eliminate. The purchasing power of a state entity to have access to medical materiel (PPE), and medical countermeasures would benefit the smaller, rural, less powerful systems to make sure that all healthcare facilities had access to medical materiel and countermeasures no matter what their purchasing power is. The ability to distribute medical materiel and countermeasures quickly and efficiently to local jurisdictions and tribal partners will support the need wherever it may exist in the state. Therefore, having the ability to serve all state partners, tribes, local jurisdictions, and stakeholders would close the disparity gap.

The impact this project will have on the social determinants of health is clear, health starts at home, in schools, workplaces, and communities, and having adequate masks, other PPE and medical materiel readily able to distribute to these areas will be key in keeping people safe and healthy. The determinant area that is reflected in this project for underlying factors of social determinants of health is "Health and Health Care." Many people in the United States don't get the health care services they need. As we saw with COVID-19 that was exacerbated. The ability of the healthcare system to care for patients and be safe needs to be maintained. The medical countermeasures and logistics center would allow the healthcare system immediate access to PPE and medical material if the supply chain was compromised due to an earthquake, pandemic, or other incident. Allowing healthcare facilities to have access to needed PPE and medical materiel when needed is key to keeping the frontline responders safe and provide continuing services to people that will not access health outside of their medical homes. As seen with the COVID-19 pandemic many small health clinics that see patients that are in the lower socio-economic scale could not operate due to not having sufficient PPE, which will lead to severe medical outcomes for patients in the future.

Target Populations or Communities:

The Medical Logistics Center staff engages with other state agencies, tribes, local health jurisdictions, healthcare, and other community stakeholders to facilitate collaboration and coordination of equitable distribution of medical materiel and countermeasures to groups that are often marginalized or disproportionately impacted. These populations are often at a much greater risk for public health emergencies, and therefore the community engagement for these populations would be important to the work the medical logistics center does with the state, tribal, local, and community partnerships. Some of the populations that would benefit from this service and have been served through this process include:

Aging adults – there are 209 Skilled Nursing Facilities, 540 Adult Aging and Long-Term Care Facilities, and 3,135 Adult family homes in Washington state, and in coordination with the local health jurisdictions/local emergency management the medical logistics center has facilitated resource requests for individuals within those facilities.

Individuals with Medical Needs – Individuals needing medication or needing equipment to sustain life or control conditions in an emergency are those most at risk for poor health outcomes, therefore having quick access for the local health jurisdiction to request those items and be supplied rapidly will improve the health outcomes.

Individuals experiencing homelessness or transitional housing – MCL has supplied LHJs with PPE for those in shelters, or in temporary housing.

Clients of the criminal justice system – Medical Logistics Center has worked with Washington State Department of Corrections (DOC) to provide quick access to PPE for workers and clients.

Agricultural Workers - Working with Dept of Agriculture to make sure that Agricultural workers have access to PPE.

People of Color – Working with the Equity and Social Justice Managers and local health jurisdictions on strategies to support distribution of medical materiel to reduce potential barriers to obtaining supplies due to distrust of the government or implicit bias by providers or first responders.

Communities with high Social Vulnerability Index (SVI) – Facilitate reducing barriers based on geospatial factors when pre-positioning or distribution of medical materiel and countermeasures.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

One question that could be anticipated is why DOH would take on this level of capability. When the COVID-19 pandemic began, it became evident very early on that the state did not have supplies on hand to support the needs of the healthcare system. As these supplies were procured and received, there was not enough space with current warehousing options and not enough staffing to support the receipt, staging, storing, and distribution of these items. Multiple state agencies were required to complete this mission with the capacity and place to complete the work successfully continued to be a challenge. This also pulled those agencies away from their important day to day work as restrictions began to ease and Washington began to open. With DOH maintaining a stock of PPE and medical materiel as well as a Medical Logistics Center to deploy these lifesaving materials quickly and efficiently, we can be better prepared to respond to a large-scale public health emergency in the future. During the COVID-19 response Tribal partners received medical materiel and vaccinations via requesting from the state due to the relationships that were built prior to COVID and have continued to grow through this response. During the COVID-19 response the Washington State Emergency Management Division did work to do PPE distribution, but in the end the scope of work and the impacted agencies correlated with public health and not with EMD. Therefore, the work moved from Emergency Management to DOH. The other state agency that played a role in receiving, staging, storing, and managing PPE was Department of Enterprise. However, after lessons learned and work correlation it made sense from DES managing the warehouse to DOH. In moving towards DOH to take the lead role in medical logistics and countermeasures distribution all state, local, and tribal partners have been completely supportive.

Stakeholder Response:

Early in the COVID-19 pandemic response there were strategic partnerships that were built to quickly receive and distribute PPE with Microsoft, Amazon, and Starbucks and all the partnerships that were built DOH was able to learn lessons on distribution. The medical countermeasures group collaborates with the Washington State Pharmacy Association to facilitate the pharmacy MOU for distribution of medical countermeasures. The Therapeutics team collaborates with contractors to provide services in underserved communities. Throughout this response DOH and the team have worked together with these organizations and will continue to grow that list as work progresses to be a collaborative effort and help successfully distribute medical materiel and countermeasures. The non-governmental agencies were key for collaboration and continue to be across the agency. There is no negative impact to their current work and the organizations support the current work the team is providing.

State Facilities Impacts:

This Medical Logistics Center warehouse impacts DOH's workplace needs. If DOH didn't have it the agency would need to lease other warehouse spaces. Having MLC warehouse space frees up expensive office square footage that might otherwise have been used for storage. DOH Facilities manages the current lease for the Warehouse, which is currently funded through FEMA funds, this request is to continue operations for the Medical Logistics Center.
No Impact to Capital Budget Requests

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

[Medical Logistics Center FNCal \(2\) \(1\).xlsm](#)

[Medical Logistics Center Presentation.pdf](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$375	\$570	\$945	\$570	\$570	\$1,140
Obj. B	\$152	\$236	\$388	\$236	\$236	\$472
Obj. E	\$5,905	\$6,228	\$12,133	\$6,228	\$6,228	\$12,456
Obj. J	\$291	\$0	\$291	\$0	\$0	\$0
Obj. T	\$38	\$60	\$98	\$60	\$60	\$120

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