



# Policy Analysis: 2026 National Resilience Strategy

*Implications for Pediatric Disaster Readiness | June 2026  
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## Overview

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The White House released the [National Resilience Strategy](#) (NRS) in June 2026, establishing a framework for national preparedness built on four tenets: **Prioritize, Modernize, Distribute, and Simplify**, applied across four domains: National Security, Economy, Public Health and Safety, and National Infrastructure. The NRS represents a substantial philosophical shift away from the federal-led all-hazards model toward a federalist, risk-stratified, and private-sector-enabled system of resilience. The National Pediatric Disaster Coalition offers this analysis, which examines the strategy's implications for children's resilience in disasters and beyond, with particular attention to pediatric emergency care systems and workforce, child-serving organizations across child life domains, and the policies, programs, and entities that serve the most vulnerable child populations.

## Strategic Framework: What Changes Under the NRS

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The NRS explicitly rejects the all-hazards approach as having "reached the limit of its utility," replacing it with a risk-informed, return-on-investment (ROI) model that prioritizes hazards and investments based on quantified threat assessment. The strategy proposes a National Risk Register to guide federal resource allocation. It decentralizes authority sharply to states, localities, and industry, frames federal engagement as a last resort for events "no state can manage alone," and directs states to independently fund emergency management capacity, reduce reliance on federal grants, and build mutual aid networks.

For the pediatric disaster preparedness community, this represents both a policy inflection point and a significant operational risk environment. Children (who comprise approximately 22% of the U.S. population) have disaster needs that are **physiologically, developmentally, and institutionally** distinct, yet are consistently underrepresented in baseline emergency planning without an explicit federal mandate and funding.

## Opportunities for Pediatric Disaster Readiness

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### Modernization of Technology Infrastructure

The NRS's emphasis on modernizing early warning systems, communications infrastructure, and public risk communication platforms presents a concrete opportunity. NPDC and child-serving partners and stakeholders should advocate for pediatric-specific data streams and alert systems within any new National Risk Register architecture, including child population vulnerability overlays, integration of real-time child-inclusive emergency notifications for first responders, healthcare and school/childcare facility networks; child disaster impacts; pediatric healthcare surge capacity; pediatric countermeasures; and reunification support.

### Infrastructure Workforce Development

The strategy's call for accelerated training pipelines for critical trades and technical roles within the National Infrastructure domain presents an opportunity for the NPDC and other child-serving professional organizations to advocate for pediatric emergency care coordinator (PECC) roles and open access pediatric continuing education (CE) pipelines as essential components of the workforce. Re-framing pediatric EMS and hospital readiness as

essential infrastructure (not discretionary programming) would be a strategic communications priority under this framework.

## State and Local Empowerment

The NRS provides political justification for states to invest in pediatric emergency systems as a core government function rather than a federal grant dependency. Jurisdictions that have built pediatric readiness infrastructure (including National Pediatric Readiness Project recognition programs, PECC networks, and regional pediatric surge plans) are better positioned under this model. NPDC and partners should consider leveraging this new risk-informed policy environment by articulating the return on investment (ROI) of state-level pediatric readiness.

## Challenges and Critical Risks

### FEDERALISM RISK: Reduced Federal Baseline Floor for Pediatric Readiness

The most consequential risk of the NRS for children is the potential for elimination or reduction of the federal baseline floor to address the needs of children throughout the emergency management cycle of preparation, mitigation, response, and recovery. Initiatives such as the State EMSC (Emergency Medical Services for Children) grant program, the National Pediatric Readiness Project, and HHS/ASPR pediatric planning requirements derive their national reach from federal funding and performance objectives. The NRS explicitly frames persistent federal reliance as a failure of state stewardship. Without proactive advocacy, this may create conditions for further defunding of pediatric disaster public-private partnerships and capacity-building efforts.

### THREAT-BASED PRIORITIZATION RISK: Children May Fall Below the Risk Threshold

The NRS rejection of "extreme, speculative, or fantastical scenarios" in favor of realistic risk quantification is a double-edged provision. Pediatric disaster impacts are frequently underreported, under-quantified, and embedded within broader population metrics. If the National Risk Register is built without pediatric-specific data, the risk to preparation, mitigation, response, recovery, and resilience of children and ultimately our nation will be systematically underestimated, reducing the probability that federal or state investments will explicitly address pediatric gaps. Pediatric disaster readiness stakeholders must engage early in the Risk Register development process to ensure that pediatric vulnerability indicators, healthcare needs, including those of children with medical complexity, and school and childcare disruption metrics are incorporated.

