118TH CONGRESS
1ST SESSION

S. 1229

To establish a Green New Deal for Health to prepare and empower the health care sector to protect the health and well-being of our workers, our communities, and our planet in the face of the climate crisis, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 20, 2023

Mr. MARKEY (for himself, Mr. MERKLEY, Mr. SANDERS, and Ms. WARREN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

A BILL

To establish a Green New Deal for Health to prepare and empower the health care sector to protect the health and well-being of our workers, our communities, and our planet in the face of the climate crisis, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 "Green New Deal for Health Act".

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.
Sec. 3. Findings and sense of Congress on health and climate change.

TITLE I—WHOLE-OF-GOVERNMENT APPROACH

Sec. 101. Definitions.
Sec. 102. Office of Climate Change and Health Equity; national strategic action plan.
Sec. 103. Advisory board.
Sec. 104. Climate change health protection and promotion reports.
Sec. 105. Authorization of appropriations.

TITLE II—PROTECTING ESSENTIAL HEALTH CARE ACCESS

Sec. 201. Maintenance of health care access relating to hospital discontinuation of services or closure.
Sec. 202. Empowering community health in environmental justice communities.

TITLE III—GREEN AND RESILIENT HEALTH CARE INFRASTRUCTURE

Sec. 301. Green Hill-Burton funds for climate-ready medical facilities.
Sec. 302. Planning and Evaluation Grant Program.

TITLE IV—HEALTH CARE SECTOR DECARBONIZATION

Sec. 401. Office of Sustainability and Environmental Impact.
Sec. 402. Climate risk disclosure for medical supplies.
Sec. 403. Green health care manufacturing.

TITLE V—A HEALTH WORKFORCE TO TACKLE THE CLIMATE CRISIS

Sec. 501. Education and training relating to health risks associated with climate change.
Sec. 502. Building a community health workforce for the climate crisis.
Sec. 503. Safeguarding essential health care workers.

TITLE VI—SAFE, STRONG, AND RESILIENT COMMUNITIES

Subtitle A—Empowering Resilient Community Mental Health

Sec. 601. Grants for resilient community mental health.

Subtitle B—Understanding and Preventing Heat Risk

Sec. 611. Definitions.
Sec. 612. Study on extreme heat information and response.
Sec. 613. Financial assistance for research and resilience in addressing extreme heat risks.
Sec. 614. Authorization of appropriations.

Subtitle C—Home Resiliency for Medical Needs

Sec. 621. Medicare coverage of medically necessary home resiliency services.

TITLE VII—RESEARCH AND INNOVATION FOR CLIMATE AND HEALTH

Sec. 701. Research and innovation for climate and health.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) ENVIRONMENTAL JUSTICE COMMUNITY.—
4 The term ''environmental justice community'' means
5 a community with significant representation of com-
6 munities of color, low-income communities, or Tribal
7 and Indigenous communities that experiences, or is
8 at risk of experiencing, higher or more adverse
9 human health or environmental effects.

10 (2) INDIVIDUAL DISPROPORTIONATELY AF-
11 FECTED BY CLIMATE CHANGE.—The term ''indi-
12 vidual disproportionately affected by climate change''
13 means an individual that may face elevated mental
14 and physical health risks due to climate change
15 based on 2 or more of the following factors:

16 (A) Age under 5 years old or over 65 years
17 old.

18 (B) Race and ethnicity, and experience of
19 racial bias.

20 (C) Sex, gender, and gender minority sta-
21 tus.

22 (D) Being of reproductive age.

1 (E) Exposure to environmental health
2 risks due to living conditions or location, includ-
3 ing current or past experience of homelessness.
4 (F) Occupation or exposure to occupational
5 hazards.
6 (G) Household income.
7 (H) Disability.
8 (I) Co-morbidities.
9 (J) Current or past exposure to personal
10 or systemic trauma, including natural disasters.
11 (K) Immigration status.
12 (L) Language isolation.
13 (3) MEDICALLY UNDERSERVED COMMUNITY.—
14 The term ''medically underserved community'' has
15 the meaning given such term in section 799B of the
16 Public Health Service Act (42 U.S.C. 295p).

17 **SEC. 3. FINDINGS AND SENSE OF CONGRESS ON HEALTH**
18 **AND CLIMATE CHANGE.**

19 (a) FINDINGS.—Congress finds that, according to the
20 assessment of the United States Global Change Research
21 Program entitled ''The Impacts of Climate Change on
22 Human Health in the United States: A Scientific Assess-
23 ment'' and dated 2016—
24 (1) the impacts of human-induced climate
25 change are increasing nationwide;

1 (2) rising greenhouse gas concentrations result
2 in increases in temperature, changes in precipitation,
3 increases in the frequency and intensity of some ex-
4 treme weather events, and rising sea levels;
5 (3) the climate change impacts described in
6 paragraph (2) endanger our health by affecting—
7 (A) our access to care, food, and water
8 sources;
9 (B) the air we breathe;
10 (C) the weather we experience; and
11 (D) our interactions with the built and
12 natural environments; and
13 (4) as the climate continues to change, the risks
14 to human health continue to grow.
15 (b) SENSE OF CONGRESS.—It is the sense of Con-
16 gress that—
17 (1) climate change poses threats to the United
18 States and globally through its impacts on society,
19 the economy, the physical environment, and physical
20 and mental health;
21 (2) climate change health threats are growing
22 in scale and severity;
23 (3) climate change disproportionately affects in-
24 dividuals in the United States who are economically

1 disadvantaged, belong to communities of color, or
2 have other social and health vulnerabilities;
3 (4) the health care sector accounts for 8.5 per-
4 cent of United States emissions, further worsening
5 the overall health impacts of climate change; and
6 (5) the Federal Government, working with
7 international, State, Tribal, and local governments,
8 nongovernmental organizations, businesses, and indi-
9 viduals, should use all practicable means and meas-
10 ures—
11 (A) to deploy a whole-of-government and
12 whole-of-health approach to protect our collec-
13 tive health from the impacts of climate change
14 and to mitigate environmental health impacts
15 from health sector operations;
16 (B) to build a just health care ecosystem
17 where all Americans have access to dignified,
18 high-quality care in their communities;
19 (C) to ensure the health care system is re-
20 silient to extreme weather and can continue to
21 provide care before, during, and after crises;
22 (D) to lead the health sector to
23 decarbonize its facilities and operations in an
24 equitable and just manner;

(E) to empower a thriving health workforce with good, high-wage union jobs and to recognize the value of all of the essential workers that enable high-quality health care; and

(F) to invest in, empower, and build safe, strong, and resilient communities.

TITLE I—WHOLE-OF-GOVERNMENT APPROACH

SEC. 101. DEFINITIONS.

In this title:

(1) DIRECTOR.—The term "Director" means the Director of the Office.

(2) NATIONAL STRATEGIC ACTION PLAN.—The term "national strategic action plan" means the national strategic action plan published pursuant to section 102(b)(1).

(3) OFFICE.—The term "Office" means the Office of Climate Change and Health Equity established by section 102(a)(1).

(4) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

SEC. 102. OFFICE OF CLIMATE CHANGE AND HEALTH EQUITY; NATIONAL STRATEGIC ACTION PLAN.

(a) OFFICE OF CLIMATE CHANGE AND HEALTH EQUITY.—

1 (1) ESTABLISHMENT.—
2 (A) IN GENERAL.—There is established
3 within the Department of Health and Human
4 Services the Office of Climate Change and
5 Health Equity.
6 (B) PURPOSE.—The purpose of the Office
7 shall be to facilitate a robust, Federal response
8 to the impact of climate change on the health
9 of the American people and the health care sys-
10 tem.
11 (C) DIRECTOR.—There is established the
12 position of Director of the Office, who—
13 (i) shall be the head of the Office; and
14 (ii) may report to the Assistant Sec-
15 retary for Health.
16 (2) ACTIVITIES.—The duties of the Office shall
17 be to address priority health actions relating to the
18 health impacts of climate change, including by doing
19 each of the following:
20 (A) Contribute to assessments of how cli-
21 mate change is affecting the health of individ-
22 uals living in the United States.
23 (B) Understand the needs of the popu-
24 lations most disproportionately affected by cli-
25 mate-related health threats.

1 (C) Serve as a credible source of information on the physical, mental, and behavioral health consequences of climate change.

4 (D) Align Federal efforts to deploy climate-conscious human services and direct services to support and protect populations composed of individuals disproportionately affected by climate change.

9 (E) Create and distribute tools and resources to support climate resilience for the health sector, community-based organizations, and individuals.

13 (F) Create and distribute tools and resources to support health sector efforts to track and decrease greenhouse gas emissions.

16 (G) Lead efforts to reduce the carbon footprint and environmental impacts of the health sector.

19 (H) Carry out other activities determined appropriate by the Secretary.

21 (b) NATIONAL STRATEGIC ACTION PLAN.—

22 (1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary, on the basis of the best available science, and in consultation pursuant to paragraph (2), shall publish a

national strategic action plan to coordinate effective deployment of Federal efforts to ensure that public health and health care systems are prepared for and can respond to the impacts of climate change on health in the United States.

(2) CONSULTATION.—In developing or making any revision to the national strategic action plan, the Secretary shall—

(A) consult with the Director, the Administrator of the Environmental Protection Agency, the Under Secretary of Commerce for Oceans and Atmosphere, the Administrator of the National Aeronautics and Space Administration, the Director of the Indian Health Service, the Secretary of Labor, the Secretary of Defense, the Secretary of State, the Secretary of Veterans Affairs, the National Environmental Justice Advisory Council, the heads of other appropriate Federal agencies, Tribal governments, and State and local government officials; and

(B) provide meaningful opportunity for engagement, comment, and consultation with relevant public stakeholders, particularly representatives of populations composed of individuals disproportionately affected by climate

1 change, environmental justice communities,
2 Tribal communities, health care providers, pub-
3 lic health organizations, and scientists.
4 (3) NATIONAL STRATEGIC ACTION PLAN COM-
5 PONENTS.—The national strategic action plan shall
6 include an assessment of, and strategies to improve,
7 the health sector capacity of the United States to
8 address climate change, including—
9 (A) identifying, prioritizing, and engaging
10 communities and populations who are dis-
11 proportionately affected by exposures to climate
12 hazards;
13 (B) addressing mental and physical health
14 disparities exacerbated by climate impacts to
15 enhance community health resilience;
16 (C) identifying the link between environ-
17 mental injustice and vulnerability to the im-
18 pacts of climate change and prioritizing those
19 who have been harmed by environmental and
20 climate injustice;
21 (D) providing outreach and communication
22 aimed at public health and health care profes-
23 sionals and the public to promote preparedness
24 and response strategies;

1 (E) tracking and assessing programs
2 across Federal agencies to advance research re-
3 lated to the impacts of climate change on
4 health;
5 (F) identifying and assessing existing pre-
6 paredness and response strategies for the health
7 impacts of climate change;
8 (G) prioritizing critical public health and
9 health care infrastructure projects;
10 (H) providing modeling and forecasting
11 tools of climate change health impacts, includ-
12 ing local impacts, where feasible;
13 (I) establishing academic and regional cen-
14 ters of excellence;
15 (J) recommending models for maintaining
16 access to health care during extreme weather;
17 (K) providing technical assistance and sup-
18 port for preparedness and response plans for
19 the health threats of climate change in States,
20 municipalities, territories, Indian Tribes, and
21 developing countries;
22 (L) addressing the impacts of fossil fuel
23 pollution and greenhouse gas emissions on the
24 health of individuals living in the United States;

1 (M) tracking health care sector contribu-
2 tions to greenhouse gas emissions and identi-
3 fying actions to reduce those emissions;
4 (N) recommending new regulations or poli-
5 cies to address identified gaps in the health sys-
6 tem capacity to effectively reduce emissions, re-
7 duce environmental impact, and address climate
8 change; and
9 (O) developing, improving, integrating, and
10 maintaining disease surveillance systems and
11 monitoring capacity to respond to health-related
12 impacts of climate change, including on topics
13 addressing—
14 (i) water-, food-, and vector-borne in-
15 fectious diseases and climate change;
16 (ii) pulmonary effects, including re-
17 sponses to aeroallergens, infectious agents,
18 and toxic exposures;
19 (iii) cardiovascular effects, including
20 impacts of temperature extremes;
21 (iv) air pollution health effects, includ-
22 ing heightened sensitivity to air pollution
23 such as wildfire smoke;
24 (v) reproductive health effects, includ-
25 ing access to reproductive health care;

1 (vi) harmful algal blooms;
2 (vii) mental and behavioral health im-
3 pacts of climate change;
4 (viii) the health of migrants, refugees,
5 displaced persons, and communities com-
6 posed of individuals disproportionately af-
7 fected by climate change;
8 (ix) the implications for communities
9 and populations vulnerable to the health
10 effects of climate change, as well as strate-
11 gies for responding to climate change with-
12 in such communities;
13 (x) Tribal, local, and community-
14 based health interventions for climate-re-
15 lated health impacts;
16 (xi) extreme heat and weather events;
17 (xii) decreased nutritional value of
18 crops; and
19 (xiii) disruptions in access to routine
20 and acute medical care, public health pro-
21 grams, and other supportive services for
22 maintaining health.
23 (c) PERIODIC ASSESSMENT AND REVISION.—Not
24 later than 1 year after the date of first publication of the
25 national strategic action plan, and annually thereafter, the

1 Secretary shall periodically assess, and revise as necessary,
2 the national strategic action plan, to reflect new informa-
3 tion collected, including information on—
4 (1) the status of and trends in critical environ-
5 mental health indicators and related human health
6 impacts;
7 (2) the trends in and impacts of climate change
8 on public health;
9 (3) advances in the development of strategies
10 for preparing for and responding to the impacts of
11 climate change on public health; and
12 (4) the effectiveness of the implementation of
13 the national strategic action plan in protecting
14 against climate change health threats.
15 (d) IMPLEMENTATION.—
16 (1) IMPLEMENTATION THROUGH HHS.—The
17 Secretary shall exercise the Secretary's authority
18 under this title and other Federal statutes to achieve
19 the goals and measures of the Office and the na-
20 tional strategic action plan.
21 (2) OTHER PUBLIC HEALTH PROGRAMS AND
22 INITIATIVES.—The Secretary and Federal officials of
23 other relevant Federal agencies shall administer
24 public health programs and initiatives authorized by
25 laws other than this title, subject to the require-

1 ments of such laws, in a manner designed to achieve
2 the goals of the Office and the national strategic ac-
3 tion plan.
4 (3) HEALTH IMPACT ASSESSMENT.—
5 (A) IN GENERAL.—Not later than 180
6 days after the date of enactment of this Act,
7 the Secretary shall identify proposed and cur-
8 rent laws, policies, and programs that are of
9 particular interest for their impact in contrib-
10 uting to or alleviating health burdens and the
11 health impacts of climate change.
12 (B) ASSESSMENTS.—Not later than 2
13 years after the date of enactment of this Act,
14 the head of each relevant Federal agency
15 shall—
16 (i) assess the impacts that the pro-
17 posed and current laws, policies, and pro-
18 grams identified under subparagraph (A)
19 under their jurisdiction have or may have
20 on protection against the health threats of
21 climate change; and
22 (ii) assist State, Tribal, local, and ter-
23 ritorial governments in conducting such as-
24 sessments.

