



Potential Impacts of FEMA Review Council Recommendations on Children

Summarized by Patricia Frost, NPDC President and Executive Director, with AI assistance

Local, Regional, and State-Level Considerations

The FEMA Review Council recommendations represent one of the most significant proposed shifts in U.S. disaster management in decades. While the report primarily focused on governance, efficiency, and state empowerment, many of the proposed reforms could have substantial downstream impacts—both positive and negative—on children, families, schools, childcare systems, pediatric healthcare, and children with disabilities or access and functional needs.

Children were not a major focus of the council discussion; however, families were, which is itself an important observation. Because children depend heavily on systems managed by adults and institutions, changes to disaster funding, housing, mitigation, and public assistance can disproportionately affect them. **The full report is available at <https://www.dhs.gov/publication/fema-review-council-final-meeting-documentation>**

Key Overarching Concern

The recommendations move responsibility and operational authority increasingly toward states and local governments. This creates opportunities for more tailored child-centered solutions in prepared states, but may also widen disparities between communities with strong pediatric disaster systems and those with limited capacity. This means:

- Children in well-resourced states may benefit from faster, locally informed solutions.
- Children in under-resourced rural, tribal, or economically strained communities may experience uneven protection and recovery support.

LOCAL-LEVEL IMPACTS ON CHILDREN

Potential Positive Impacts

Faster Local Decision-Making

The emphasis on *“locally executed, state-managed, federally supported”* disaster response may allow communities to:

- Open schools and childcare centers more quickly
- Tailor sheltering and reunification systems to local family needs
- Better coordinate with pediatric hospitals, schools, EMS, and child welfare agencies
- Integrate culturally appropriate support for tribal children and families

Deferring to local emergency managers who better understand:

- Which neighborhoods have high concentrations of children
- Which schools serve medically fragile children
- Which childcare facilities may require evacuation assistance

This could improve:

- Pediatric evacuation planning
- Family reunification
- Child-focused sheltering
- Access to pediatric medical supplies

More Flexible Housing Solutions

The proposed shift away from rigid federal housing systems could allow local communities to:

- Keep families together more effectively
- Return children to stable housing faster
- Reduce prolonged shelter stays
- Create family-centered temporary housing models

If implemented thoughtfully, this may reduce:

- Toxic stress
- Family separation
- School disruption
- Child mental health deterioration after disasters

Stronger Community Partnerships

Recommendations to expand faith-based, nonprofit, and volunteer integration could improve:

- Pediatric feeding programs
- Child-focused disaster recovery services
- Distribution of diapers, formula, medications, and school supplies
- Childcare support during recovery

Local nonprofit networks are relied on to support parents and the community to fill critical gaps for children long before federal systems mobilize.

Potential Risks at the Local Level

Uneven Pediatric Preparedness Capacity

Not all local jurisdictions have:

- Pediatric disaster expertise
- Childcare evacuation plans

- Pediatric-capable shelters
- Pediatric mental health resources
- School emergency management programs

If FEMA support decreases before local systems are strengthened, communities with fewer resources could struggle to meet children’s needs.

Increased Reliance on Local Funding

The report repeatedly emphasized reducing federal sustainment funding.

Potential consequences include:

- Reduced funding for pediatric preparedness programs
- Reduced support for school preparedness initiatives
- Fewer local disaster coordinators focused on children
- Greater competition for limited local emergency management dollars

Smaller rural counties may be especially vulnerable.

Childcare and School Recovery Delays

If states/localities are expected to lead more recovery operations without dedicated child-focused funding:

- Schools may reopen unevenly
- Childcare centers may recover more slowly
- Families may lose employment due to childcare disruptions
- Educational inequities could widen

REGIONAL-LEVEL IMPACTS ON CHILDREN

Potential Positive Impacts

Expanded Interstate Resource Sharing

The council strongly supported expansion of EMAC and regional mutual aid systems.

Potential pediatric benefits include:

- Sharing pediatric EMS strike teams
- Regional pediatric hospital coordination
- Shared caches of pediatric supplies
- Mobile pediatric specialty teams
- Regional reunification systems

This could especially help during:

- Wildfires
- Hurricanes

- Multi-state flooding
- Regional infectious disease outbreaks

Regional Pediatric Surge Coordination

Improved federal-state coordination and interoperability could support:

- Pediatric ICU surge planning
- Interstate pediatric patient transfers
- Better pediatric data sharing
- More coordinated disaster medical operations

This may strengthen regional resilience for catastrophic events affecting children

Potential Risks at the Regional Level

Variable Standards Between States

As states gain more autonomy, pediatric disaster standards may vary widely.

