

Administrative Preparedness: Emergency Procurement Strategies for Health Departments



Abstract

The National Association of County and City Health Officials (NACCHO) developed this report to assist health department officials and fiscal agents in assessing their day-to-day procurement capacity and capability and establishing what impact an emergency may have on the procurement processes within their agencies. A joint understanding between the health department and its procurement partners about what efficiencies may exist will place the affected jurisdiction in a better position to respond to an emergency. Government agencies have the potential to use procurement vehicles that may already exist but are not routinely used. Several examples of common procurement vehicles that some health departments have in place—including memoranda of agreement, term contracts, cooperative purchasing, procurement cards, and emergency procurement provisions—are described throughout the report.

NACCHO identified five factors that health departments and their procurements partners should consider when reviewing their administrative preparedness capability for procurement.

1. Identify all key individuals who might be involved in emergency procurement activities.
2. Understand normal and emergency procurement policies and procedures.
3. Include emergency considerations in normal procurement activities.
4. Determine what system factors may influence procurement activities during emergencies.
5. Establish which procurement vehicles are most appropriate.

By following these steps, health department officials and their fiscal agents may gain a greater understanding of necessary procurement modifications needed during an emergency and for routine procedures.

Background

During most public health emergencies, health departments must rapidly procure additional goods and services to enable an effective response. The public health and medical resources needed during an emergency are frequently different in character and quantity than those used daily to address routine circumstances. Additionally, many of the resources needed to respond to high consequence, low probability incidents do not lend themselves to standard stockpiles or other readily available sources. As a result, health departments must clearly understand all of the procurement vehicles available to them to enable the rapid acquisition of goods and services.

Not all jurisdictions have a strong partnership between the health department official and the procurement or fiscal agent. Each party has unique knowledge and expertise to contribute to a coordinated response effort. The most important outcome is for both parties to understand they are partners and should work together to maximize available flexibilities in the procurement process. These relationships must be established before an emergency.

Many jurisdictions have existing procurement vehicles that may help expedite their processes, but health departments and their procurement partners may not be aware that all these options exist. NACCHO identified specific examples of common procurement vehicles that health departments have implemented to streamline their policies and procedures; other health departments may wish to adopt such procurement vehicles.

NACCHO recognizes that not all procurement challenges have a potential solution associated with them. However, this report suggests steps for health departments and their procurement partners to consider when attempting to expedite their procurement processes. By thoughtfully considering their emergency procurement needs, health departments and their procurement partners may benefit by identifying greater efficiencies in their day-to-day procurement activities.

Common Procurement Vehicles

The following are some procurement vehicles commonly available to local and state governments.

Mutual Aid Agreements

The Federal Emergency Management Agency (FEMA) defines mutual aid agreements as “agreements between agencies, organizations, and jurisdictions that provide a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services.”¹ While mutual aid may not seem like a traditional procurement vehicle, it is often the first option that health departments turn to when they lack needed response resources, especially at the local level. It allows them to rapidly acquire precisely defined resources for a specified period of time. In comparison to response partners, public health departments are more likely to use mutual aid to acquire personnel than equipment. Mutual aid agreements are useful for personnel surge because they usually contain very specific information about things such as payment of personnel, liability, and worker’s compensation.

Mutual aid agreements exist at all levels of government. They may occur between certain entities, such as a group of local health departments or hospitals. They may also target specific types of resources. Alternately, they may include a variety of partners within a defined geographic area. Mutual aid is regularly used in some communities to manage temporary surge response needs, especially in the fire and emergency medical services disciplines. In some instances, mutual aid agreements are easier to exercise than other procurement vehicles because they are based on requests for assistance by one of the agreement’s participants and may not need a disaster declaration to be invoked. As a result, they are particularly useful for time-limited needs or for filling temporary gaps while longer term solutions are being acquired.

Procurement, as defined by the Federal Acquisition Institute, is “all stages involved in the process of acquiring supplies or services, beginning with the determination of a need for supplies or services and ending with contract completion or closeout.”²

Prior to emergencies, health departments should identify what mutual aid agreements they are signatories to and what types of additional agreements are needed. For localized mutual aid agreements, the focus may be limited to ensuring that mutual aid agreements are up-to-date and applicable to the resources anticipated to be needed in advance of emergencies. For more complex statewide, nationwide, or international mutual aid agreements, it may be necessary to provide training and education to those who have the authority to exercise these agreements and the personnel who may be impacted.