Additional challenges include:

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- **Child-serving nonprofits face restricted access:** The NRS limits government engagement with nonprofits to those demonstrating "lawful and fiscally sound conduct." While reasonable on its face, implementation without nuance could disadvantage smaller community-based child-serving organizations that provide critical surge capacity in disasters, particularly those serving unaccompanied minors, children in foster care, and medically complex pediatric populations.
- **Insurance market emphasis ignores child-specific policy and care delivery gaps:** The NRS relies heavily on private insurance markets as a resilience tool. Children in low-income and high-risk households—already the most disaster-vulnerable—are disproportionately uninsured or underinsured, and private insurance does not address the institutional gaps in pediatric care delivery during disasters.
- **Mutual aid networks lack pediatric specificity:** The NRS promotes mutual assistance frameworks but does not address pediatric-specific mutual aid needs—including neonatal and pediatric intensive care transport, specialized medication stockpiles, or reunification systems for separated children.

## Evaluation: The Federalist Approach

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The NRS federalist model is coherent as a macro-governance approach but presents structural challenges for populations whose care requires vertical integration of federal standards, state delivery systems, and local implementation. Pediatric disaster readiness is precisely such a domain: clinical standards (pediatric readiness criteria, PECC qualifications, triage protocols) require national consistency; delivery is at the state and county levels; and equity across urban, rural, and tribal jurisdictions requires a federal equity architecture that the NRS does not explicitly address.

The model works best where states already have mature pediatric emergency systems. It risks entrenching and widening the readiness gap in states with immature infrastructure, fewer resources, and higher pediatric vulnerability. States with the lowest NPRP readiness scores, often rural, low-resource, or high-poverty jurisdictions, are precisely those most dependent on federal technical assistance, grant support, and standard-setting to advance pediatric care.

## Summary: Key Points for NPDC Advocacy and Planning

Area	NPDC Implication
National Risk Register	Advocate for pediatric specific disaggregated data inclusion and analytics; establish child vulnerability as a quantifiable risk metric from the outset of register development.
EMSC / NPRP Funding	Frame pediatric readiness infrastructure as a national investment with demonstrable ROI; counter defunding narrative using NRS's own cost-reduction and readiness language.
Workforce / Training Pipelines	Incentivize PECC role engagement in emergency preparedness education and training. Reduce barriers for providers to access and maintain PEPP, PALS, ENPC training. Leverage open access pediatric disaster education supporting workforce through training pipeline investments.
State Readiness Equity	Identify and support low-readiness states that face the greatest risk under the federalist model; develop toolkits and mutual assistance frameworks for pediatric surge.
Technology & Early Warning	Engage federal partners to ensure pediatric-specific data layers are embedded in modernized communication and early warning platforms.
Nonprofit Engagement Rules	Monitor NRS implementation guidance for nonprofit eligibility criteria that could restrict child-serving disaster relief organizations.

## Conclusion and Call to Action

The 2026 National Resilience Strategy signals a fundamental reorientation of federal disaster preparedness policy, one that creates both risk and opportunity for the pediatric disaster preparedness community. Its emphasis on risk quantification, state self-sufficiency, and ROI requires that NPDC and its partners speak the language of this strategy: demonstrating measurable pediatric readiness gaps as quantifiable national risks, positioning pediatric emergency systems as high-return infrastructure investments, and engaging early in the implementation of the National Risk Register and associated doctrine.

The NRS does not name children as a priority population. That omission is not neutral; it is a policy gap that the NPDC network and colleagues are uniquely positioned to address through advocacy, coalition engagement, and technical assistance to states navigating this new readiness and resiliency landscape. Pediatric disaster readiness must be inserted into every implementation vehicle this strategy generates: the Risk Register, workforce pipelines, technology modernization, and mutual aid frameworks. The window to shape implementation is now.

*This report used Claude AI to summarize and analyze the impact of NRS policy. The AI-generated insights were fact-checked against the original source and integrated into the final text under the author's direct supervision.*