

## Federal Emergency Preparedness Directives and Systems Fact Sheet

### Overview

The evolution of state emergency preparedness and response capabilities has been greatly influenced by federal policies and structures developed and refined in the last decade. A concerted federal effort—mandated by legislation and presidential directives—has established frameworks for providing and coordinating emergency assistance to state, local, and tribal governments. Federal grants have provided financial resources to states, localities, and tribes to engage in complementary planning activities and to bolster their response capacity. This fact sheet outlines key presidential directives and strategies affecting state public health emergency preparedness and response activities.

### Presidential Directives

[Presidential directives](#) are orders by the president which are issued under the president's constitutional or other statutory powers. Presidential directives explain how Executive Branch agencies implement presidential authorities. There are different directive types, such as executive orders and policy directives. The naming and usage of various directive types can change from administration to administration.<sup>1</sup> Homeland Security Presidential Directives (HSPDs) were created during the Bush Administration in 2001 and are presidential directives that pertain to homeland security issues. The Obama Administration uses Presidential Policy Directives (PPDs) for homeland security issues. Presidential directives remain in effect when administrations change, unless otherwise stated in the document or until subsequent presidential action is taken.

### HSPDs and PPDs

In the aftermath of the September 11, 2001, terrorist attacks, President Bush established the Office of Homeland Security and the Homeland Security Council via executive order to assist with the planning and coordination of federal efforts to combat terrorism and maintain the domestic security of the United States.<sup>3</sup> Shortly thereafter, the president launched a new series of directives—Homeland Security Presidential Directives—intended to “record and communicate presidential decisions about the homeland security policies of the United States.”<sup>3</sup> Twenty-five HSPDs were issued between October 2001 and January 2009. Several of these directives dictated the development of policies and systems affecting preparedness and response efforts for public health emergencies.

- **HSPD-5: Management of Domestic Incidents**—[HSPD-5](#) was intended to enhance the ability of the United States to manage domestic incidents.<sup>4</sup> The 2003 directive described federal policies and objectives; identified steps to improve federal, state, and local incident coordination; and directed the Secretary of Homeland Security to create a National Response Plan and National Incident Management System (see below).
- **HSPD-8/PPD-8: National Preparedness**—HSPD-8 was issued in 2003; Annex 1 to HSPD-8 was issued in 2007. HSPD-8 was issued as a companion directive to HSPD-5 to establish policies strengthening U.S. preparedness to prevent and respond to domestic terrorist attacks, major disasters, and other emergencies. The directive required the Secretary of Homeland Security to develop a national domestic all-hazards preparedness goal that included “measurable readiness priorities and targets” and “readiness metrics and elements.” The directive also required federal agencies to provide financial and technical support to states, develop first responder equipment standards, and establish training programs to meet national preparedness goals.<sup>5</sup> HSPD-8 Annex 1 addressed the development of a standardized national planning process and scenarios for emergencies. In March 2011, President Obama issued [Presidential Policy Directive-8 \(PPD-8\)](#), which replaced HSPD-8 and HSPD-8 Annex 1, with the exception of paragraph 44 in Annex 1.<sup>6</sup> The new national preparedness directive retains an all-hazards, risk-based approach to national preparedness, while establishing four categories of hazards: terrorism, catastrophic natural disasters, cyber attacks, and pandemics.
- **HSPD-21: Public Health and Medical Preparedness**—This directive mandated the development of a national strategy for public health and medical preparedness. [HSPD-21](#) identified four critical components of public health and medical preparedness—biosurveillance, countermeasure distribution, mass casualty care, and community resilience—and established federal agency planning requirements in each of these areas. The directives also addressed planning in the areas of risk awareness, education and training, and disaster health systems.

### National Strategy Documents

Federal legislation and presidential directives called for the development of a number of strategies and plans to chart the nation's planning and response activities for emergencies. These documents complement the National Response Framework, which establishes a national, all-hazards response structure. Key national strategy documents include: the [National Health](#)

[Security Strategy](#); the [National Strategy for Pandemic Influenza](#); and the [National Strategy for Homeland Security](#). The national strategies also address plans for coordinating with state, local, territorial, and tribal governments, and the private sector.

## National Response Framework

The Homeland Security Act directed the Department of Homeland Security (DHS) to establish a framework to coordinate federal resources during emergencies. DHS released the National Response Plan (NRP) in December 2004; it was replaced in January 2008 by the [National Response Framework \(NRF\)](#).<sup>7</sup> The NRF is implemented by the Federal Emergency Management Agency (FEMA). The NRF is not a source of legal authority for incident response; it is used to guide response activities that arise from events of all sizes whether an emergency is declared or not.<sup>2</sup> The NRF uses a national, all-hazards approach that describes and integrates roles for federal, state, local, territorial, and tribal governments and the private sector in preparing, responding, and recovering from incidents. The NRF uses the National Incident Management System to coordinate response activities among governments and organizations at all levels. States have looked to the NRF as a way to structure their response plans.