EXAMPLES OF MUTUAL AID AGREEMENTS

Twin Cities Public Health and Environmental Health Mutual Aid Agreement

- Allows the 17 signatory parties to exchange public health and environmental health personnel, equipment, supplies, or services.³
- Includes signatories from seven counties, nine cities, and the University of Minnesota.³
- Used to coordinate resources during a variety of situations, including the 2008 Republican National Convention and a tornado in Minneapolis.^{4,5}

Commonwealth of Virginia Statewide Mutual Aid Program

- Allows Virginia counties and cities to provide mutual assistance.
- Provides webpage established by the Virginia Department of Emergency Management for signatories to read plan instructions, access forms and checklists to speed up requests and responses, and communicate via list service for participating jurisdictions.⁶

Emergency Management Assistance Compact (EMAC)

- Signed by all 50 states, Puerto Rico, the U.S. Virgin Islands, Guam, and the District of Columbia.
- Used widely by health departments sending nurses and environmental health specialists to assist Florida during the 2004 hurricane season.⁷
- Increased capacity during the 2005 hurricane response, with “more than 2,000 healthcare professionals from 28 states treated more than 160,000 patients.”⁸
- Provides web-based resources targeted toward public health and medical concerns, including webinars, sample resource types, and job descriptions.⁹

State and Province Emergency Management Assistance Memorandum of Understanding

- Signed by 10 U.S. states and four Canadian provinces.
- Allows the participating jurisdictions not only to exchange resources during emergencies but also to conduct training and exercises together.¹⁰
- Compares to similar arrangements covering other geographic areas along the U.S. border.

Term Contracts

State and local governments frequently use term contracts to procure resources they use on a regular basis. Term contracts allow health departments and other local and state government agencies to purchase goods and services at pre-negotiated prices from a pre-qualified group of vendors for the length of the contract. These contract vehicles allow agencies to enter into contracts without knowing when or how much of a resource they will actually purchase. At the federal level, indefinite-delivery, indefinite-quantity (IDIQ) contracts serve a similar purpose.

According to a survey by the National Association of State Procurement Officials, 33 states have “state term contracts for commodities and services that might be needed in an emergency.”¹¹ Term contracts offer many benefits as a potential method to speed up procurement processes during an emergency. To maximize this potential, health departments should assess what types of goods and services they are likely to need to respond effectively to an emergency based on the hazard vulnerability analysis for their jurisdiction. Fiscal agencies may work with health departments to identify current term contracts that include these likely needed resources and note their potential usefulness during emergencies. Additionally, health departments may assist fiscal agencies by providing lists of likely needed supplies that may be added to future contracts. Finally, health department and procurement officials may discuss the feasibility of pre-establishing term contracts specifically for those goods and services most likely to be needed during an emergency.

EXAMPLES OF TERM CONTRACTS

- **Florida** has numerous state term contracts, including one for medical and dental products.¹² This contract allows Florida government agencies to purchase any of more than 600 specific medical supplies from five different suppliers.¹²

Core items under the term contract are expected to be delivered within two days of the time of order.¹²

- **Texas** has multiple state term contracts that may prove useful during emergencies. Separate contracts exist for items such as vaccines and biologicals; influenza vaccines; drugs and pharmaceuticals; first aid and safety equipment, apparel, and supplies; weapons of mass destruction safety kits; hospital sundries; and others.¹³
- **California** has a variation of term contracts, the emergency equipment rental agreement. This is a contract vehicle in which interested contractors enter into pre-hire agreements with the government for a specific selection of services that are likely to be needed during an emergency. California has a long history of using emergency equipment rental agreements to rapidly access resources needed for fighting wildfires, but has made these agreements open to other disciplines across the state in need of emergency response resources.¹⁴

Cooperative Purchasing

Another common procurement tool is the use of cooperative purchasing. According to the National Association of State Procurement Officials, there are three types of cooperative purchasing: true cooperatives, third party aggregators, and piggyback options.¹⁵ Of the three types, piggyback contracts are those most likely to be useful during an emergency. They are “[c]ontracts issued by individual government entities that allow other jurisdictions to use the contract (i.e., to “piggyback” on the contract terms and prices) they established.”¹⁵

One of the greatest benefits of cooperative purchasing is time savings. Because these are existing competitively bid contracts, there is no need to determine requirements, bid the proposal for response, or negotiate with vendors. This presents

“When you start to have to deal with the bidding process in researching different vendors, and trying to make sure that you are spending [funds] wisely . . . the time is just insane that you need to really involve in that process.”—Local health official ¹⁶

a significant time-saving opportunity for those jurisdictions that are able to identify appropriate cooperative purchasing agreements to meet their needs. Health departments and their procurement partners should maintain awareness of existing piggyback contracts that cover resources that may be needed for emergency response. Like other contracts, piggyback contracts are available at all levels of government and may be targeted toward specific resources.

