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Dear FEMA Leaders:

In Maine, New Hampshire and Vermont, the rate of COVID-19 cases continues to grow, with a more than 1,700 total infections and at least 40 deaths across the three states. We applaud interventions including “Stay Home/Stay Safe” orders that flatten the curve, but also need to be ready for an influx of patients who need intensive care and resources.

As we continue to prepare for the anticipated “surge” of COVID-19 patients in our region, we are managing shortages in various supplies including critical medications for ventilated patients in the ICU. Even prior to the surge, demand is already outpacing supply and exhausting current allocations. Supply shortages are exacerbated by other areas of the country being hit hard with significant, unexpected increases in utilization of healthcare resources, including medications.

Drug manufacturers are unable to keep up with national demand, making it increasingly difficult to obtain essential medications for critically ill residents of our states. Supplies freed up by the cessation of elective surgeries are not sufficient to match the intense critical illness of COVID-19 patients. **Hospitals in Maine, New Hampshire and Vermont are rapidly exhausting the available supply of critical medications** from manufacturers, wholesalers, distributors, and other suppliers.

Even if we have enough ventilators to meet demand, **the ventilators are rendered useless without an adequate supply of the medications** — including opioids (e.g., fentanyl, morphine, hydromorphone), sedatives (e.g., midazolam, propofol), and neuromuscular blocking agents (e.g., cisatracurium, vecuronium, rocuronium, succinylcholine) — that must be administered together with mechanical ventilation in critically ill patients, including those with COVID-19, to ensure the successful use of this life-saving supportive care.

We can provide data on shortage amounts in specific hospitals and communities in our three states but it is already clear that quantities are low and supply only intermittently available for restocking due to the high and growing demand.

**We request immediate release of available quantities of the following critical drugs from the Strategic National Stockpile to the public health departments of our respective states to address urgent patient care needs.**

Following is our request for drugs in order of priority per category.

- Analgesia
  1. Fentanyl
  2. Hydromorphone
  3. Morphine
  4. Remifentanyl
  5. Sufentanyl
  
- Sedation/Induction
  1. Propofol and Etomidate
  2. Midazolam
  3. Ketamine
  4. Lorazepam
  5. Dexmedetomidine
  
- Rapid sequence intubation
  1. Succinylcholine, Rocuronium, Vecuronium
  
- Neuromuscular Blocking agent continuous infusions
  1. Cisatracurium
  2. Atracurium
  3. Rocuronium
  4. Vecuronium
  
- Induction agents
  1. Etomidate
  2. Ketamine
  3. Propofol
  
- Vasopressor infusions
  1. Norepinephrine
  2. Vasopressin
  3. Phenylephrine
  4. Epinephrine

## 5. Dobutamine

- Atropine
- Epinephrine
- Lidocaine

Thank you for your consideration and responsiveness to this critical request on behalf of the patients and hospitals in Maine, New Hampshire and Vermont.

Sincerely,

Steven Michaud, CEO  
Maine Hospital Association

Steve Ahnen  
New Hampshire Hospital Association

Jeff Tieman, CEO  
Vermont Association of Hospitals and Health Systems

Anne-Marie Toderico, Pharm.D.  
President Maine Society of Health-System Pharmacists

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