1 **SEC. 103. ADVISORY BOARD.**

2 (a) ESTABLISHMENT.—The Secretary shall, pursuant
3 to chapter 10 of title 5, United States Code, establish a
4 permanent science advisory board to be composed of not
5 less than 10 and not more than 20 members.

6 (b) APPOINTMENT OF MEMBERS.—

7 (1) IN GENERAL.—The Secretary shall appoint
8 the members of the science advisory board from
9 among individuals who—

10 (A) are recommended by the President of
11 the National Academy of Sciences or the Presi-
12 dent of the National Academy of Medicine; and

13 (B) have expertise in essential public
14 health and health care services, including with
15 respect to diverse populations, climate change,
16 environmental and climate justice, and other
17 relevant disciplines.

18 (2) REQUIREMENT.—The Secretary shall en-
19 sure that the science advisory board includes mem-
20 bers with practical or lived experience with relevant
21 issues described in paragraph (1)(B).

22 (c) FUNCTIONS.—The science advisory board shall—

23 (1) provide scientific and technical advice and
24 recommendations to the Secretary on the domestic
25 and international impacts of climate change on pub-
26 lic health and populations and regions disproportion-

1 ately affected by climate change, and strategies and
2 mechanisms to prepare for and respond to the im-
3 pacts of climate change on public health;
4 (2) advise the Secretary regarding the best
5 science available for purposes of issuing the national
6 strategic action plan and conducting the climate and
7 health program; and
8 (3) submit a report to Congress on its activities
9 and recommendations not later than 1 year after the
10 date of enactment of this Act and not later than
11 every year thereafter.
12 (d) SUPPORT.—The Secretary shall provide financial
13 and administrative support to the board.
14 **SEC. 104. CLIMATE CHANGE HEALTH PROTECTION AND**
15 **PROMOTION REPORTS.**
16 (a) IN GENERAL.—The Secretary shall offer to enter
17 into an agreement, including the provision of such funding
18 as may be necessary, with the National Academies of
19 Sciences, Engineering, and Medicine, under which such
20 National Academies will prepare periodic reports to aid
21 public health and health care professionals in preparing
22 for and responding to the adverse health effects of climate
23 change that—
24 (1) review scientific developments on health im-
25 pacts and health disparities of climate change;

1 (2) evaluate the measurable impacts of activi-
2 ties undertaken at the directive of the national stra-
3 tegic action plan; and
4 (3) recommend changes to the national stra-
5 tegic action plan and climate and health program.
6 (b) SUBMISSION.—The agreement under subsection
7 (a) shall require a report to be submitted to Congress and
8 the Secretary and made publicly available not later than
9 1 year after the first publication of the national strategic
10 action plan, and every 4 years thereafter.

11 **SEC. 105. AUTHORIZATION OF APPROPRIATIONS.**

12 (a) OFFICE OF CLIMATE CHANGE AND HEALTH EQ-
13 UITY.—There is authorized to be appropriated to the Sec-
14 retary to carry out section 102(a) $10,000,000 for each
15 of fiscal years 2024 through 2030.
16 (b) NATIONAL STRATEGIC ACTION PLAN.—There is
17 authorized to be appropriated to the Secretary to carry
18 out section 102(b) $2,000,000 for fiscal year 2024, to re-
19 main available until expended.
20 (c) ADVISORY BOARD.—There is authorized to be ap-
21 propriated to the Secretary to carry out section 103(c)
22 $500,000 for fiscal year 2024, to remain available until
23 expended.

TITLE II—PROTECTING ESSENTIAL HEALTH CARE ACCESS

SEC. 201. MAINTENANCE OF HEALTH CARE ACCESS RELATING TO HOSPITAL DISCONTINUATION OF SERVICES OR CLOSURE.

Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (X), by striking "and" at the end;

(B) in subparagraph (Y)(ii)(V), by striking the period and inserting ", and"; and

(C) by inserting after subparagraph (Y) the following new subparagraph:

"(Z) beginning 60 days after the date of the enactment of this subparagraph, in the case of a hospital, to comply with the requirements of subsection (l) (relating to discontinuation of services or closure)."; and

(2) by adding at the end the following new subsection:

"(l) REQUIREMENTS FOR HOSPITALS RELATING TO DISCONTINUATION OF SERVICES OR CLOSURE.—

"(1) REQUIREMENTS.—

1 "(A) IN GENERAL.—For purposes of sub-
2 section (a)(1)(Z), except as provided in sub-
3 paragraph (B), the requirements described in
4 this subsection are that a hospital—
5 "(i) notify the Secretary, in accord-
6 ance with paragraph (2), not less than 90
7 days prior to the discontinuation of serv-
8 ices or full hospital closure;
9 "(ii) prohibit the discontinuation of
10 essential services (as defined in paragraph
11 (6)) during the notification period (as de-
12 fined in such paragraph) unless there is a
13 clear harm posed to patient or employee
14 health or safety in the hospital continuing
15 to furnish such services;
16 "(iii) respond to any inquiries by the
17 Secretary relating to the implementation of
18 this subsection, including the determina-
19 tion of essential services under paragraph
20 (6)(C); and
21 "(iv) if applicable—
22 "(I) submit a mitigation plan
23 and related information as described
24 in paragraph (3); and

1 "(II) participate in the public
2 comment and review process (includ-
3 ing, if applicable, the alternative miti-
4 gation plan) described in paragraph
5 (4).
6 "(B) APPLICATION IN CASE OF CATA-
7 STROPHIC EVENTS.—In the case where a dis-
8 continuation of services or closure of a hospital
9 is due to an unforeseen catastrophic event (as
10 defined by the Secretary), the requirements de-
11 scribed in subparagraph (A) shall apply, ex-
12 cept—
13 "(i) the hospital shall provide the no-
14 tification under clause (i) of such subpara-
15 graph not later than 30 days after the cat-
16 astrophic event or as soon as feasible as
17 determined by the Secretary; and
18 "(ii) clause (ii) of such subparagraph
19 (relating to prohibiting the discontinuation
20 of services) shall not apply.
21 "(2) NOTIFICATION INFORMATION.—For pur-
22 poses of paragraph (1)(A)(i), the notification under
23 such paragraph shall include the following informa-
24 tion with respect to a hospital:

1 "(A) DISCONTINUATION OF SERVICES.—In
2 the case where the hospital is discontinuing
3 services (without full hospital closure):
4 "(i) The services that will be discon-
5 tinued and number of hospital beds im-
6 pacted.
7 "(ii) The number of individuals fur-
8 nished such services annually and a break-
9 down of the type of insurance used by such
10 individuals for such services.
11 "(iii) The number of impacted em-
12 ployees and what labor organization rep-
13 resents them (and the contact information
14 for such organization).
15 "(iv) The names and addresses of any
16 organized health care coalitions and com-
17 munity groups that represent the commu-
18 nities impacted by the discontinuation of
19 such services.
20 "(v) Alternative providers of such
21 services, including provider type, contact
22 information, and distance and transpor-
23 tation time by car and public transit from
24 the hospital.

1 "(B) FULL HOSPITAL CLOSURE.—In the
2 case of full hospital closure:
3 "(i) Hospital ownership entities.
4 "(ii) The full extent of services that
5 will no longer be furnished by the hospital.
6 "(iii) The number of individuals fur-
7 nished services annually by the hospital, a
8 description of the services furnished, and a
9 breakdown of the type of insurance type
10 used by such individuals for such services.
11 "(iv) The number of impacted employ-
12 ees and, if applicable, what labor organiza-
13 tions represent them (and the contact in-
14 formation for each such organization).
15 "(v) The names and addresses of any
16 organized health care coalitions and com-
17 munity groups that represent the commu-
18 nities impacted by the closure.
19 "(vi) Alternative providers, including
20 provider type, contact information, and
21 distance and transportation time by car
22 and public transit from the hospital.
23 "(vii) Steps taken prior to the deci-
24 sion to close in order to avoid closure.

1 "(viii) Distribution of liquidation proceeds (cash or assets) or any payments (cash or assets) made to employees, owners, or contractors related to the closure.

5 "(3) SUBMISSION OF MITIGATION PLAN AND RELATED INFORMATION FOR ESSENTIAL SERVICES.—

8 "(A) NOTIFICATION BY SECRETARY.—If the Secretary determines that the discontinuation of services or closure of an applicable hospital would negatively impact access to essential services, the Secretary shall notify the applicable hospital of such determination.

14 "(B) SUBMISSION OF MITIGATION PLAN AND RELATED INFORMATION.—If an applicable hospital receives a notification under subparagraph (A), the applicable hospital shall, not later than 15 days after receiving such notification, submit to the Secretary—

20 "(i) a plan to—

21 "(I) preserve access to essential services for impacted communities through partnerships, commitments from surrounding facilities, transpor-

1 tation plan access, and preparation
2 for surge response; and
3 “(II) support employees in
4 transitioning to new positions within
5 health care;
6 “(ii) information on workforce and
7 public engagement to ensure awareness of
8 the discontinuation of services or closure;
9 and
10 “(iii) a description of potential alter-
11 natives to the discontinuation of services or
12 closure that the hospital considered and an
13 explanation of why those alternatives are
14 not a viable option.
15 “(C) PUBLIC AVAILABILITY.—The Sec-
16 retary shall make a mitigation plan and related
17 information submitted by an applicable hospital
18 under this paragraph available to the public on
19 the internet website of the Centers for Medicare
20 & Medicaid Services.
21 “(4) PUBLIC COMMENT AND REVIEW PROCESS;
22 ALTERNATIVE MITIGATION PLAN.—
23 “(A) PUBLIC COMMENT PERIOD.—
24 “(i) IN GENERAL.—The Secretary
25 shall provide a public comment period of

1 not less than 45 days with the opportunity
2 to submit written comments regarding the
3 impact of the potential discontinuation of
4 services or closure of an applicable hos-
5 pital.

6 ‘‘(ii) NOTICE.—Notice of the oppor-
7 tunity to submit comments shall be pub-
8 lished in the Federal Register and distrib-
9 uted to—

10 ‘‘(I) providers of services and
11 suppliers that may be impacted by the
12 discontinuation of services or closure
13 of the applicable hospital;

14 ‘‘(II) any labor organization that
15 represents any subdivision of employ-
16 ees of the applicable hospital;

17 ‘‘(III) organized health care coa-
18 litions and community groups that
19 represent the communities impacted
20 by the discontinuation of services or
21 closure;

22 ‘‘(IV) the State health agency;
23 and

24 ‘‘(V) the local department of pub-
25 lic health.

1 "(B) ALTERNATIVE MITIGATION PLAN.—
2 "(i) IN GENERAL.—If, after reviewing
3 the mitigation plan submitted by an appli-
4 cable hospital under paragraph (3) and the
5 comments submitted during the public
6 comment period under subparagraph (A)
7 with respect to the discontinuation of serv-
8 ices or closure of the applicable hospital,
9 the Secretary finds that the discontinu-
10 ation of services or closure of the applica-
11 ble hospital would have a significant im-
12 pact on access to essential services, the
13 Secretary shall work with the applicable
14 hospital or other providers of services and
15 suppliers in the area, as appropriate, to de-
16 velop and implement an alternative plan to
17 the plan submitted by the applicable hos-
18 pital under paragraph (3) (referred to in
19 this subsection as the 'alternative mitiga-
20 tion plan') in order to ensure continued ac-
21 cess to essential services, which may in-
22 clude an agreement to delay the dis-
23 continuation of services or closure of the
24 applicable hospital until the alternative
25 mitigation plan is complete.

1 "(ii) TECHNICAL ASSISTANCE.—An
2 alternative mitigation plan under clause (i)
3 may include technical assistance or infor-
4 mation on available funding mechanisms to
5 support the furnishing of essential services.

6 "(iii) COLLABORATION.—The Sec-
7 retary should, to the extent practicable,
8 collaborate with State and municipal gov-
9 ernment officials in the development of an
10 alternative mitigation plan under clause
11 (i).