Possible inconsistencies could emerge in:

- School sheltering standards
- Pediatric evacuation planning
- Pediatric EMS protocols
- Child reunification procedures
- Access to pediatric mental health services

Children displaced across state lines may encounter inconsistent services and protections.

Rural Pediatric Access Challenges

The report emphasized reducing federal operational involvement. Rural regions may struggle with:

- Pediatric workforce shortages
- Limited pediatric trauma access
- Sparse pediatric specialty care
- Long transport times

Without sustained federal investment, rural pediatric disaster gaps could widen.

STATE-LEVEL IMPACTS ON CHILDREN

Potential Positive Impacts

Greater State Flexibility to Build Child-Centered Systems

States with strong pediatric disaster coalitions and children's healthcare systems may gain greater flexibility to:

- Integrate pediatric needs into statewide disaster planning
- Align school, EMS, healthcare, and emergency management systems
- Build pediatric-ready sheltering systems
- Expand pediatric mitigation initiatives

This could improve whole-community resilience for children.

Faster Access to Recovery Funding

The proposed direct funding and block-grant style approaches could help states:

- Rapidly stabilize schools and childcare infrastructure
- Restore pediatric healthcare operations faster
- Accelerate family housing recovery
- Support children with disabilities more quickly

If pediatric priorities are included early in state recovery frameworks, children may benefit from faster stabilization.

Improved Infrastructure Resilience

Mitigation investments could help states strengthen:

- Pediatric hospitals
- Schools
- Water systems
- Power systems supporting medically complex children

This is particularly important for:

- Children dependent on electricity for medical devices
- Children requiring refrigerated medications
- Technology-dependent children at home

Potential Risks at the State Level

Children May Be Overshadowed by Adult-Centered Priorities

The report largely framed disaster systems through:

- Infrastructure
- Cost efficiency
- Administrative reform
- State operational authority

Without explicit pediatric requirements, states may prioritize:

- Roads
- Utilities
- Economic recovery
- Adult housing

over:

- Childcare recovery
- School continuity
- Pediatric mental health
- Child protection systems

Potential Reduction in Federal Equity Oversight

Federal systems sometimes provide minimum standards that help protect vulnerable populations.

If authority shifts heavily to states:

- Child outcomes may vary dramatically by geography
- States with fewer pediatric resources may struggle
- Children with disabilities may face inconsistent protections
- Tribal and rural child-serving systems may remain underfunded

Disaster Assistance Eligibility Changes

If federal disaster declaration thresholds become more restrictive:

- Smaller but still devastating events affecting children may not qualify for federal support
- Rural school systems may struggle to recover
- Pediatric clinics and childcare centers may receive less assistance

Localized disasters can still have severe impacts on children even if they do not meet revised federal thresholds.

Specific Implications for Children with Disabilities and Medical Complexity

The report's focus on state-led systems could either improve or worsen outcomes depending on implementation.

Potential benefits:

- More locally tailored solutions
- Better integration with state disability systems
- Improved culturally responsive planning

Potential risks:

- Uneven access to durable medical equipment support
- Inconsistent evacuation support
- Reduced federal coordination for medically fragile children
- Variable shelter accessibility standards

Technology-dependent children remain especially vulnerable during:

- Power outages
- Fuel shortages
- Housing instability
- Transportation disruptions

Key Pediatric Recommendations Moving Forward

To ensure children are protected during implementation of FEMA reforms, policymakers and emergency managers, the National Pediatric Disaster Coalition has opportunities to advocate, engage, support, and provide continued subject matter expertise in the following areas:

1. Explicitly Include Children in All FEMA Reform Planning

Children should be identified as a core planning population—not an afterthought.

2. Require Pediatric Metrics in Disaster Recovery

Work with stakeholders to emphasize the importance of tracking community metrics that reflect the child-centric measures of community recovery:

- School reopening timelines
- Childcare restoration
- Pediatric healthcare access
- Child mental health outcomes
- Family reunification outcomes

3. Protect Pediatric Preparedness Funding

Be a reliable voice across public and private sectors to ensure reforms do not unintentionally reduce:

- Pediatric EMS programs

- School preparedness initiatives
- Pediatric hospital preparedness
- Child-focused mitigation planning

4. Build Pediatric Regional Coordination Systems

Expand connections between child-serving organizations to help develop local, state and regional engagement.

- Pediatric mutual aid systems
- Interstate pediatric healthcare coordination
- Pediatric specialty transport systems
- Child reunification systems

5. Prioritize equity and access for the most vulnerable children and families and ensure the lived experience is not only considered but represented across communities.