EXAMPLES OF COOPERATIVE PURCHASING

- **New Jersey:** One way to ease the use of cooperative purchasing during emergencies is to create a clearinghouse for all available contracting vehicles. Following Hurricane Sandy in 2012, the New Jersey Department of the Treasury established a one-stop webpage listing all of the state's cooperative contracts that might "be of assistance to our towns, cities, counties and other local partners."¹⁷ Displayed in chart format, the webpage listed the contracts and the commodities available for purchase under them.¹⁷ The chart also designated which contracts were entered into or amended to meet the specific needs of the Hurricane Sandy response.¹⁷ This page enabled health departments to determine rapidly whether a state-level contract was available to immediately support their needs or if it was necessary to explore other procurement options.
- **Fairfax County, Virginia:** The U.S. Communities contract procured by Fairfax County, Virginia, is an example of a contract that communities across the country can piggyback on to acquire specialized public safety equipment.¹⁸ The contract covers a variety of resources that tend to be useful in public health emergencies, including personal protective equipment, medical and first aid supplies, and detection and decontamination equipment.¹⁹ Because the contract was already competitively bid by Fairfax County, most government agencies can meet their own procurement

policies and procedures while saving time normally devoted to the acquisition process.²⁰ To piggyback on this contract, a health department or fiscal agency needs only to complete an online registration process, including agreeing to the terms and conditions of the Master Intergovernmental Cooperative Purchasing Agreement.²⁰

- **General Services Administration:** Another cooperative purchasing option available to state and local governments following a presidentially declared disaster is the General Services Administration (GSA) Disaster Recovery Purchasing Program.²¹ This program provides health departments with access to more than 11 million services available through a variety of GSA Schedules.²² Access to the GSA Schedules is also available to local and state governments when expending federal grant funds for response to a public health emergency declared by the Secretary of the Department of Health and Human Services.²³

Procurement Cards

Documentation of purchasing actions is frequently a substantial burden in the procurement process. To alleviate some paperwork requirements, many state and local governments have established a procurement card, or P-card, system to enable agency employees to make purchases outside the cumbersome process of filling out purchase order forms or submitting invoices. Employees are issued credit cards that are widely accepted by numerous merchants and can be used to make purchases within a certain set of criteria. Some P-cards benefits include a streamlined and simplified purchasing and payment process, a significant reduction in the amount of paperwork processed by the agency, a decentralized procurement function, the ability to set and control dollar limits, and the ability to control specific merchant categories and vendors.²⁴

The Government Finance Officers Association recommends that governments explore the use of P-cards to improve the efficiency of their purchasing procedures.²⁴ P-cards can be used for both everyday routine purchasing and during emergencies. Health departments should consider incorporating P-cards into their emergency operation plans to enable quick acquisition of goods and services even if this is not a mechanism approved for routine purchasing. The National Association of State Procurement Officials suggested agencies pre-determine "how cards will be assigned and card holders identified" prior to an emergency.²⁵ Health departments can put in

"We have a lengthy contracting process with various vetting types of procedures which sometimes can take months to get executed."—State health official¹⁶

place purchase limits and merchant categories to regulate the routine purchases permissible by the card holder. During an emergency these restrictions can be lifted, allowing rapid access to necessary emergency goods. P-cards provide the flexibility for health departments to gain access to a purchasing mechanism that allows a high number of transactions per day, including potentially large purchases. According to the National Association of State Procurement Officials, “some agencies preposition multiple P-cards in a secure location and authorize them for use upon activation of the emergency preparedness plan.”²⁵

EXAMPLE OF PROCUREMENT CARD USE

Louisiana:

- Requires training for each cardholder to understand the agencies’ spending limits and regulations.
- Allows cardholders to request approval from the Purchasing Card Administrator during an emergency to remove merchant category codes and raise dollar limits, expediting purchases.
- Resets card limits back to original controls after the state or locality has recovered from the emergency.

Emergency Procurement Provisions

Procurement provisions under emergency declarations can give agencies the authority to award a contract without public advertising for bids or make emergency purchases without prior approval. Whether provisions involve waiving a bidding process or granting the ability to bypass routine forms, such provisions are unique to each jurisdiction. Personnel from both the health department and the fiscal agency must know about the specific provisions available to them during an emergency.