12 "(iv) PUBLIC AVAILABILITY.—The
13 Secretary shall make any information sub-
14 mitted and the alternative mitigation plan
15 developed under this paragraph available
16 to the public on the internet website of the
17 Centers for Medicare & Medicaid Services.

18 "(C) IMPLEMENTATION.—The Secretary
19 shall promulgate regulations to detail the re-
20 quired response time by an applicable hospital
21 and the speed of the review process under this
22 paragraph in order to ensure that such process
23 can be completed with respect to an applicable
24 hospital prior to the proposed service dis-

1 continuation date or closure date of the applica-
2 ble hospital.

3 "(D) PROHIBITION.—In the case where
4 the Secretary finds that a hospital has violated
5 the requirements of this subsection, the Sec-
6 retary may prohibit the hospital and any hos-
7 pital under the same hospital ownership entity
8 from being eligible to enroll or reenroll under
9 the program under this title under section
10 1866(j) until the earlier of—

11 "(i) the date that is 3 years after the
12 date on which the hospital discontinues
13 services or closes;

14 "(ii) the date on which the Secretary
15 determines essential health services that
16 were negatively impacted by the dis-
17 continuation or closure have been restored;
18 or

19 "(iii) such time as the Secretary is
20 satisfied with the mitigation plan sub-
21 mitted by the hospital under paragraph (3)
22 or the alternative mitigation plan under
23 paragraph (4).

24 "(5) ANNUAL REPORTS.—The Secretary shall
25 submit an annual report to Congress on the dis-

1 continuation of services and full closure of hospitals.
2 Each report submitted under the preceding sentence
3 shall include—

4 ‘‘(A) a description of trends in the dis-
5 continuation of services and closures of hos-
6 pitals, including hospital ownership type, geo-
7 graphic location, types of services furnished, de-
8 mographic served, and insurance type;

9 ‘‘(B) an analysis of the impact of the dis-
10 continuation of services and closures on health
11 care access and ability to meet surge demand
12 due to emergency (such as a pandemic or cli-
13 mate disaster);

14 ‘‘(C) recommendations for such adminis-
15 trative or legislative changes as the Secretary
16 determines appropriate to preserve access to es-
17 sential services nationwide.

18 ‘‘(6) DEFINITIONS.—In this subsection:

19 ‘‘(A) APPLICABLE HOSPITAL.—The term
20 ‘applicable hospital’ means a hospital that sub-
21 mits a notification under paragraph (1)(A)(i) of
22 a discontinuation of services or full hospital clo-
23 sure.

24 ‘‘(B) DISCONTINUATION.—The term ‘dis-
25 continuation’ may include any reduction or dis-

1 continuation of services furnished by an appli-
2 cable hospital, including those that occur as
3 part of a merger or acquisition agreement.

4 ''(C) ESSENTIAL SERVICES.—The term 'es-
5 sential services' means, with respect to an ap-
6 plicable hospital, services that are necessary for
7 preserving health care access (as determined by
8 the Secretary), including services for which the
9 Secretary determines—

10 ''(i) there are no equivalent services
11 available within the same travel time;

12 ''(ii) that loss of the services would re-
13 sult in meaningful reductions in surge ca-
14 pacity that will negatively impact access to
15 services;

16 ''(iii) that loss of the services would
17 limit health care access for specific demo-
18 graphics of individuals based on sex, sexu-
19 ality, race, nationality, age, or disability
20 status;

21 ''(iv) that loss of the services would
22 have a meaningful impact on the ability of
23 health systems to respond to impacts of
24 climate change; or

1 ''(v) there is a health or health care-
2 related emergency declaration status appli-
3 cable to the surrounding geographical area
4 of the hospital on the date on which the
5 hospital submits notification under para-
6 graph (1)(A)(i) of a discontinuation of
7 services or full hospital closure.

8 ''(D) NOTIFICATION PERIOD.—The term
9 'notification period' means, with respect to an
10 applicable hospital, the period beginning on the
11 date on which the hospital submits notification
12 under paragraph (1)(A)(i) of a discontinuation
13 of services or full hospital closure and ending
14 on the date of such discontinuation of services
15 or closure.

16 ''(7) NO PREEMPTION OF STATE LAW.—Noth-
17 ing in subsection (a)(1)(Z) or this subsection shall
18 be construed to limit any rights or remedies under
19 State or local law relating to protecting access to es-
20 sential services or reviewing proposed hospital clo-
21 sures or reduction of services.''.

22 **SEC. 202. EMPOWERING COMMUNITY HEALTH IN ENVIRON-**
23 **MENTAL JUSTICE COMMUNITIES.**

24 Section 10503 of the Patient Protection and Afford-
25 able Care Act (42 U.S.C. 254b–2) is amended—

1 (1) in subsection (b)—
2 (A) in paragraph (1)—
3 (i) in subparagraph (E), by striking
4 "and" at the end; and
5 (ii) by adding at the end the fol-
6 lowing:
7 "(G) $130,000,000,000 for the period of
8 fiscal years 2024 through 2028; and"; and
9 (B) in paragraph (2)—
10 (i) in subparagraph (G), by striking
11 "and" at the end;
12 (ii) in subparagraph (H), by striking
13 the period and inserting "; and"; and
14 (iii) by adding at the end the fol-
15 lowing:
16 "(I) $2,000,000,000 for each of
17 fiscals years 2024 through 2028.";
18 and
19 (2) by adding at the end the following:
20 "(f) ENVIRONMENTAL JUSTICE COMMUNITIES.—The
21 Secretary shall ensure that not less than 50 percent of
22 the amounts appropriated under subsection (b) on or after
23 2024 are awarded to entities for use with respect to
24 projects or sites located in or serving environmental justice

communities (as defined in section 2 of the Green New Deal for Health Act).

"(g) PROHIBITION.—No amounts made available under this section may be used for any activity that is subject to the reporting requirements set forth in section 203(a) of the Labor-Management Reporting and Disclosure Act of 1959 (29 U.S.C. 433(a)).".

TITLE III—GREEN AND RESILIENT HEALTH CARE INFRASTRUCTURE

SEC. 301. GREEN HILL-BURTON FUNDS FOR CLIMATE-READY MEDICAL FACILITIES.

(a) GRANTS FOR CONSTRUCTION OR MODERNIZATION PROJECTS.—

(1) IN GENERAL.—Section 1610(a) of the Public Health Service Act (42 U.S.C. 300r(a)) is amended—

(A) in paragraph (1)(A)—

(i) in clause (i), by striking ", or" and inserting a semicolon;

(ii) in clause (ii), by striking the period at the end and inserting "; or"; and

(iii) by adding at the end the following:

1 "(iii) increase capacity to provide es-
2 sential health care and update medical fa-
3 cilities to become more resilient to climate
4 disasters and public health crises to ensure
5 access and availability of quality health
6 care for communities in need."; and
7 (B) by striking paragraph (3) and insert-
8 ing the following:
9 "(3) PRIORITY.—In awarding grants under this
10 subsection, the Secretary shall give priority to appli-
11 cants whose projects will include, by design, resil-
12 ience against natural disasters, climate change miti-
13 gation, or other necessary predisaster adaptations to
14 ensure continuous health care access and combat
15 health risks due to climate change, such as—
16 "(A) installation of onsite distributed gen-
17 eration that combines energy-efficient devices,
18 energy storage, and renewable energy in accord-
19 ance with modern electrical safety standards for
20 medical facilities to allow the medical facility to
21 access essential energy during power outages
22 and optimize use of onsite and offsite energy
23 sources for emissions reductions;
24 "(B) improving air conditioning, moni-
25 toring, and purifying through installation of

1 high-efficiency heat pumps that provide both
2 cooling and heating, air purifiers, air filtration
3 systems, and air quality monitoring systems in-
4 tegrated with energy systems and energy effi-
5 ciency considerations in preparation for future
6 natural hazards and public health crises, such
7 as wildfire, smog, extreme heat events, and
8 pandemics;

9 ‘‘(C) installation and maintenance of wet-
10 lands, drainage ponds, and any other green in-
11 frastructure to protect the medical facility from
12 projected severe effects with respect to extreme
13 weather, natural disasters, or climate-change-
14 related events, including sea-level rise, flooding,
15 and increased risk of wildfire;

16 ‘‘(D) green rooftops, walls, and indoor
17 plantings, particularly those that can provide
18 publicly accessible temperature management
19 and air quality improvements;

20 ‘‘(E) tree planting and other green infra-
21 structure to create publicly accessible cool space
22 to address urban heat islands;

23 ‘‘(F) infrastructure upgrades that protect
24 access routes to the medical facility, such as
25 long-term flood, wildfire, and other disaster

1 mitigation for the roads, sidewalks, and public
2 transit infrastructure that service the medical
3 facility;
4 ''(G) the long-term maintenance of
5 decarbonization and zero-emissions infrastruc-
6 ture; and
7 ''(H) any other type of plan or project the
8 Secretary determines will increase the sustain-
9 ability and resiliency of a medical facility, pro-
10 tect patient health and community access dur-
11 ing extreme weather, and advance environ-
12 mental justice.
13 ''(4) AUTHORIZATION OF APPROPRIATIONS.—
14 There is authorized to be appropriated to carry out
15 this subsection $100,000,000,000 for fiscal year
16 2024, to remain available until expended.''.
17 (2) TECHNICAL AMENDMENT.—Section 1610(b)
18 of the Public Health Service Act (42 U.S.C.
19 300r(b)) is amended by striking paragraph (3).
20 (b) MEDICAL FACILITY PROJECT APPLICATIONS.—
21 (1) IN GENERAL.—Section 1621(b)(1) of the
22 Public Health Service Act (42 U.S.C. 300s–1(b)(1))
23 is amended—
24 (A) in subparagraph (J), by striking ''and''
25 at the end;

1 (B) in subparagraph (K), by striking the
2 period at the end and inserting a semicolon;
3 and
4 (C) by adding at the end the following:
5 "(L) reasonable assurance that the facility
6 will have adequate staffing to fulfill the commu-
7 nity service obligation; and
8 "(M) reasonable assurance that the facil-
9 ity—
10 "(i) has a collective bargaining agree-
11 ment with 1 or more labor organizations
12 representing employees at the facility; or
13 "(ii) has an explicit policy not to
14 interfere with the rights of employees of
15 the facility under section 7 of the National
16 Labor Relations Act.".
17 (2) APPLICATION FOR PLANNING GRANTS.—
18 Section 1621 of the Public Health Service Act (42
19 U.S.C. 300s–1) is amended by adding at the end the
20 following:
21 "(c) APPLICATION FOR PLANNING GRANTS.—An ap-
22 plication for a project submitted under part A or B shall
23 deemed to be complete for purposes of section 302(d)(2)
24 of the Green New Deal for Health Act, and the application

1 shall be deemed to have been submitted for purposes of
2 consideration for a planning grant under that section.''.

3 **SEC. 302. PLANNING AND EVALUATION GRANT PROGRAM.**

4 (a) DEFINITIONS.—In this section:

5 (1) MEDICAL FACILITY.—The term ''medical
6 facility'' means a hospital, public health center, out-
7 patient medical facility, rehabilitation facility, facil-
8 ity for long-term care, or other facility (as may be
9 designated by the Secretary) for the provision of
10 health care to ambulatory patients.

11 (2) PROPOSED PROJECT.—The term ''proposed
12 project'' means a construction or modernization
13 project proposed by an eligible entity in a sustain-
14 ability and resiliency plan.

15 (3) SECRETARY.—The term ''Secretary'' means
16 the Secretary of Health and Human Services.

17 (4) SUSTAINABILITY AND RESILIENCY PLAN.—
18 The term ''sustainability and resiliency plan'' means
19 a plan, including comprehensive preproject evalua-
20 tion, for a construction or modernization project
21 that would, in order to protect patient health and
22 community access, enhance—

23 (A) the sustainability of a medical facility
24 and infrastructure surrounding the medical fa-
25 cility; and

1 (B) the resiliency of that medical facility
2 and infrastructure surrounding the medical fa-
3 cility to climate change and public health crises.
4 (b) ESTABLISHMENT.—The Secretary shall establish
5 a grant program, to be known as the ''Planning and Eval-
6 uation Grant Program'', under which the Secretary shall
7 make planning grants to eligible entities to develop sus-
8 tainability and resiliency plans for medical facilities owned
9 or operated by the eligible entity and infrastructure sur-
10 rounding the medical facilities.
11 (c) ELIGIBLE ENTITIES.—To be eligible to receive a
12 planning grant under subsection (b), an applicant shall
13 be—
14 (1) a State, Tribal government, or political sub-
15 division of a State or Tribal government, including
16 any city, town, county, borough, hospital district au-
17 thority, or public or quasi-public corporation; or
18 (2) a nonprofit private entity.
19 (d) APPLICATIONS.—
20 (1) IN GENERAL.—Except as provided in para-
21 graph (2), an eligible entity seeking a planning
22 grant under subsection (b) shall submit to the Sec-
23 retary an application at such time, in such manner,
24 and containing such information as the Secretary
25 may by regulation prescribe, including—

1 (A) a description of the proposed project;
2 (B) a summary and breakdown of the de-
3 mographics of the patient population served or
4 potentially served by the medical facility under
5 the proposed project, including information
6 on—
7 (i) whether the medical facility is a fa-
8 cility for which a majority of the revenue
9 the facility receives for patient care is from
10 reimbursements for medical care furnished
11 to Medicare and Medicaid beneficiaries
12 under titles XVIII and XIX of the Social
13 Security Act (42 U.S.C. 1395 et seq. and
14 1396 et seq.); and
15 (ii) other indications that individuals
16 vulnerable to climate change are served or
17 potentially served by the medical facility;
18 (C) a description of the ways in which the
19 proposed project—
20 (i) will carry out 1 or more activities
21 described in subsection (g);
22 (ii) meet the needs of the community
23 the medical facility serves, especially the
24 needs of vulnerable populations; and

1 (iii) meet the sustainability and resil-
2 iency needs of the medical facility due to
3 climate risks and hazards;
4 (D) a description of whether the commu-
5 nity served by the medical facility is an environ-
6 mental justice community;
7 (E) a description of the ways in which the
8 planning grant would be used to carry out 1 or
9 more planning and evaluation activities de-
10 scribed in subsection (f);
11 (F) reasonable assurance that all laborers
12 and mechanics employed by contractors or sub-
13 contractors in the performance of work on a
14 project will be paid wages at rates not less than
15 those prevailing on similar work in the locality
16 as determined by the Secretary of Labor in ac-
17 cordance with subchapter IV of chapter 31 of
18 part A of subtitle II of title 40, United States
19 Code (commonly referred to as the ''Davis-
20 Bacon Act'') and the Secretary of Labor shall
21 have with respect to such labor standards the
22 authority and functions set forth in Reorganiza-
23 tion Plan Numbered 14 of 1950 (64 Stat.
24 1267; 5 U.S.C. App.) and section 3145 of title
25 40, United States Code; and

(G) reasonable assurance that the facility—

(i) has a collective bargaining agreement with 1 or more labor organizations representing employees at the facility; or

(ii) has an explicit policy not to interfere with the rights of employees at the facility under section 7 of the National Labor Relations Act (29 U.S.C. 157).