Children in:

- Rural communities
- Tribal nations
- Low-income communities
- Disaster-prone regions
- Areas with limited pediatric infrastructure

may require additional targeted support.

Overall Assessment

The FEMA Review Council recommendations are very likely to fundamentally reshape how children experience disasters in the United States.

If implemented with strong pediatric integration:

- Recovery could become faster, more flexible, and more community-centered.

If pediatric needs are overlooked:

- Existing inequities could widen significantly between states and communities.

The ultimate impact on children will depend less on the structural reforms themselves and more on whether pediatric considerations are intentionally embedded into all phases of disaster preparedness and response across public and private sectors and public assistance systems at every level of government.



WHITE HOUSE FEMA REVIEW COUNCIL

MEETING SUMMARY – MAY 7, 2026



OUR NORTH STAR: Disasters are locally executed, state managed, and federally supported. Empower local communities and states. FEMA supports.



ABOUT THE REVIEW

The White House FEMA Review Council engaged Americans across the nation to evaluate FEMA and recommend reforms that will create a more efficient, responsive, and resilient disaster management system.



~12,000
Public Comments



1,387
Nationwide Surveys



16
In-Person & Virtual Listening Sessions



50
States Engaged



10 MAJOR RECOMMENDATIONS
150+ Associated Action Items

KEY RECOMMENDATIONS (AT A GLANCE)

1



Shift Leadership to States & Local Governments

Return disaster leadership to states, tribes, territories and local communities. FEMA sets standards and provides support – not supplant.

2



Simplify & Speed Disaster Assistance

Consolidate programs, reduce red tape, and provide direct, rapid payments so survivors get help faster.

3



Reform Federal Disaster Declarations

Modernize and tighten criteria so federal aid is reserved for catastrophic events that exceed state capability.

4



Accelerate Mitigation Funding

Give states more control, provide rapid advances and align funding with resilience priorities.

5



Reform Emergency Housing

States choose solutions that work best – faster home repairs, flexible options, and better long-term outcomes.

6



Reform the National Flood Insurance Program

Reduce \$20B+ debt, expand private sector, and focus on mitigation for repetitive loss properties.

7



Reduce Administrative Costs & Bureaucracy

Cut overhead, eliminate duplication, and put more dollars directly to disaster survivors and communities.

8



Right-Size FEMA's Workforce

FEMA HQ staffing increased 300% in 5 years. Phase reforms over 2–3 years to align with mission.

9



Expand Public–Private & Volunteer Partnerships

Leverage faith-based, nonprofit, private sector and volunteer networks to strengthen response and recovery.

10



Improve Transparency & Accountability

Strengthen oversight, data systems and reporting to ensure dollars are spent effectively.

IMPORTANT STATISTICS DISCUSSED

MITIGATION FUNDING



27
Months

Average time for mitigation grants to be ready for use

\$4.6B

In mitigation funds remain unspent

NFIP (FLOOD INSURANCE)



\$20B+

Debt currently carried by NFIP

\$17B

Previously forgiven

5%

30–40%

of policies account for 30–40% of payouts due to repetitive losses

ADMINISTRATIVE COSTS



\$3.6B

In Individual Assistance funding (5 yrs) spent on overhead & admin

25%

Of Public Assistance funding consumed by management & overhead

\$14B

Increase in federal disaster admin costs over the last decade

POTENTIAL SAVINGS



\$2B

Estimated savings by reducing admin costs by just 5%

NORTH CAROLINA – HURRICANE HELENE (EXAMPLE)



30+ inches
of rainfall



73,000
Homes damaged



~200,000
Displaced residents



45,000
Small businesses & farms affected



\$2.5B

Estimated damages



22

Wastewater treatment plants damaged



25

Water/wastewater facilities damaged

RECOVERY PROGRESS



\$9.2B+

In federal relief obligated



99%

Of roads & bridges rebuilt



100%

Of water & wastewater systems restored



THE GOAL

Create a disaster management system that is faster, simpler, more accountable, and puts Americans first by empowering local communities and states while FEMA provides the support they need.



Faster Help for Survivors



Stronger Mitigation & Resilience



Smarter Use of Taxpayer Dollars



Stronger Partnerships & Local Leadership



Greater Transparency & Accountability

★ REFORM. EMPOWER. SUPPORT. TOGETHER, BUILDING A MORE RESILIENT AMERICA.



FEMA REVIEW COUNCIL RECOMMENDATIONS: POTENTIAL IMPACTS ON CHILDREN

KEY CONCERNS & ACTION STEPS FOR STAKEHOLDERS



The FEMA Review Council recommends shifting disaster leadership to states and local communities, streamlining programs, and reducing federal involvement.