EXAMPLES OF EMERGENCY PROCUREMENT PROVISIONS

New Jersey:

- Allows automatic approval of provisional procurement by the State Treasurer when a public agency determines the public’s health, safety, or welfare requires the immediate delivery of goods or the performance of services by state statute: “nothing contained in this act shall be construed as prohibiting the awarding of a contract when the public exigency requires the immediate delivery of goods or

performance of emergency services as determined by the State Treasurer.”²⁶

- Requires submission of an Emergency Procurement Report to the Treasurer within 30 days of the date the contract was issued.²⁶ This emergency provision allows government officials to contract or purchase items that are necessary for responding to emergencies and be exempt from the customary process.
- Allows the health official time to focus on the response and complete the paperwork once the emergency has subsided due to the Emergency Procurement Report 30 day submission requirement.

Knox County, Tennessee:

- Created an emergency procurement manual that details the rules and exceptions for procurement during an emergency.
- Requires the presence of a designated Emergency Procurement Coordinator in the local emergency operations center (EOC).²⁷ This allows the Emergency Procurement Coordinator to work directly with the Incident Commander to “facilitate the procurement of the required goods and/or services.”²⁷
- Allows for exceptions to the county’s routine procurement process that expedite the contracting or purchasing of items that may be necessary during an emergency with explicit language in the procurement manual, stating “While the competitive sealed bid/proposal process is the preferred method of procuring goods and/or services, the laws of the State of Tennessee, under Section 5-14-204 of the Tennessee Code Annotated, and the Knox County Procurement Code allow for exceptions to the bid process to be made in times of emergency. When emergency purchases are approved, complete and thorough documentation must be kept in accordance with reimbursement guidelines.”²⁷

“It takes six to eight weeks to get a contract through our approval system out to our subcontractors, signed, and approved back so that the contractor can then begin the work.”—State health official¹⁶

Factors Influencing Administrative Preparedness for Procurement

NACCHO identified five factors that influence the ability of health departments to expedite procurement processes. For each factor, health departments and their procurement partners should consider a number of questions in order to assess their day-to-day procurement capacity and capability and establish what impact an emergency would have.

1

Identify the Players

Health department staff must know who their administrative partners are. These individuals may be within the health department, in another governmental agency, or outside surge support. Some of these individuals are routinely involved in procurement activities, but may need training or guidance on how their role may change during an emergency. Others who are not involved in procurement on a day-to-day basis may not realize this is an additional duty that may be assigned while responding to an emergency. These roles need to be clarified prior to an emergency so that individuals know what their responsibilities will be and how they will fit into the overall response. Identifying individuals with emergency procurement responsibilities will enable increased accountability and help manage expectations during a response.

2

Know Procedures

Individuals involved with procurement activities must understand normal procurement policies and procedures that are in place to ensure accountability of the jurisdiction's financial resources. This requires the involvement of health department staff, procurement officials, and legal counsel. These three perspectives will provide an overarching picture of existing emergency procurement policies and procedures and how day-to-day procedures can be modified to meet emergency needs. Both normal and emergency procurement policies and procedures should be written and accessible to all those who may play a role in procurement activities.

3

Build Emergency Needs into Everyday Activity

Normal procurement activities are building blocks for accelerated emergency procurement. By thinking about emergencies during normal operations, health departments and their procurement partners will have placeholders to allow for adjustments to their procurement vehicles. A mutual understanding of expectations between jurisdictions and their suppliers will reduce uncertainties during an emergency. Additionally, a strong continuity of operations plan will include contingencies enabling the jurisdiction's continued procurement activities throughout an emergency.

4

Recognize Outliers

Numerous system factors that may influence the procurement activities of health department officials and their fiscal agents. These partners must understand their operating environment, risks to infrastructure, and supplier interruptions when considering their procurement needs. Maintaining "situational awareness" of recognized vulnerabilities will both increase the likelihood of continued procurement activities during an emergency and contribute to the success of the overall response.

5

Act

Based on consideration of the previous steps, health departments and their procurement partners are positioned to make informed decisions about which procurement vehicles to use to address specific emergency circumstances. By knowing the full scope of available options and the parties responsible for executing them, jurisdictions can rapidly decide how to address their procurement needs efficiently while being responsible stewards of public funds.