(2) ADDITIONAL APPLICATIONS.—An application submitted under part A or B of title XVI of the Public Health Service Act (42 U.S.C. 300q et seq. and 42 U.S.C. 300r) shall be deemed to be a complete application submitted for purposes of consideration for a planning grant under subsection (b).

(e) SELECTION.—The Secretary shall—

(1) in coordination with the Secretary of Energy and the Administrator of the Environmental Protection Agency, if necessary, develop metrics to evaluate applications for planning grants under subsection (b); and

(2) give priority to applications that focus on improving a medical facility—

(A) for which—

1 (i) a majority of the revenue the facil-
2 ity receives for patient care is from reim-
3 bursements for medical care furnished to
4 Medicare and Medicaid beneficiaries under
5 titles XVIII and XIX of the Social Secu-
6 rity Act (42 U.S.C. 1395 et seq. and 1396
7 et seq.); or
8 (ii) a high proportion of patients is
9 uninsured, as determined by the Secretary;
10 and
11 (B) that is located in a neighborhood or
12 serves a patient population that—
13 (i) experiences low air quality;
14 (ii) lacks green space;
15 (iii) bears higher cumulative pollution
16 burdens; or
17 (iv) is at disproportionate risk of ex-
18 periencing the adverse effects of climate
19 change.
20 (f) PLANNING ACTIVITIES.—Planning and evaluation
21 activities carried out by an eligible entity using grant
22 funds received under subsection (b) shall include 1 or
23 more of the following:
24 (1) Performing project planning, community
25 outreach and engagement, feasibility studies, and

1 needs assessments of the local community and pa-
2 tient populations.
3 (2) Performing engineering and climate-risk as-
4 sessments of the medical facility infrastructure and
5 the access routes to the medical facility.
6 (3) Providing management and operational as-
7 sistance for developing and receiving funding for the
8 proposed project.
9 (4) Other planning and evaluation activities and
10 assessments as the Secretary determines appro-
11 priate.
12 (g) PROPOSED PROJECTS.—Construction and mod-
13 ernization activities carried out by a proposed project
14 under a sustainability and resiliency plan developed pursu-
15 ant to a planning grant received under subsection (b) may
16 include—
17 (1) improvements to the infrastructure, build-
18 ings, and grounds of the medical facility, includ-
19 ing—
20 (A) installation of onsite distributed gen-
21 eration that combines energy-efficient devices,
22 energy storage, and renewable energy in accord-
23 ance with modern electrical safety standards for
24 medical facilities to allow the medical facility to
25 access essential energy during power outages

1 and optimize use of onsite and offsite energy
2 sources for emissions reductions; and
3 (B) improving air conditioning, monitoring,
4 and purifying through installation of high-effi-
5 ciency heat pumps that provide both cooling
6 and heating, air purifiers, air filtration systems,
7 and air quality monitoring systems integrated
8 with energy systems and energy efficiency con-
9 siderations in preparation for future natural
10 hazards and public health crises such as wild-
11 fire, smog, extreme heat events, and pandemics;
12 (2) green infrastructure projects, such as—
13 (A) installation and maintenance of wet-
14 lands, drainage ponds, and any other green in-
15 frastructure that would protect the medical fa-
16 cility from projected severe effects with respect
17 to extreme weather, natural disasters, or cli-
18 mate-change-related events, including sea-level
19 rise, flooding, and increased risk of wildfire;
20 and
21 (B) green rooftops, walls, and indoor
22 plantings, particularly those that can provide
23 publicly accessible temperature management
24 and air quality improvements;

1 (3) resiliency projects to secure local accessi-
2 bility to the medical facility by protecting the access
3 routes to the medical facility, such as—
4 (A) infrastructure upgrades that protect
5 access routes to the medical facility, such as
6 long-term flood, wildfire, and other disaster
7 mitigation for the roads, sidewalks, and public
8 transit infrastructure that service the medical
9 facility; and
10 (B) the long-term maintenance of
11 decarbonization and zero-emissions infrastruc-
12 ture; and
13 (4) any other type of activity the Secretary de-
14 termines will increase the sustainability and resil-
15 iency of a medical facility and protect patient health
16 and community access during extreme weather.
17 (h) AMOUNT OF GRANT.—The total amount of a
18 grant under subsection (b) shall not exceed $500,000.
19 (i) TECHNICAL ASSISTANCE.—The Secretary, in co-
20 ordination with the Secretary of Energy, the Adminis-
21 trator of the Environmental Protection Agency, and the
22 Secretary of Transportation, if necessary, directly or
23 through partnerships with States, Tribal governments,
24 and nonprofit organizations, shall provide technical assist-

1 ance to eligible entities interested in carrying out proposed
2 projects that—
3 (1) serve environmental justice communities or
4 medically underserved communities;
5 (2) demonstrate a commitment to provide job
6 training, apprenticeship programs, and contracting
7 opportunities to residents and small businesses
8 owned by residents of the community that the med-
9 ical facility serves;
10 (3) identify and further community priority ac-
11 tions and conduct robust community engagement;
12 and
13 (4) employ nature-based solutions that focus on
14 protection, restoration, or management of ecological
15 systems to safeguard public health, provide clean air
16 and water, increase natural hazard resilience, and
17 sequester carbon.
18 (j) PROHIBITION ON TRAINING REPAYMENT.—As a
19 condition of receiving a grant or technical assistance under
20 this section, an eligible entity shall certify that the eligible
21 entity does not use, and if the eligible entity contracts with
22 any staffing agency or training provider, that such agency
23 or provider does not use, any provision in employment
24 agreements, job training agreements, or apprenticeship
25 program agreements that would require an employee or

training or apprenticeship program participant to pay a debt if the employee or training or apprenticeship program participant's employment or work relationship or training period with a specified employer or business entity is terminated.

(k) ENVIRONMENTAL JUSTICE COMMUNITIES.—The Secretary shall ensure that not less than 50 percent of grant funds awarded under subsection (b) are used for sustainability and resiliency plans for proposed projects located in environmental justice communities.

(l) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary to carry out this section $5,000,000,000 for fiscal year 2024, to remain available until expended.

TITLE IV—HEALTH CARE SECTOR DECARBONIZATION

SEC. 401. OFFICE OF SUSTAINABILITY AND ENVIRONMENTAL IMPACT.

(a) ESTABLISHMENT.—There is hereby established in the Centers for Medicare & Medicaid Services an Office of Sustainability and Environmental Impact (in this section referred to as the "Office") to prepare the health care system for the impacts of climate change by supporting health care decarbonization, sustainability, and environmental efforts and to ensure that the health care system

1 minimizes and mitigates its climate harm while advancing
2 patient health and safety.

3 (b) PRIORITY GOALS.—The Office shall—

4 (1) collaborate with the Office of Climate
5 Change and Health Equity, the Environmental Pro-
6 tection Agency, and other interagency committees to
7 support a whole-of-government and whole-of-health
8 approach to addressing the climate crisis;

9 (2) develop and promulgate regulations that
10 support climate-informed care, support health care
11 decarbonization and sustainability, and mitigate the
12 environmental impacts of the health care system
13 upon patients, communities, and health care work-
14 ers;

15 (3) develop and promulgate regulations that
16 support patient access to, and coverage of, climate-
17 informed health care services to prevent and address
18 the health impacts of climate change;

19 (4) conduct oversight of health care systems,
20 their climate emissions, and environmental harms
21 and provide interagency technical assistance in re-
22 mediating such emissions and environmental harms;
23 and

24 (5) issue "Climate-Friendly" health system des-
25 ignations and accreditations that identify health sys-

1 tems that demonstrate commitment to, and substan-
2 tial evidence of, reducing emissions and environ-
3 mental harm while advancing health care quality
4 and patient and worker safety.
5 (c) DIRECTOR.—
6 (1) IN GENERAL.—The Office shall be headed
7 by a Director, to be known as the Director of Sus-
8 tainability and Environmental Impact, who shall be
9 appointed by the Secretary of Health and Human
10 Services (in this section referred to as the ''Sec-
11 retary'').
12 (2) FUNCTIONS.—The Director shall—
13 (A) convene stakeholders (including key
14 health care stakeholders) for strategic planning
15 towards the priority goals of the Office;
16 (B) advise the Secretary and the Adminis-
17 trator of the Centers for Medicare & Medicaid
18 Services in matters of sustainability and envi-
19 ronmental impact and the role of the Centers
20 for Medicare & Medicaid Services in sustain-
21 ability and environmental impact;
22 (C) collaborate with academic experts and
23 community leaders to understand and establish
24 best practices for decarbonizing health care op-
25 erations; and

1 (D) develop and evaluate the Office's strat-
2 egy to tackle health care decarbonization and
3 sustainability and mitigating environmental im-
4 pacts within the Centers for Medicare & Med-
5 icaid Services.

6 (d) REPORT TO CONGRESS.—Not later than 2 years
7 after the date of the enactment of this Act, and every 2
8 years thereafter, the Secretary shall submit to Congress
9 a Health Care Sustainability and Environmental Impact
10 Report, which shall be prepared by the Director of Sus-
11 tainability and Environmental Impact, with appropriate
12 assistance from other agencies in the executive branch of
13 the Federal Government. Each such report shall include
14 the following:

15 (1) A summary of interagency collaboration.

16 (2) A methodology to designate and accredit
17 health systems that achieve substantial reductions in
18 emissions and environmental harm as ''Climate-
19 Friendly'' health systems.

20 (3) An inventory of ''Climate-Friendly'' des-
21 ignated health systems, their strategies, challenges,
22 and best practices for sustainability and mitigating
23 environmental impact, and any significant effects of
24 these efforts on—

25 (A) quality of care;

1 (B) patient safety;
2 (C) safety of health care workers and
3 health care facility workers;
4 (D) health care costs; and
5 (E) environmental health and overall
6 health of the community served.
7 (4) An analysis of the demographics and cli-
8 mate vulnerability of patients and types of commu-
9 nities served by ''Climate-Friendly'' health systems.
10 (5) Recommendations for actions by health sys-
11 tems and for Federal technical assistance and sup-
12 portive resources for the health system to achieve
13 substantial reductions in emissions and environ-
14 mental harm in order to attain ''Climate-Friendly''
15 designation.
16 (6) A summary of oversight efforts of the Cen-
17 ters for Medicare & Medicaid Services regarding
18 emissions and environmental impacts and payment
19 and coverage impacts on climate change prepared-
20 ness, mitigation, and response.
21 (7) Recommendations for such legislation and
22 administration action as the Secretary determines
23 appropriate to regulate and promote health care sus-
24 tainability, decarbonization, and mitigate environ-
25 mental impact within the health care system.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $2,000,000 for each of fiscal years 2024 through 2033.

SEC. 402. CLIMATE RISK DISCLOSURE FOR MEDICAL SUPPLIES.

Subchapter B of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by adding at the end the following:

"SEC. 524C. CLIMATE RISK DISCLOSURE FOR MEDICAL SUPPLIES.

"(a) TASK FORCE.—

"(1) IN GENERAL.—The Secretary, in coordination with the Commissioner and the Administrator of the Environmental Protection Agency, shall establish a task force for purposes of developing a strategy to establish climate risk disclosure policies for manufacturers of drugs (including biological products) and devices.