These changes could bring faster, more flexible solutions—but also create risks for children if strong protections are not built in.



KEY MESSAGE

Children depend on the systems adults build. Reforms must intentionally include children at every level to protect their health, safety, education, and well-being.

POTENTIAL IMPACTS ON CHILDREN

LOCAL LEVEL

POTENTIAL POSITIVE IMPACTS

- Faster local decision-making can reopen schools and childcare centers more quickly.
- Solutions tailored to local families and cultural needs.
- More flexible housing can keep families together and reduce time in shelters.
- Community partnerships can expand child-focused services and supplies.

POTENTIAL RISKS

- Uneven local capacity for pediatric preparedness and child-focused services.
- Greater reliance on local funding may reduce support for children's programs.
- School and childcare recovery could be delayed, disrupting learning and family stability.

Schools

Childcare

Housing

Community Support

REGIONAL LEVEL

POTENTIAL POSITIVE IMPACTS

- Expanded interstate resource sharing (EMAC) can improve pediatric EMS, hospital, and supply support.
- Regional coordination can strengthen pediatric surge capacity and patient transfers.
- Better data sharing and communication improves disaster medical operations for children.

POTENTIAL RISKS

- Standards for children's services may vary widely between states.
- Rural areas may face continued shortages of pediatric care, specialists, and transport.
- Inconsistent protections for children displaced across state lines.

Pediatric EMS

Hospitals

Mutual Aid

Data & Coordination

STATE LEVEL

POTENTIAL POSITIVE IMPACTS

- Greater flexibility to build child-centered disaster systems.
- Faster access to recovery funding can speed school, childcare, and healthcare restoration.
- Mitigation investments can strengthen schools, hospitals, and critical infrastructure for children.

POTENTIAL RISKS

- Children's needs may be overshadowed by other priorities (infrastructure, economy).
- Reduced federal oversight could lead to wide differences in child outcomes.
- Tighter disaster declaration rules may leave children in smaller disasters with less support.

Education Continuity

Pediatric Healthcare

Family Stability

Equity & Protection

CHILDREN MOST AT RISK

Reforms could disproportionately affect:

- Children with disabilities or medical complexity
- Low-income and rural children
- Tribal children and communities
- Children in disaster-prone or under-resourced areas

BIG PICTURE CONCERN

The shift of responsibility to states and localities could lead to faster solutions in some places—but widen gaps for children in communities with fewer resources, weaker systems, or less pediatric expertise.

ACTION STEPS FOR STAKEHOLDERS

FEDERAL LEADERS & AGENCIES

- Embed explicit child requirements in all reforms.
- Protect funding for pediatric preparedness, schools, childcare, and child-focused mitigation.
- Require pediatric metrics in recovery reporting.
- Ensure equity for rural, tribal, and high-need communities.

STATE GOVERNMENTS & EMERGENCY MANAGEMENT

- Integrate children's needs into all disaster plans.
- Invest in pediatric readiness: schools, hospitals, EMS, behavioral health, and child welfare.
- Use flexibility to accelerate family housing, childcare, and education recovery.
- Establish pediatric advisory groups in planning.

LOCAL GOVERNMENTS & SCHOOL DISTRICTS

- Develop child-focused emergency plans (schools, childcare, shelters).
- Know your children: map vulnerable populations and special needs.
- Build partnerships with healthcare, nonprofits, faith-based and community organizations.
- Plan for rapid school reopening and learning continuity.

HEALTHCARE PROVIDERS & CHILD-SERVING AGENCIES

- Strengthen pediatric surge plans and supply chains.
- Coordinate patient transfer and communication systems regionally.
- Ensure continuity of care for medically fragile children.
- Integrate mental health support for children and families.

FAMILIES & COMMUNITY PARTNERS

- Build family emergency plans and stay informed.
- Engage in community preparedness activities.
- Support neighbors and vulnerable children.
- Advocate for child-focused resources and equitable recovery in your community.

WHAT SUCCESS LOOKS LIKE

Children are safe in disasters

Families stay together

Schools and childcare reopen quickly

Pediatric care is available

Communities are more resilient

THE BOTTOM LINE

Reforms can modernize disaster systems—but only if children are at the center of planning, funding, and decision-making at every level. Stronger systems today create safer futures for all children.



STRONGER SYSTEMS. SAFER CHILDREN. RESILIENT COMMUNITIES.

PLAN FOR TODAY. PROTECT THEIR TOMORROW.