### Emergency Support Functions

The NRF includes 15 [Emergency Support Function \(ESF\)](#) documents that detail the roles and responsibilities of governmental and certain private sector capacities in key areas (e.g., transportation, communication, public safety, etc.). The ESFs are intended to organize resources and services that are needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities recover after incidents. HHS is tasked as the lead agency on ESF-8 “Public Health and Medical Services”<sup>8</sup> and a supporting agency on ESF-6 “Mass Care, Emergency Assistance, Housing, and Human Services.”<sup>9</sup>

- **ESF-8 (Public Health and Medical Services)**—The scope of ESF-8 includes responding to the physical, mental, and behavioral health needs of incident victims and response workers, as well as addressing the medical needs of “at risk” or “special needs” persons. ESF-8 identifies federal supplemental assistance to state, tribal, and local governments in 17 core functional areas, including, among others: surveillance, medical care personnel, patient care and evacuation, food and water safety, fatality management, and veterinary medical support.<sup>8</sup>
- **ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services)**—FEMA is the lead agency on ESF-6. HHS is tasked with providing supportive human services, public health and medical services, and veterinary medical services under ESF-6.<sup>9</sup>

### Practice Notes

- Identify and understand how agencies/offices in your state interact with and implement their roles and responsibilities under the NRF and other national strategies.
- Understand how complementary state laws, regulations, and programs relate to federal planning and response strategies and frameworks.

## National Incident Management System

The [National Incident Management System \(NIMS\)](#) establishes a framework for coordinating emergency response activities among federal, state, tribal, local, nongovernmental, and private sector organizations.<sup>10</sup> NIMS is a form of incident command system that uses a consistent framework for incident management at all jurisdictional levels regardless of the cause, size, or complexity of the event. NIMS is intended to be used for all events and incidents, including emergencies and special events, whereas the NRF is activated for only designated events or incidents. HSPD-5 requires all federal agencies to use NIMS in their response activities, including when assisting in state and local events. States and localities are required to adopt NIMS as a condition for receiving federal preparedness assistance grants and contracts.

## How Federal Directives and Systems Affect States

Presidential directives establishing emergency planning and response policies and structures have directly affected states’ emergency preparedness and response activities. Federal agency emergency response and assistance to state, local, and tribal governments is organized according to the strategies and policies identified through various national strategies, frameworks, and protocols. States, localities, and tribes have been incentivized to use specific strategies and structures, like NIMS, through federal emergency preparedness grants.

### Sources

<sup>1</sup> Relyea HC. Congressional Research Service. *Presidential Directives: Background and Overview* (98-611). November 26, 2008.

<sup>2</sup> U.S. Presidential Executive Order 13228. “Establishing the Office of Homeland Security and the Homeland Security Council.” October 8, 2001.

<sup>3</sup> Department of Homeland Security. *Homeland Security Presidential Directive 5: Management of Domestic Incidents*. February 28, 2003.

<sup>4</sup> Centers for Disease Control and Prevention, Public Health Law Program. “Selected Federal Legal Authorities Pertinent to Public Health Emergencies.” September 2009.

<sup>5</sup> Department of Homeland Security. *Presidential Policy Directive/PPD-8: National Preparedness*. March 30, 2011.

<sup>6</sup> Department of Homeland Security. *Homeland Security Presidential Directive 21: Public Health and Medical Preparedness*. October 18, 2007.

<sup>7</sup> Department of Homeland Security. *National Response Framework*. January 2008.

<sup>8</sup> Federal Emergency Management Agency. *Emergency Support Function #8 – Public Health and Medical Services Annex*. January 2008.

<sup>9</sup> Federal Emergency Management Agency. *Emergency Support Function #6 – Mass Care, Emergency Assistance, Housing, and Human Services*. January 2008.

<sup>10</sup> Department of Homeland Security. *National Incident Management System*. December 2008.

This document was compiled from June–December 2011 and reflects the laws and programs current then. It reflects only portions of the laws relevant to public health emergencies and is not intended to be exhaustive of all relevant legal authority. This resource is for informational purposes only and is not intended as a substitute for professional legal or other advice. The document was funded by CDC Award No. 1U38HM000454 to the Association of State and Territorial Health Officials; Subcontractor PI Elliott, Logan Circle Policy Group LLC.