"(2) DUTIES.—The task force established under paragraph (1) shall—

"(A) recommend a methodology for drug and device manufacturers to calculate the emissions and climate risk due to clinical use of the drug or device, factoring in emissions from the

1 manufacture, transport, use, processing, reproc-
2 essing, and waste relating to the drug or device;
3 ‘‘(B) recommend a policy and process for
4 mandatory public disclosure of emissions and
5 climate risk relating to drugs and devices;
6 ‘‘(C) recommend a policy for oversight of
7 disclosures to ensure accuracy and transparency
8 of emissions reporting as described in subpara-
9 graph (B), and to ensure that patient safety
10 and necessary access is maintained;
11 ‘‘(D) develop methods to disseminate infor-
12 mation to clinicians for low environmental im-
13 pact options for clinically equivalent treatment
14 options;
15 ‘‘(E) develop suggestions for the reduction
16 of emissions by drug and device manufacturers
17 without harming or risking patient safety; and
18 ‘‘(F) provide technical assistance and es-
19 tablish partnerships to facilitate lower emissions
20 design and manufacture of comparable drugs
21 and comparable devices.
22 ‘‘(3) MEMBERSHIP.—The task force established
23 under paragraph (1) shall be composed of the fol-
24 lowing:

1 "(A) 3 representatives of the Food and
2 Drug Administration, appointed by the Com-
3 missioner.
4 "(B) 3 representatives of the Environ-
5 mental Protection Agency, appointed by the Ad-
6 ministrator of the Environmental Protection
7 Agency.
8 "(C) 3 representatives of the Office of Cli-
9 mate Change and Health Equity of the Depart-
10 ment of Health and Human Services, appointed
11 by the Secretary.
12 "(b) REGULATIONS.—Not later than 1 year after the
13 date of enactment of the Green New Deal for Health Act,
14 the Secretary shall promulgate regulations to—
15 "(1) establish mandatory climate risk disclosure
16 and transparency policies for drugs and devices ap-
17 proved, licensed, or cleared under section 505,
18 510(k), 513(f)(2), or 515 of this Act or section 351
19 of the Public Health Service Act; and
20 "(2) incorporate climate risk into policies re-
21 lated to transparency, labeling, and other regulatory
22 policies related to drugs and devices, based on the
23 recommendations of the task force described in sub-
24 section (a).

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 $4,000,000 for fiscal year 2024, to remain available until
4 expended.”.

5 **SEC. 403. GREEN HEALTH CARE MANUFACTURING.**

6 (a) IN GENERAL.—There is established a Federal
7 interagency working group, to be known as the “Council
8 on Green Health Care Manufacturing” (referred to in this
9 section as the “Council”).

10 (b) MEMBERSHIP.—The membership of the Council
11 shall consist of—

12 (1) the Secretary of Health and Human Serv-
13 ices (referred to in this section as the “Secretary”),
14 who shall serve as the Chair;

15 (2) the Secretary of Energy;

16 (3) the Secretary of Transportation;

17 (4) the Secretary of Labor;

18 (5) the Administrator of the Environmental
19 Protection Agency;

20 (6) the Director of the Office of Climate
21 Change and Health Equity;

22 (7) the Director of Sustainability and Environ-
23 mental Impact;

24 (8) the Chair of the Council on Environmental
25 Quality;

1 (9) the United States Trade Representative;
2 and
3 (10) the heads of other Federal agencies, as de-
4 termined necessary by the Chair.
5 (c) DUTIES.—
6 (1) ASSESSMENT AND REPORT.—
7 (A) IN GENERAL.—Not later than 1 year
8 after the date of enactment of this Act, the
9 Council shall conduct an assessment of global
10 and domestic medical supply chains, including
11 an assessment of—
12 (i) the environmental and climate im-
13 pacts of medical supply chains, including—
14 (I) emissions from the produc-
15 tion, transportation, and packaging of
16 medical and pharmaceutical products;
17 (II) chemical and other environ-
18 mental pollution;
19 (III) excessive energy consump-
20 tion;
21 (IV) negative externalities relat-
22 ing to waste; and
23 (V) any other environmental or
24 climate impacts the Council deter-
25 mines relevant;

1 (ii) labor conditions for workers in the
2 United States and globally who produce
3 medical and pharmaceutical products con-
4 sumed by individuals residing in the
5 United States, including the degree to
6 which such workers—
7 (I) are ensured a protected right
8 to organize;
9 (II) are provided adequate work-
10 place safety protections; and
11 (III) are adequately com-
12 pensated;
13 (iii) efficiency and resiliency of proc-
14 esses under medical supply chains, includ-
15 ing the ability of medical supply chains to
16 adapt to sudden shifts in demand, includ-
17 ing shifts in demand within discrete geo-
18 graphic regions;
19 (iv) the reliance of the United States
20 on international supply chains for medical
21 products, including information about
22 which types of medical products are pri-
23 marily manufactured outside of the United
24 States, and where such products are manu-
25 factured; and

1 (v) human rights abuses in manufac-
2 turing of medical and pharmaceutical prod-
3 ucts and sourcing of those products, in-
4 cluding abuses of indigenous rights and
5 traditions.
6 (B) REPORT.—On completion of the as-
7 sessment conducted under subparagraph (A),
8 the Council shall submit to Congress and make
9 publicly available a report, to be known as the
10 "Green Health Care Manufacturing Report",
11 that describes the findings of the assessment.
12 (2) RECOMMENDATIONS.—
13 (A) IN GENERAL.—Based on the findings
14 of the assessment conducted under paragraph
15 (1)(A), the Council shall develop recommenda-
16 tions for regulations that would support a med-
17 ical supply chain that is—
18 (i) sustainable;
19 (ii) free of greenhouse gas emissions;
20 and
21 (iii) based in the United States.
22 (B) INCLUSIONS.—The proposed regula-
23 tions under subparagraph (A) shall—

1 (i) support good labor conditions,
2 worker protections, and employee rights to
3 organize and collectively bargain; and
4 (ii) ensure the global trade competi-
5 tiveness of the United States, including by
6 considering the comparative carbon inten-
7 sity of domestic and internationally manu-
8 factured pharmaceuticals and medical
9 products.
10 (3) GRANT PROGRAM.—Based on the findings
11 of the assessment conducted under paragraph
12 (1)(A), the Council shall develop recommendations
13 for a grant program to be carried out by the Sec-
14 retary under which the Secretary would make grants
15 for medical manufacturing to support the develop-
16 ment and establishment of sustainable and zero-
17 emission medical supply chains based in the United
18 States.
19 (d) REGULATIONS.—
20 (1) IN GENERAL.—Not later than 1 year after
21 the date of enactment of this Act, the Secretary
22 shall develop and promulgate regulations to support
23 a medical supply chain that is—
24 (A) sustainable;
25 (B) free of greenhouse gas emissions; and

1 (C) based in the United States.

2 (2) REQUIREMENT.—The Secretary shall de-
3 velop the regulations under paragraph (1) based on
4 the recommendations for regulations developed by
5 the Council under subsection (c)(2).

6 (e) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated to carry out this section
8 such sums as are necessary.

9 TITLE V—A HEALTH WORK-
10 FORCE TO TACKLE THE CLI-
11 MATE CRISIS

12 SEC. 501. EDUCATION AND TRAINING RELATING TO
13 HEALTH RISKS ASSOCIATED WITH CLIMATE
14 CHANGE.

15 Part D of title VII of the Public Health Service Act
16 (42 U.S.C. 294 et seq.) is amended by inserting after sec-
17 tion 757 the following:

18 **"SEC. 758. EDUCATION AND TRAINING RELATING TO**
19 **HEALTH RISKS ASSOCIATED WITH CLIMATE**
20 **CHANGE.**

21 "(a) IN GENERAL.—Not later than 1 year after the
22 date of the enactment of the Green New Deal for Health
23 Act, the Secretary shall establish a competitive grant pro-
24 gram to award grants to health professions schools to sup-
25 port the development and integration into such schools of

1 education and training programs for identifying, treating,
2 and mitigating mental and physical health risks associated
3 with climate change for whole populations and for individ-
4 uals disproportionately affected by climate change.

5 "(b) APPLICATION.—To be eligible for a grant under
6 this section, a health profession school shall submit to the
7 Secretary an application at such time, in such form, and
8 containing such information as the Secretary may require,
9 which shall include, at a minimum, a description of the
10 following:

11 "(1) How the health profession school will en-
12 gage with frontline communities to climate change
13 or environmental justice communities, and stake-
14 holder organizations representing such communities,
15 in developing and implementing the education and
16 training programs supported by the grant.

17 "(2) How the health profession school will en-
18 gage with individuals disproportionately affected by
19 climate change, and stakeholder organizations rep-
20 resenting such individuals, in developing and imple-
21 menting the education and training programs sup-
22 ported by the grant.

23 "(3) How the health profession school will en-
24 sure that such education and training programs will
25 address racial and ethnic disparities in exposure to,

1 and the effects of, risks associated with climate
2 change for individuals vulnerable to climate change.
3 ''(4) How the health profession school will build
4 inclusive career opportunities and pathways to build
5 up and expand the health care workforce ready to
6 address the health burdens of climate change.
7 ''(c) USE OF FUNDS.—A health profession school
8 awarded a grant under this section shall use the grant
9 funds to develop, and integrate into the curriculum and
10 continuing education of such health profession school, edu-
11 cation and training on each of the following:
12 ''(1) Identifying risks associated with climate
13 change for individuals disproportionately affected by
14 climate change, with consideration of co-morbidities
15 and socioeconomic risk factors.
16 ''(2) Identifying risks to reproductive health as-
17 sociated with climate change for individuals dis-
18 proportionately affected by climate change.
19 ''(3) How risks and combinations of risks asso-
20 ciated with climate change affect individuals dis-
21 proportionately affected by climate change and indi-
22 viduals with the intent to become pregnant.
23 ''(4) Racial and ethnic disparities in exposure
24 to, and the effects of, risks associated with climate
25 change for individuals disproportionately affected by

1 climate change and individuals with the intent to be-
2 come pregnant.
3 "(5) Patient counseling and mitigation strate-
4 gies relating to risks associated with climate change
5 for both mental and physical health for individuals
6 disproportionately affected by climate change.
7 "(6) Relevant services and support for individ-
8 uals disproportionately affected by climate change
9 relating to risks associated with climate change and
10 strategies for ensuring that such individuals have ac-
11 cess to such services and support.
12 "(7) Implicit and explicit bias, racism, and dis-
13 crimination.
14 "(8) Related topics identified by such health
15 profession school based on the engagement of such
16 health profession school with individuals vulnerable
17 to climate change and stakeholder organizations rep-
18 resenting such individuals.
19 "(d) PARTNERSHIPS.—In carrying out activities with
20 grant funds, a health profession school awarded a grant
21 under this section may partner with one or more of the
22 following:
23 "(1) A State, local, or Tribal public health de-
24 partment.

1 "(2) A labor union organization representing
2 workers in health care settings.
3 "(3) A health care professional membership as-
4 sociation.
5 "(4) A patient advocacy organization.
6 "(5) A community health center or organiza-
7 tion.
8 "(6) A health profession school or other institu-
9 tion of higher education, which may be a health pro-
10 fession school.
11 "(7) A public school or school district.
12 "(e) TECHNICAL ASSISTANCE.—The Secretary shall
13 provide technical assistance to health profession schools
14 and partnership organizations to assist application plan-
15 ning and preparation for schools and partnerships that
16 train individuals from, and that serve, medically under-
17 served communities.
18 "(f) REPORTS TO SECRETARY.—
19 "(1) ANNUAL REPORT.—For each fiscal year
20 during which a health profession school receives
21 grant funds under this section, such health profes-
22 sion school shall submit to the Secretary a report
23 that describes the activities carried out with such
24 grant funds during such fiscal year.

1 "(2) FINAL REPORT.—Not later than the date
2 that is 1 year after the end of the last fiscal year
3 during which a health profession school receives
4 grant funds under this section, the health profession
5 school shall submit to the Secretary a final report
6 that summarizes the activities carried out with such
7 grant funds.

8 "(g) REPORT TO CONGRESS.—Not later than 6 years
9 after the date on which the program is established under
10 subsection (a), the Secretary shall submit to Congress and
11 publish on the public website of the Department of Health
12 and Human Services a report that includes the following:

13 "(1) A summary of the reports submitted under
14 subsection (e).

15 "(2) Recommendations to improve education
16 and training programs at health profession schools
17 with respect to identifying and addressing risks as-
18 sociated with climate change for individuals vulner-
19 able to climate change.

20 "(h) DEFINITIONS.—In this section:

21 "(1) ENVIRONMENTAL JUSTICE COMMUNITY.—
22 The term 'environmental justice community' has the
23 meaning given such term in section 2 of the Green
24 New Deal for Health Act.

1 “(2) HEALTH PROFESSION SCHOOL.—The term
2 ‘health profession school’ means an accredited—
3 “(A) medical school;
4 “(B) school of nursing;
5 “(C) midwifery program or other evidence-
6 based birth care training program;
7 “(D) physician assistant education pro-
8 gram;
9 “(E) school of psychiatry, psychology,
10 counseling, or social work;
11 “(F) career and technical education health
12 sciences program;
13 “(G) public health program;
14 “(H) community health worker training
15 program;
16 “(I) teaching hospital;
17 “(J) residency or fellowship program; or
18 “(K) other school or program determined
19 appropriate by the Secretary.
20 “(3) INDIVIDUAL DISPROPORTIONATELY AF-
21 FECTED BY CLIMATE CHANGE.—The term ‘indi-
22 vidual disproportionately affected by climate change’
23 means an individual that may face elevated mental
24 and physical health risks due to climate change
25 based on 2 or more of the following factors:

1 "(A) Age under 5 years old or over 65
2 years old.
3 "(B) Race and ethnicity, and experience of
4 racial bias.
5 "(C) Sex, gender, and gender minority sta-
6 tus.
7 "(D) Being of reproductive age.
8 "(E) Exposure to environmental health
9 risks due to living conditions or location, includ-
10 ing current or past experience of homelessness.
11 "(F) Occupation or exposure to occupa-
12 tional hazards.
13 "(G) Household income.
14 "(H) Disability.
15 "(I) Co-morbidities.
16 "(J) Current or past exposure to personal
17 or systemic trauma, including natural disasters.
18 "(K) Immigration status.
19 "(L) Language isolation.
20 "(4) MEDICALLY UNDERSERVED COMMUNITY.—
21 The term 'medically underserved community' has the
22 meaning given such term in section 799B.
23 "(i) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated to carry out this section

1 $9,000,000,000 for fiscal year 2024, to remain available
2 until expended.''.

