What is it?
The Strategic National Stockpile (SNS) is a federally curated and managed supply of life-saving pharmaceuticals and medical supplies that are available as a stopgap for use in a public health emergency. Inventory includes drugs (antibiotics, antivirals, antitoxins, and vaccines), ventilators, and personal protective equipment. The SNS caches are strategically located around the county to assist with timely deployment.

How is it used?
The SNS was designed to supplement and resupply state and local inventories of medicines and supplies during emergencies severe enough to exhaust local supplies. Despite its capacity, the SNS was not designed to be the sole solution as it was never intended for an emergency that spans the entire Nation. The intent of the SNS is to be used for brief periods until the supply chains resume normal operations.

Who controls it and how is it accessed?
The SNS is managed by the Office of the Assistant Secretary for Preparedness and Response, but control has been temporarily ceded to FEMA in response to COVID-19. Requests for supplies from the SNS must come from State governors or their designees and this process may vary from state to state. All requests for supplies must first be submitted to the lowest level of government. It may be useful to coordinate with other CHCs in your jurisdiction to submit a single request instead of multiple smaller requests. Resource requests flow upward from State to Federal Government. If the first level of government (i.e. local government) is unable to fulfill the request, they will elevate the request to the next level of government and so on via the following process:
Request from affected organization → local public health department → local Emergency Operations Center (EOC) → Regional EOC → State EOC → Federal Government
Once a request is submitted to the Federal Government, federal personnel work closely with State and local officials to determine if and what components of the SNS are needed. Ultimately, the Federal Government is responsible for making the decision to deploy all or portions of the SNS.

Can CHCs and PCAs access the SNS for emergency and urgent care needs?
CHCs cannot access the SNS directly, but they are encouraged to work with their PCAs to develop resource requests as PCAs may have a direct line to the State Emergency Operations Center (EOC). If assets are deployed, the receiving state is responsible for directing and distributing supplies according to the state’s SNS plan. While it varies from state to state, supplies sourced through the State and SNS for the COVID-19 response are generally provided at no cost to recipients.

What is the current status of the SNS?
The SNS was not at full capacity prior to the COVID-19 outbreak, in part because it was never fully replenished after the 2009 H1N1 pandemic response due to lack of additional appropriations from Congress. The SNS has been overwhelmed by urgent requests supplies in the two months since the first U.S. case of COVID-19. The distribution of supplies has varied widely between states. FEMA continues to field requests from states and reports that supplies are distributed according to each state’s population and need, but no further detail has been provided.