PROCUREMENT ADMINISTRATIVE PREPAREDNESS REVIEW CHECKLIST

By considering the following questions, health department officials and their fiscal agents will have a better sense of what their emergency procurement needs may be and what tools may exist to address them. Additionally, the exercise of answering these questions may lead to improvements in day-to-day procurement by strengthening relationships between health departments and their procurement partners, managing expectations based on the actual needs and capabilities of each party, and improving knowledge of efficiencies that may exist in the process that are not routinely used.

Identify the Players

- Who within the health department has the authority to initiate procurement activities? Can this authority be delegated during an emergency?
- Who among the procurement staff has the authority to execute or approve procurement vehicles? What happens if these individuals are not available during an emergency?
- Do other individuals have an identified role in the procurement process? For example, do contracts require sign-off by the mayor or board of health?
- If any of the preceding identified personnel are able to delegate their responsibilities, have back-up personnel been identified? Have these back-up personnel been informed and trained for their potential roles? Has a chain of succession been established? Is 24/7 emergency contact information available for each individual?
- Have staff been trained in the Incident Command System (ICS)? Did their training include information on the roles and responsibilities of Emergency Support Function (ESF) #7—Logistics Management and Resource Support and ESF #8—Public Health and Medical Services?
- Have personnel completed cross-training to increase the number of staff who are aware of procurement policies and procedures? Can any of these personnel be reassigned to provide procurement surge support during an emergency?
- Have volunteer or contractor procurement personnel sources that may be tapped into during an emergency been considered?

Know Procedures

- Do written procurement policies and procedures exist within the department/jurisdiction? Is this documentation easily accessible by various personnel?
- Can these policies and procedures be altered during an emergency? Do written policies include explicit directions on procuring resources in an emergency?
- Can documentation procedures for procurement activities be modified? For example, can the number of reported elements be reduced or documentation completed retroactively?
- Have checklists or other job aids to help guide personnel through emergency procurement activities been created?
- Does the department/jurisdiction have a centralized list of mutual aid agreements?
- Does the department/jurisdiction have a centralized list of current contracts?

Build Emergency Needs into Everyday Activity

- Does the department/jurisdiction have a continuity of operations plan? Does this plan include provisions on how to sustain procurement activities during an emergency?
- Have goods and services that were critical during previous emergencies been identified? Do any of these critical resources have limited suppliers?
- Has pre-competing contracts for critical resources been considered?
- Is it appropriate to stockpile some critical resources?

PROCUREMENT ADMINISTRATIVE PREPAREDNESS REVIEW CHECKLIST, CONT.

- Are emergency clauses incorporated into contracts?
- Are agreements about expectations of suppliers surrounding the continued supply of goods and services during an emergency in place?
- Does the department/jurisdiction have priority status with suppliers for restoring or continuing resources?

Recognize Outliers

- Has the department/jurisdiction conducted a hazard vulnerability analysis? Have hazards that may impact procurement activities been identified?
- Have critical suppliers considered hazards and developed continuity of operations plans?
- Do procurement practices rely on infrastructure that may be unavailable during an emergency? For example, if procurement systems are computerized, are contingency plans for long-term electrical power outages in place?
- Are procurement activities concentrated in a single geographic location? Do continuity of operations plans discuss options for sustaining procurement activities if that location is unavailable?
- Can recordkeeping processes be modified to ensure collection of emergency-related information? For example, can documentation necessary to request federal reimbursement for costs incurred during a presidentially declared disaster be collected?
- Can updates about procurement activities be provided to incident command?

Act

- Have all of the procurement vehicles used daily by the department/jurisdiction been identified?
- Have additional procurement vehicles that may be necessary for emergency response been considered?
- Can existing contracts and other procurement vehicles be used or modified to meet emergency needs?
- Have the health department and fiscal agent had discussions about which procurement vehicles might be appropriate under various circumstances?

Conclusion

NACCHO intends for this report to improve the understanding of health departments and their procurement partners of available—but not always used—strategies to expedite the acquisition of goods and services. The report examines common procurement vehicles and offers specific examples of options used by some health departments to address their procurement challenges. By discussing the questions suggested within this report with their fiscal agents, health department officials may identify strategies either already available or suitable for implementation.

NACCHO encourages health departments to build strong relationships with their procurement partners. Such partnerships enable collaborative approaches to routine and emergency procurement challenges. These relationships foster trust that each side can contribute expertise and unique capabilities to the development of a streamlined procurement strategy. While NACCHO acknowledges that even the most prepared jurisdictions may not be able to resolve all procurement challenges, by jointly and thoughtfully considering the factors that contribute to procurement administrative preparedness with their partners, health departments will be better positioned to achieve an effective emergency response.