3 **SEC. 502. BUILDING A COMMUNITY HEALTH WORKFORCE**
4 **FOR THE CLIMATE CRISIS.**

5 Section 399V of the Public Health Service Act (42
6 U.S.C. 280g–11) is amended—
7 (1) in subsection (b)—
8 (A) by redesignating the paragraphs (2)
9 through (6) as paragraphs (4) through (8), re-
10 spectively;
11 (B) by inserting after paragraph (1) the
12 following:
13 ''(2) build career paths for community health
14 workers by—
15 ''(A) establishing accessible, inclusive, low-
16 cost or no-cost training, credentialing, or ap-
17 prenticeship opportunities for community health
18 workers to acquire skills and expertise con-
19 cerning health risks caused by climate change
20 and environmental hazards;
21 ''(B) establishing accessible, inclusive, low-
22 cost or no-cost educational, training,
23 credentialing, or apprenticeship opportunities
24 for entry into the community health worker
25 profession; or

1 "(C) expanding career advancement opportunities and career pathways, including scholarships for advanced or specialized training;

4 "(3) expand the community health workforce by establishing permanent community health worker positions that pay, at minimum, the prevailing wage for such workers, through long-term, stable funding, in order to staff the medical needs of a community sufficiently while ensuring reasonable workloads for individual workers;";

11 (C) in paragraph (4) (as so redesignated)—

13 (i) in subparagraph (A)(i), by inserting "and linguistically isolated populations" before the semicolon; and

16 (ii) in subparagraph (B)—

17 (I) in clause (i), by striking "and" after the semicolon;

19 (II) by redesignating clause (ii) as clause (iii); and

21 (III) by inserting after clause (i) the following:

23 "(ii) connecting population groups at disproportionate risk for specific health threats and effects from environmental

1 hazards, climate change, and extreme
2 weather, such as increased heat-related ill-
3 nesses and injuries, degraded air and
4 water quality, vector-borne illnesses, men-
5 tal and behavioral health effects, and food,
6 water, and nutrient insecurity to available
7 resources; and'';
8 (D) in paragraph (7) (as so redesignated),
9 by striking ''and'' after the semicolon;
10 (E) in paragraph (8) (as so redesignated),
11 by striking the period at the end and inserting
12 a semicolon; and
13 (F) by adding at the end the following:
14 ''(9) support community health workers in edu-
15 cating, guiding, and providing home visitation serv-
16 ices regarding the assessment and mitigation of the
17 health risks of climate change, including geography-
18 specific and condition-specific risks and environ-
19 mental health hazards and the cumulative health im-
20 pacts of such risks and hazards; and
21 ''(10) provide outreach and communication to
22 promote preparedness and response strategies to cli-
23 mate change and extreme weather.'';
24 (2) in subsection (d)—
25 (A) in paragraph (1)—

1 (i) in subparagraph (D), by striking
2 ‘‘or’’ at the end;
3 (ii) in subparagraph (E), by adding
4 ‘‘or’’ after the semicolon; and
5 (iii) by adding at the end the fol-
6 lowing:
7 ‘‘(F) environmental justice communities
8 (as defined in section 2 of the Green New Deal
9 for Health Act);’’;
10 (B) in paragraph (3), by inserting ‘‘and
11 experience training community health workers’’
12 before the semicolon;
13 (C) in paragraph (4), by striking ‘‘and’’ at
14 the end;
15 (D) in paragraph (5), by striking the pe-
16 riod at the end and inserting ‘‘; and’’; and
17 (E) by adding at the end the following:
18 ‘‘(6) have a documented collective bargaining
19 agreement with 1 or more labor organizations rep-
20 resenting employees of the applicant or have an ex-
21 plicit policy not to interfere with the rights of em-
22 ployees of the applicant under section 7 of the Na-
23 tional Labor Relations Act.’’;
24 (3) by redesignating subsections (e) through (j)
25 as subsections (f) through (k), respectively;

1 (4) by inserting after subsection (d) the fol-
2 lowing:
3 "(e) WORKFORCE EXPANSION.—The Secretary, in
4 consultation with the Secretary of Labor, shall develop a
5 plan to expand the community health workforce by
6 150,000 workers by 2028 through the creation of career
7 pathways, full-time positions, and training opportunities
8 described in subsection (b).";
9 (5) in subsection (j) (as so redesignated), by
10 striking "$50,000,000 for each of fiscal years 2023
11 through 2027" and inserting "$10,000,000,000 for
12 each of fiscal years 2024 through 2033"; and
13 (6) in paragraph (1) of subsection (k) (as so re-
14 designated)—
15 (A) by inserting "a nonprofit community
16 health organization, a nonprofit community
17 health worker association," after "a public
18 health department,"; and
19 (B) by striking "((as defined" and insert-
20 ing "(as defined".

21 **SEC. 503. SAFEGUARDING ESSENTIAL HEALTH CARE WORK-**
22 **ERS.**

23 The Public Health Service Act is amended by insert-
24 ing after section 319D–1 (42 U.S.C. 247d–4b) the fol-
25 lowing:

1 **“SEC. 319D–2. EMERGENCY GRANTS TO SAFEGUARD ESSEN-**
2 **TIAL HEALTH CARE WORKERS.**
3 ‘‘(a) DEFINITIONS.—In this section:
4 ‘‘(1) EMERGENCY OR DISASTER.—The term
5 ‘emergency or disaster’ means—
6 ‘‘(A) a major disaster declared by the
7 President under section 401 of the Robert T.
8 Stafford Disaster Relief and Emergency Assist-
9 ance Act;
10 ‘‘(B) an emergency declared by the Presi-
11 dent under section 501 of the Robert T. Staf-
12 ford Disaster Relief and Emergency Assistance
13 Act;
14 ‘‘(C) a national emergency declared by the
15 President under the National Emergencies Act;
16 ‘‘(D) a public health emergency declared
17 under section 319; and
18 ‘‘(E) a State or local emergency or dis-
19 aster, as declared by the applicable State or
20 local government.
21 ‘‘(2) ELIGIBLE HEALTH CARE WORKER.—The
22 term ‘eligible health care worker’ means an essential
23 health care worker whose work cannot be conducted
24 remotely.
25 ‘‘(3) ESSENTIAL HEALTH CARE WORKER.—The
26 term ‘essential health care worker’ means—

1 "(A) a health care provider, including a di-
2 rect care worker (as defined in section 799B);
3 "(B) a medical technologist;
4 "(C) a public health worker;
5 "(D) an orderly (as defined in the 2010
6 Standard Occupational Classifications of the
7 Department of Labor under the code for Order-
8 lies (31–1015));
9 "(E) an environmental service, janitorial,
10 or custodial worker in a health care setting; and
11 "(F) any other professional role that the
12 Secretary determines is essential to the care of
13 patients or the maintenance of public health.
14 "(b) GRANTS.—
15 "(1) IN GENERAL.—The Secretary may make
16 grants to public or private nonprofit health care fa-
17 cilities and home health agencies for use in accord-
18 ance with paragraph (2).
19 "(2) USE OF FUNDS.—
20 "(A) HAZARDOUS DUTY COMPENSATION.—
21 "(i) IN GENERAL.—The recipient of a
22 grant under paragraph (1) shall use the
23 grant funds to provide hazardous duty
24 compensation to eligible health care work-
25 ers for work performed during the period

1 of an emergency or disaster in cases in
2 which the Secretary determines that—
3 "(I) the performance of the work
4 by the eligible health care worker for
5 the applicable health care facility or
6 home health agency is hazardous; or
7 "(II) the commute of the eligible
8 health care worker is hazardous.
9 "(ii) REQUIREMENT.—
10 "(I) IN GENERAL.—Subject to
11 subclause (II), the amount of haz-
12 ardous duty compensation under
13 clause (i) shall be not more than $13
14 per hour, which shall be in addition to
15 the wages or remuneration the eligible
16 health care worker otherwise receives
17 for the work.
18 "(II) MAXIMUM AMOUNT.—The
19 total amount of hazardous duty com-
20 pensation received by any 1 eligible
21 health care worker under this sub-
22 paragraph may not exceed $25,000
23 per year.
24 "(B) ADDITIONAL USES.—The recipient of
25 a grant under paragraph (1) may use the grant

funds to provide safety measures to safeguard and protect eligible health care workers from hazards due to the applicable emergency or disaster, including alternative transit options, personal protective equipment, and other safety measures.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary.".

TITLE VI—SAFE, STRONG, AND RESILIENT COMMUNITIES

Subtitle A—Empowering Resilient Community Mental Health

SEC. 601. GRANTS FOR RESILIENT COMMUNITY MENTAL HEALTH.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 317V the following:

"SEC. 317W. GRANT PROGRAM FOR COMMUNITY WELLNESS AND RESILIENCE PROGRAMS.

"(a) GRANTS.—

"(1) PROGRAM GRANTS.—

"(A) AWARDS.—The Secretary, in coordination with the Assistant Secretary for Mental Health and Substance Use and the Adminis-

1 trator of the Health Resources and Services Ad-
2 ministration, shall carry out a program of
3 awarding grants to eligible entities, on a com-
4 petitive basis, for the purpose of establishing,
5 operating, or expanding community mental
6 wellness and resilience programs.

7 ''(B) AMOUNT.—An eligible entity awarded
8 a grant under subparagraph (A) may receive
9 not more than $300,000 per year for not more
10 than 4 years.

11 ''(2) PLANNING GRANTS.—

12 ''(A) AWARDS.—The Secretary, in coordi-
13 nation with the Assistant Secretary for Mental
14 Health and Substance Use and the Adminis-
15 trator of the Health Resources and Services Ad-
16 ministration, shall award grants to entities—

17 ''(i) to organize a resilience coordi-
18 nating network that meets the require-
19 ments of subsection (c)(2);

20 ''(ii) to perform assessments of need
21 with respect to community mental wellness
22 and resilience; and

23 ''(iii) to prepare an application for a
24 grant under paragraph (1).

1 "(B) AMOUNT.—The amount of a grant
2 under subparagraph (A), with respect to any re-
3 silience coordinating network to be organized
4 for applying for a grant under paragraph (1),
5 shall not exceed $100,000.
6 "(b) PROGRAM REQUIREMENTS.—A community men-
7 tal wellness and resilience program funded pursuant to a
8 grant under subsection (a)(1) shall take a public health
9 approach to mental health to strengthen the entire com-
10 munity's psychological and emotional wellness and resil-
11 ience, including by—
12 "(1) collecting and analyzing information from
13 residents as well as quantitative data to identify—
14 "(A) protective factors that enhance and
15 sustain the community's capacity for mental
16 wellness and resilience; and
17 "(B) risk factors that undermine such ca-
18 pacity;
19 "(2) strengthening such protective factors and
20 addressing such risk factors;
21 "(3) building awareness, skills, tools, curricula,
22 and leadership in the community to—
23 "(A) facilitate using a public health ap-
24 proach to mental health; and

1 “(B) heal mental health and psychosocial
2 problems among all adults and youth; and
3 “(4) developing, implementing, and continually
4 evaluating and improving a comprehensive strategic
5 plan for carrying out the activities described in para-
6 graphs (1), (2) and (3) that includes utilizing devel-
7 opmentally, linguistically, and culturally appropriate
8 evidence-based, evidence-informed, promising-best,
9 or indigenous practices for—
10 “(A) engaging community members in
11 building social connections across cultural, geo-
12 graphic, and economic boundaries;
13 “(B) enhancing local economic and envi-
14 ronmental conditions and environmental resil-
15 ience, including with respect to the built envi-
16 ronment;
17 “(C) becoming trauma-informed and learn-
18 ing simple self-administrable mental wellness
19 and resilience skills;
20 “(D) engaging in community activities and
21 mutual aid networks that strengthen mental
22 wellness and resilience;
23 “(E) partaking in nonclinical group and
24 community-minded recovery and healing pro-
25 grams;

1 "(F) embedding trauma-informed climate
2 education and mental resilience curricula and
3 programming into schools for students, work-
4 ers, and the broader community; and
5 "(G) other activities to promote mental
6 wellness and resilience, manage climate anxiety,
7 and heal individual and community traumas.
8 "(c) ELIGIBLE ENTITIES.—
9 "(1) IN GENERAL.—To be eligible to receive a
10 grant under subsection (a)(1), an applicant shall be
11 a nonprofit or community organization that has—
12 "(A) organized a resilience coordinating
13 network that meets the requirements of para-
14 graph (2); and
15 "(B) been approved by such resilience co-
16 ordinating network to serve as its fiscal spon-
17 sor.
18 "(2) RESILIENCE COORDINATING NETWORKS
19 DESCRIBED.—A resilience coordinating network or-
20 ganized under paragraph (1)(A) shall be composed
21 of 1 or more representatives of entities from not
22 fewer than 8 of the following categories:
23 "(A) Grassroots groups, neighborhood as-
24 sociations, and volunteer civic organizations.