Health departments receiving federal funding for their emergency preparedness and response activities are required to comply with the National Incident Management System (NIMS). One of the core components of NIMS is resource management, which includes establishing procurement procedures. Figure 1 offers a simplified diagram to assist health departments in assessing their administrative preparedness capabilities for procurement along with their compliance with NIMS.

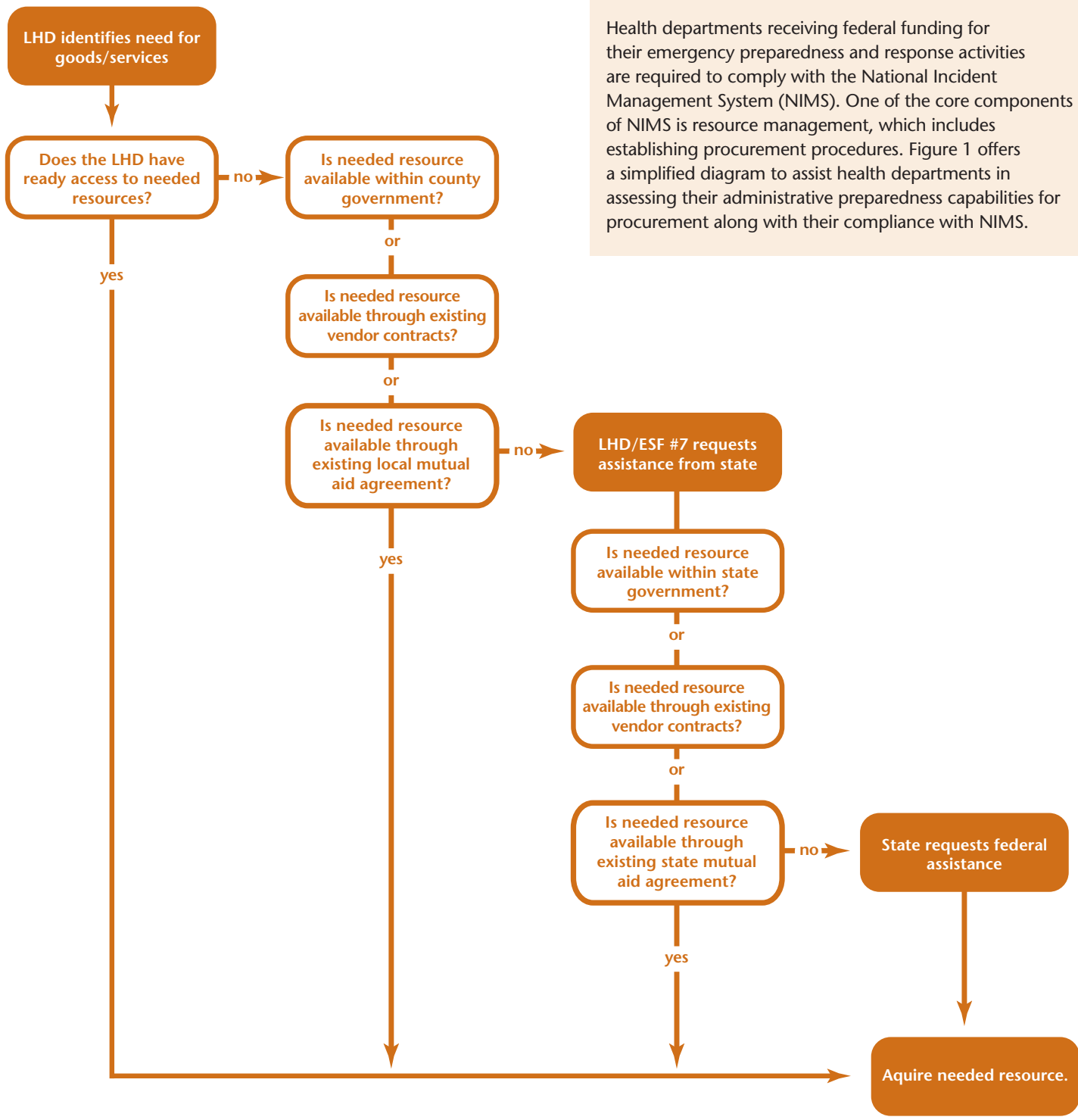


FIGURE 1: ADMINISTRATIVE PREPAREDNESS PROCUREMENT DECISION MAKING FLOW CHART FOR LOCAL HEALTH DEPARTMENTS

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The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments.

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