1 "(B) Elementary and secondary schools,
2 institutions of higher education including com-
3 munity colleges, job-training programs, and
4 other education or training agencies or organi-
5 zations.
6 "(C) Youth after-school and summer pro-
7 grams.
8 "(D) Family and early childhood education
9 programs.
10 "(E) Faith and spirituality organizations.
11 "(F) Senior care organizations.
12 "(G) Climate change mitigation and adap-
13 tation, and environmental conservation, groups
14 and organizations.
15 "(H) Social and environmental justice
16 groups and organizations.
17 "(I) Disaster preparedness and response
18 groups and organizations.
19 "(J) Local labor organizations.
20 "(K) Businesses and business associations.
21 "(L) Agencies and organizations involved
22 with community safety.
23 "(M) Social work, mental health, behav-
24 ioral health, substance use, physical health, and
25 public health professionals; public health agen-

1 cies and institutions; and mental health, behav-
2 ioral health, social work, and other profes-
3 sionals, groups, organizations, agencies, and in-
4 stitutions in the health and human services
5 fields.

6 "(N) The general public, including individ-
7 uals who have experienced mental health or
8 psychosocial problems who can represent and
9 engage with populations relevant to the commu-
10 nity.

11 "(d) REPORT.—

12 "(1) SUBMISSION.—Not later than December
13 31, 2028, the Secretary shall submit a report to the
14 Congress on the results of the grants under sub-
15 section (a)(1).

16 "(2) CONTENTS.—Such report shall include a
17 summary of the best practices used by grantees in
18 establishing, operating, or expanding community
19 mental wellness and resilience programs.

20 "(e) TECHNICAL ASSISTANCE.—The Secretary shall
21 provide technical assistance—

22 "(1) to assist eligible entities in developing ap-
23 plications for grants under paragraph (1) or (2) of
24 subsection (a); and

1 ''(2) to enable the sharing of best practices
2 learned from successful resilience coordinating net-
3 works.

4 ''(f) DEFINITIONS.—In this section:

5 ''(1) The term 'community' means people,
6 groups, and organizations that reside in or work
7 within a specific geographic area, such as a city,
8 neighborhood, subdivision, urban, suburban, or rural
9 locale.

10 ''(2) The term 'community trauma' means a
11 blow to the basic fabric of social life that damages
12 the bonds attaching people together, impairs their
13 prevailing sense of community, undermines their
14 fundamental sense of safety, justice, equity, and se-
15 curity, and heightens individual and collective fears
16 and feelings of vulnerability.

17 ''(3) The term 'mental wellness' means a state
18 of well-being in which an individual can—

19 ''(A) realize their own potential;

20 ''(B) constructively cope with the stresses
21 of life;

22 ''(C) work productively and fruitfully; and

23 ''(D) make a contribution to their commu-
24 nity.

1 “(4) The term ‘protective factors’ means
2 strengths, skills, resources, and characteristics
3 that—
4 “(A) are associated with a lower likelihood
5 of negative outcomes of adversities; or
6 “(B) reduce the impact on people of toxic
7 stresses or a traumatic experience.
8 “(5) The term ‘psychosocial problem’ means the
9 ways in which an individual’s mental health or be-
10 havioral health problem disturbs others such as chil-
11 dren, families, communities, or society.
12 “(6) The term ‘public health approach to men-
13 tal health’ means methods that—
14 “(A) take a population-level approach to
15 promote mental wellness and resilience to pre-
16 vent problems before they emerge and heal
17 them when they do appear, not merely treating
18 individuals one at a time after symptoms of pa-
19 thology appear; and
20 “(B) address mental health and psycho-
21 social problems by—
22 “(i) identifying and strengthening ex-
23 isting protective factors, and forming new
24 ones, that buffer people from and enhance

1 their capacity for psychological and emo-
2 tional resilience; and
3 ''(ii) taking a holistic systems perspec-
4 tive that recognizes that most mental
5 health and psychosocial problems result
6 from numerous interrelated personal, fam-
7 ily, social, economic, and environmental
8 factors that require multipronged commu-
9 nity-based interventions.
10 ''(7) The term 'resilience' means that people de-
11 velop cognitive, psychological, emotional capabilities
12 and social connections that enable them to calm
13 their body, mind, emotions, and behaviors during
14 toxic stresses or traumatic experiences in ways that
15 enable them to—
16 ''(A) respond without negative con-
17 sequences for themselves or others; and
18 ''(B) use the experiences as catalysts to de-
19 velop a constructive new sense of meaning, pur-
20 pose, and hope.
21 ''(8) The term 'Secretary' means the Secretary,
22 acting through the Director of the Centers for Dis-
23 ease Control and Prevention.

1 "(9) The term 'toxic stress' means exposure to
2 persistent overwhelming traumatic and stressful sit-
3 uations.
4 "(g) FUNDING.—
5 "(1) AUTHORIZATION OF APPROPRIATIONS.—
6 To carry out this section, there is authorized to be
7 appropriated $100,000,000 for each of fiscal years
8 2024 through 2028.
9 "(2) RURAL COMMUNITIES.—The Secretary
10 shall award not less than 20 percent of the amounts
11 made available under paragraph (1) for grants
12 under paragraphs (1) and (2) of subsection (a) to el-
13 igible entities that are establishing, operating, or ex-
14 panding community mental wellness and resilience
15 programs that are located in or serve a rural area
16 (as defined in section 520 of the Housing Act of
17 1949 (42 U.S.C. 1490)).
18 "(3) ENVIRONMENTAL JUSTICE COMMU-
19 NITIES.—The Secretary shall award not less than 20
20 percent of the amounts made available under para-
21 graph (1) for grants under paragraphs (1) and (2)
22 of subsection (a) to eligible entities that are estab-
23 lishing, operating, or expanding community mental
24 wellness and resilience programs that serve environ-

mental justice communities (as defined in section 2 of the Green New Deal for Health Act).''.

Subtitle B—Understanding and Preventing Heat Risk

SEC. 611. DEFINITIONS.

In this subtitle:

(1) EXTREME HEAT.—The term ''extreme heat'' means heat that substantially exceeds local climatological norms in terms of any combination of the following:

(A) Duration of an individual heat event.

(B) Intensity.

(C) Season length.

(D) Frequency.

(2) HEAT.—The term ''heat'' means any combination of the atmospheric parameters associated with modulating human thermal regulation, such as air temperature, humidity, solar exposure, and wind speed.

(3) HEAT EVENT.—The term ''heat event'' means an occurrence of extreme heat that may have heat-health implications.

(4) HEAT-HEALTH.—The term ''heat-health'' means mental and physical health effects to humans from heat or the risk of such effects.

1 (5) PLANNING.—The term ''planning'' means
2 activities performed across time scales (including
3 days, weeks, months, years, and decades) with sce-
4 nario-based, probabilistic or deterministic informa-
5 tion to identify and take actions to proactively miti-
6 gate heat-health risks from increased frequency, du-
7 ration, and intensity of heat waves and increased
8 ambient temperature.

9 (6) PREPAREDNESS.—The term ''preparedness''
10 means activities performed across time scales (in-
11 cluding days, weeks, months, years, and decades)
12 with probabilistic or deterministic information to
13 manage risk in advance of a heat event and in-
14 creased ambient temperature.

15 (7) TRIBAL GOVERNMENT.—The term ''Tribal
16 government'' means the recognized governing body
17 of any Indian or Alaska Native tribe, band, nation,
18 pueblo, village, community, component band, or com-
19 ponent reservation, individually identified (including
20 parenthetically) in the list published most recently as
21 of the date of enactment of this Act pursuant to sec-
22 tion 104 of the Federally Recognized Indian Tribe
23 List Act of 1994 (25 U.S.C. 5131).

24 (8) VULNERABLE POPULATIONS.—The term
25 ''vulnerable populations'' means populations that

face health, financial, educational, or housing disparities that would render them more susceptible to the negative impacts of extreme heat.

SEC. 612. STUDY ON EXTREME HEAT INFORMATION AND RESPONSE.

(a) STUDY.—

(1) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Under Secretary of Commerce for Oceans and Atmosphere, in consultation with representatives from the Department of Health and Human Services as the Secretary of Health and Human Services considers appropriate, shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to conduct a study on extreme heat information and response, to be completed not later than 2 years after the date of the enactment of this Act.

(2) ELEMENTS.—The study described in paragraph (1) shall—

(A) identify the policy, research, operations, communications, and data gaps affecting heat-health planning, preparedness, response, resilience, and adaptation, and impacts to vulnerable populations;

1 (B) provide recommendations for address-
2 ing gaps identified under subparagraph (A);
3 (C) provide recommendations, in addition
4 to the recommendations provided under sub-
5 paragraph (B), which may include strategies
6 for—
7 (i) communicating warnings to and
8 promoting resilience of populations vulner-
9 able to extreme heat;
10 (ii) distributing extreme heat warn-
11 ings, including to individuals with limited
12 English proficiency and individuals who
13 may have other established barriers to
14 such information;
15 (iii) designing warnings described in
16 clause (ii) to convey the urgency and sever-
17 ity of heat events and achieve behavior
18 changes that reduce the mortality and
19 morbidity of extreme heat effects;
20 (iv) understanding compound and cas-
21 cading risks to inform development and
22 implementation of heat-health risk reduc-
23 tion interventions; and
24 (v) promoting community resilience
25 and addressing specific decision support

1 service needs of vulnerable populations;
2 and
3 (D) consider the effectiveness of country-
4 or local-level heat awareness and communica-
5 tion tools, preparedness plans, or mitigation.
6 (3) DEVELOPMENT OF DEFINITIONS.—In con-
7 ducting the study described in paragraph (1), the
8 National Academies of Sciences, Engineering, and
9 Medicine shall work with heat and health experts to
10 identify consistent and agreed-upon definitions for
11 heat events, heat waves, and other relevant terms.
12 (b) REPORT.—Not later than 90 days after comple-
13 tion of the study described in subsection (a)(1), the Under
14 Secretary of Commerce for Oceans and Atmosphere
15 shall—
16 (1) make available to the public on an internet
17 website of the National Oceanic and Atmospheric
18 Administration a report on the findings and conclu-
19 sions of the study; and
20 (2) submit the report to—
21 (A) the Committee on Commerce, Science,
22 and Transportation of the Senate;
23 (B) the Committee on Health, Education,
24 Labor, and Pensions of the Senate;

1 (C) the Committee on Science, Space, and
2 Technology of the House of Representatives;
3 (D) the Committee on Energy and Com-
4 merce of the House of Representatives; and
5 (E) the Committee on Education and the
6 Workforce of the House of Representatives.

7 **SEC. 613. FINANCIAL ASSISTANCE FOR RESEARCH AND RE-**
8 **SILIENCE IN ADDRESSING EXTREME HEAT**
9 **RISKS.**

10 (a) ESTABLISHMENT OF PROGRAM.—Subject to the
11 availability of appropriations, not later than 1 year after
12 the date of the enactment of this Act, the Under Secretary
13 of Commerce for Oceans and Atmosphere shall establish
14 and administer a community heat resilience program to
15 provide financial assistance to eligible entities to carry out
16 projects described in subsection (e) to ameliorate the men-
17 tal and physical human health impacts of extreme heat
18 events.

19 (b) PURPOSE.—The purpose of the financial assist-
20 ance provided under this section is to further scientific re-
21 search regarding extreme heat and fund efforts to educate
22 communities about extreme heat.

23 (c) FORMS OF ASSISTANCE.—Financial assistance
24 provided under this section may be in the form of con-
25 tracts, grants, or cooperative agreements.

1 (d) ELIGIBLE ENTITIES.—Entities eligible to receive
2 financial assistance under this section to carry out
3 projects described in subsection (e) include—
4 (1) nonprofit entities;
5 (2) academic institutions;
6 (3) States;
7 (4) Tribal governments;
8 (5) local governments; and
9 (6) political subdivisions of States, Tribal gov-
10 ernments, and local governments.
11 (e) ELIGIBLE PROJECTS.—Projects described in this
12 subsection include projects—
13 (1) to expand public awareness of heat risks;
14 (2) to conduct heat mapping campaigns;
15 (3) to conduct scientific research to assess gaps
16 and priorities regarding the risks of extreme heat in
17 communities;
18 (4) to communicate risks to isolated commu-
19 nities; and
20 (5) to educate such communities about how to
21 respond to extreme heat events.
22 (f) PRIORITIES.—In selecting eligible entities to re-
23 ceive financial assistance under this section, the Under
24 Secretary of Commerce for Oceans and Atmosphere shall
25 prioritize entities that will carry out projects that provide

1 benefits for historically disadvantaged communities and
2 communities found to have the greatest risk or highest
3 incidence of heat-related illnesses and mortalities.

4 **SEC. 614. AUTHORIZATION OF APPROPRIATIONS.**

5 (a) STUDY ON EXTREME HEAT INFORMATION AND
6 RESPONSE.—There is authorized to be appropriated to
7 the National Oceanic and Atmospheric Administration to
8 contract with the National Academies of Sciences, Engi-
9 neering, and Medicine to carry out section 612 $500,000
10 for each of fiscal years 2024 through 2026.

11 (b) FINANCIAL ASSISTANCE TO ADDRESS EXTREME
12 HEAT.—There is authorized to be appropriated to the Na-
13 tional Oceanic and Atmospheric Administration to carry
14 out section 613 $30,000,000 for each of fiscal years 2024
15 through 2028.

16 Subtitle C—Home Resiliency for
17 Medical Needs

18 **SEC. 621. MEDICARE COVERAGE OF MEDICALLY NEC-**
19 **ESSARY HOME RESILIENCY SERVICES.**

20 (a) COVERAGE.—Section 1861 of the Social Security
21 Act (42 U.S.C. 1395x) is amended—

22 (1) in subsection (s)(2)—

23 (A) in subparagraph (II), by striking
24 ''and'' at the end;

1 (B) in subparagraph (JJ), by inserting
2 ''and'' at the end; and
3 (C) by adding at the end the following new
4 subparagraph:
5 ''(KK) in the case of an individual who is medi-
6 cally at risk in the event of a climate or man-made
7 disaster (as determined by the Secretary in accord-
8 ance with subsection (nnn)), home resiliency services
9 (as defined in such subsection);''; and
10 (2) by adding at the end the following new sub-
11 section:
12 ''(nnn) HOME RESILIENCY SERVICES; DETERMINA-
13 TION OF INDIVIDUALS MEDICALLY AT RISK.—
14 ''(1) HOME RESILIENCY SERVICES.—The term
15 'home resiliency services' means items and serv-
16 ices—
17 ''(A) furnished on or after January 1,
18 2024, to an individual described in subsection
19 (s)(2)(KK); and
20 ''(B) that the Secretary determines are
21 medically necessary for such individual in the
22 case of a climate or man-made disaster, such as
23 a heat pump for an individual vulnerable to ex-
24 treme temperatures, solar batteries for an indi-
25 vidual reliant on electrical medical equipment

1 (including home mechanical ventilators), and
2 energy-efficient cold storage for heat-sensitive
3 medical supplies.

4 "(2) DETERMINATION OF INDIVIDUALS MEDI-
5 CALLY AT RISK.—For purposes of subsection
6 (s)(2)(KK) and this subsection, the Secretary, in
7 consultation with the Office of Climate Change and
8 Health Equity, the National Institutes of Health,
9 the Centers of Medicare & Medicaid Services, and
10 the National Oceanic and Atmospheric Administra-
11 tion, shall establish a process to determine the con-
12 ditions under which an individual would be deter-
13 mined to be medically at risk in the event of a dis-
14 aster or climate hazards, including extreme heat, ex-
15 treme cold, flooding, and loss of power. Such a proc-
16 ess shall consider—

17 "(A) geography-specific climate risks and
18 regional preparedness for different climate
19 risks;

20 "(B) the regional history of disaster or cli-
21 mate hazards and infrastructure failure in the
22 preceding 20 years or the forward-looking pre-
23 dicted risk of disaster or climate hazards and
24 infrastructure failure in the next 20 years;

1 ''(C) medical reliance on equipment, phar-
2 maceuticals, mobility aids, and other supplies
3 that are sensitive to exposure to extreme tem-
4 peratures, poor air quality, flooding and water
5 damage, or dependent on electrical power; and
6 ''(D) chronic medical conditions, disabil-
7 ities, and co-morbidities that increase patient
8 vulnerability during disaster.''.
9 (b) PAYMENT.—Section 1833(a)(1) of the Social Se-
10 curity Act (42 U.S.C. 1395l(a)(1)) is amended—
11 (1) by striking ''and'' before ''(HH)''; and
12 (2) by inserting before the semicolon at the end
13 the following: ''and (II) with respect to home resil-
14 iency services described in section 1861(s)(2)(KK),
15 the amount paid shall be an amount equal to 100
16 percent of the lesser of the actual charge for the
17 services or the amount determined under a fee
18 schedule established by the Secretary''.

TITLE VII—RESEARCH AND INNOVATION FOR CLIMATE AND HEALTH

SEC. 701. RESEARCH AND INNOVATION FOR CLIMATE AND HEALTH.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

"PART W—RESEARCH AND INNOVATION FOR CLIMATE AND HEALTH

"SEC. 399OO. NATIONAL CLIMATE AND HEALTH RESEARCH AND INNOVATION INITIATIVE.

"(a) ESTABLISHMENT.—The President shall establish and implement an initiative, to be known as the 'National Climate and Health Research and Innovation Initiative' (referred to in this part as the 'Initiative'), to be carried out by the Secretary, acting through the Assistant Secretary for Health.

"(b) PURPOSE.—The purpose of the Initiative is to develop the tools, research, innovations, and understanding of climate change and health needed to prevent, treat, and mitigate the health harms of climate change in order to protect the collective health and well-being of the people of the United States.

1 "(c) ACTIVITIES.—In carrying out the Initiative, the
2 President, acting through the Office of Climate Change
3 and Health Equity, the Interagency Committee, and such
4 agency heads as the President considers appropriate, shall
5 carry out activities that include the following:
6 "(1) Supporting research to understand, pre-
7 dict, and prevent the health burdens of climate
8 change and improve the ability to treat health harms
9 due to climate change, including—
10 "(A) research to understand and predict
11 the impacts of climate change on both physical
12 and mental health, including disproportionate
13 impacts based on race, ethnicity, language, gen-
14 der, sex, pregnancy status, disability, age, loca-
15 tion, occupation, and immigration status;
16 "(B) research into, and mitigation of, ad-
17 verse mental and physical health effects of his-
18 torical and ongoing environmental racism and
19 the subsequent combined health risk of climate
20 change and environmental pollution;
21 "(C) research to model and predict occupa-
22 tional hazards that will occur or intensify due
23 to climate change;
24 "(D) development of medical education
25 curricula relating to the clinical hazards of, and

1 interventions for, climate-change-based health
2 burdens;
3 ''(E) research to address climate-related
4 housing and community development issues, in-
5 cluding the impact of, and mitigation strategies
6 for, challenges such as isolation, low-quality
7 housing, housing precarity, and homelessness,
8 and the vulnerabilities and the mental and
9 physical health risks those challenges present;
10 and
11 ''(F) research to study the social and eco-
12 nomic factors and policies that create healthy,
13 resilient communities prepared to adapt to the
14 challenges posed by climate change.
15 ''(2) Supporting research and development of
16 sustainable and equitable health care operations and
17 clinical practices that reduce greenhouse gas emis-
18 sions, climate risk, and environmental health haz-
19 ards, including—
20 ''(A) research into effective models of
21 health care delivery—
22 ''(i) to mitigate the impact of long-
23 standing climate change and environmental
24 hazards on health; and

1 "(ii) in preparation for, and in re-
2 sponse to, climate disasters;
3 "(B) research to model and predict the
4 necessary health care capacity surplus required
5 to absorb both acute and chronic surges in
6 health care demand due to climate-generated
7 health burden, with attention to geographical
8 climate risks and patient demographic health
9 care needs;
10 "(C) the development of methods to reduce
11 health sector environmental pollution;
12 "(D) research into, and mitigation of, the
13 environmental impacts of hazardous substances
14 used in health care and the health care supply
15 chain, including the placement of facilities that
16 use hazardous substances and the proximity of
17 those facilities to historically marginalized com-
18 munities;
19 "(E)(i) research and development of inno-
20 vations that shift the lifecycle of medical sup-
21 plies and devices from single use to sustainable,
22 circular economies, including low-environmental
23 impact sterilization techniques; and

1 ''(ii) support of public-private partnerships
2 that enable scientific translation of those inno-
3 vations;

4 ''(F) the development of clinically equiva-
5 lent and improved, low-climate-footprint inter-
6 ventions and pharmaceuticals and the study of
7 the environmental impacts of those interven-
8 tions and pharmaceuticals to enable high-qual-
9 ity, environmentally conscious clinical decision
10 making; and

11 ''(G) conducting and supporting research,
12 development, demonstration, and commercial
13 application of renewable energy technologies
14 and strategies to meet the energy demand and
15 energy security needs of infrastructure critical
16 to health care.

17 ''(d) TERMINATION.—The Initiative shall terminate
18 on December 31, 2033.

19 **''SEC. 399OO–1. INTERAGENCY COORDINATION.**

20 ''(a) IN GENERAL.—Not later than 1 year after the
21 date of enactment of the Green New Deal for Health Act,
22 the President shall establish an interagency committee (re-
23 ferred to in this part as the 'Interagency Committee'), to
24 coordinate the Initiative, as appropriate, among the de-

1 partments, offices, and agencies described in subsection
2 (b)(1).
3 ‘‘(b) MEMBERSHIP.—
4 ‘‘(1) IN GENERAL.—The membership of the
5 Interagency Committee shall consist of—
6 ‘‘(A) 3 representatives of the Department
7 of Health and Human Services, which shall in-
8 clude—
9 ‘‘(i) 1 representative of the Office of
10 Climate Change and Health Equity; and
11 ‘‘(ii) 1 representative of the National
12 Institutes of Health;
13 ‘‘(B) 1 representative of the Office of
14 Science and Technology Policy;
15 ‘‘(C) 1 representative of the National
16 Science Foundation;
17 ‘‘(D) 1 representative of the Environ-
18 mental Protection Agency;
19 ‘‘(E) 1 representative of the Department of
20 Energy;
21 ‘‘(F) 1 representative of the Department of
22 Housing and Urban Development; and
23 ‘‘(G) 1 representative of the Department of
24 Labor.

1 “(2) CO-CHAIRS.—The Interagency Committee
2 shall be co-chaired by the representatives described
3 in subparagraphs (A)(i) and (B) of paragraph (1).
4 “(c) MEETINGS.—The Interagency Committee shall
5 meet not less frequently than quarterly.
6 “(d) DUTIES.—The Interagency Committee shall—
7 “(1) provide for interagency coordination of the
8 activities of the Initiative;
9 “(2) develop a plan that describes how the de-
10 partments, offices, and agencies described in sub-
11 section (b)(1) will collectively carry out the activities
12 described in section 399OO(c), including—
13 “(A) a description of how each depart-
14 ment, office, and agency will execute a subset of
15 the activities described in that section; and
16 “(B) a description of collaborations across
17 the departments, offices, and agencies;
18 “(3) annually submit to Congress a report de-
19 scribing the progress of the Initiative, activities of
20 the Interagency Committee, and policy recommenda-
21 tions that derive from the results of the Initiative;
22 and
23 “(4) as part of the President’s annual budget
24 request to Congress, propose an annually coordi-
25 nated interagency budget for the Initiative to the Of-

1 fice of Management and Budget that is intended to
2 ensure that the balance of funding across the Initia-
3 tive is sufficient to meet the goals and priorities es-
4 tablished for the Initiative.

5 **"SEC. 399OO–2. ADVISORY COUNCIL.**

6 "(a) IN GENERAL.—The Secretary shall establish an
7 advisory council (referred to in this section as the 'Advi-
8 sory Council') to advise and provide recommendations to
9 the Initiative.

10 "(b) MEMBERSHIP.—

11 "(1) IN GENERAL.—The membership of the Ad-
12 visory Council shall consist of—

13 "(A) the members of the Interagency Com-
14 mittee; and

15 "(B) the non-Federal members appointed
16 under paragraph (2).

17 "(2) APPOINTED MEMBERS.—The Secretary
18 shall appoint the following non-Federal members of
19 the Advisory Council:

20 "(A) Not more than 4 members who are
21 representatives of research institutions, aca-
22 demic institutions, or medical industry entities.

23 "(B) Not fewer than 1 member who is a
24 representative of a critical access hospital (as

1 defined in section 1861(mm)(1) of the Social
2 Security Act).
3 "(C) Not fewer than 1 member who is a
4 representative of a hospital that receives dis-
5 proportionate share payments under section
6 1886(d)(5)(F) of the Social Security Act.
7 "(D) Not fewer than 1 member who is a
8 representative of a community health center re-
9 ceiving funding under section 330.
10 "(E) Not fewer than 1 member who is a
11 representative of an Indian Health Service facil-
12 ity operated by an Indian tribe or tribal organi-
13 zation (as defined in section 4 of the Indian
14 Health Care Improvement Act).
15 "(F) Not fewer than 1 member who is a
16 representative of a State, local, or Tribal de-
17 partment of public health.
18 "(G) Not fewer than 4 members who—
19 "(i) are representatives of labor orga-
20 nizations representing health care workers;
21 and
22 "(ii) collectively represent a diversity
23 of health care professions, such as workers
24 in environmental services, direct care work-
25 ers, nurses, and physicians.

1 "(H) Not fewer than 4 members who are
2 representatives of community-based patient ad-
3 vocacy or public health advocacy organizations,
4 each of which are from different geographic re-
5 gions of the United States.

6 "(3) DIVERSE REPRESENTATION.—The Sec-
7 retary shall ensure that the membership of the Advi-
8 sory Council reflects the diversity of the patient pop-
9 ulations that are geographically and demographically
10 representative of the United States, especially front-
11 line populations and populations that are subject to
12 negative disparate outcomes in health.

13 "(4) DUTIES.—The Advisory Council shall ad-
14 vise the President and the Secretary on matters re-
15 lating to the Initiative, including recommendations
16 related to—

17 "(A) the research and innovation needs of
18 frontline communities, environmental justice
19 communities (as defined in section 2 of the
20 Green New Deal for Health Act), medically un-
21 derserved communities (as defined in section
22 799B), and individuals vulnerable to climate
23 change;

24 "(B) the current gaps and challenges in
25 the scientific understanding of the health im-

1 pacts of climate change and the impact of
2 health care on climate;
3 "(C) emerging research and innovation
4 needs from clinical practice;
5 "(D) whether issues of health disparities
6 are adequately addressed by the Initiative;
7 "(E) the balance of activities and funding
8 across the Initiative;
9 "(F) bottlenecks in translating research
10 findings into clinical advances, mitigation strat-
11 egies, and workplace safety; and
12 "(G) accountability and ethical use of re-
13 search funds.
14 "(5) MEETINGS.—The Advisory Council shall
15 meet not less frequently than annually, and such
16 meetings shall be open to the public.
17 "(6) TERMINATION.—The Advisory Council
18 shall terminate on December 31, 2033.

19 **"SEC. 399OO–3. AUTHORIZATION OF APPROPRIATIONS.**

20 "There is authorized to be appropriated to carry out
21 section 399OO $5,000,000,000 for each of fiscal years
22 2024 through 2033.".

○