

Granting Resources for Eliminating Emissions Now in (GREEN) Hospitals Act **Senator Edward J. Markey & Representative Pramila Jayapal**

This bill would provide \$105 billion to revive a New-Deal-era program to modernize, weatherize, and reduce the environmental footprint of health facilities to protect public health and ensure people can access care before, during, and after crises.

In 1945, President Harry Truman announced his landmark healthcare initiative that would ultimately construct one-third of American hospitals, expanding access to those who needed it most. His call to action remains just as relevant today: “With the help of Federal funds, it should be possible to meet deficiencies in hospital and health facilities so that modern services—for both prevention and cure—can be accessible to all the people.”

As the climate crisis brings stronger storms, hotter heat waves, and worsening wildfires to communities across the country, our nation’s aging medical infrastructure is perilously at risk. Hundreds of hospitals along the East Coast are currently at risk of flooding from hurricanes.^{i,ii} Heatwaves and wildfires threaten the power infrastructure of the health care system across the West.^{iii,iv} Devastating tornadoes have already destroyed critical rural hospitals in the South.^v

While our medical facilities are still recovering from the systemic strain of the COVID-19 pandemic, they lack the capital to invest in pre-disaster mitigation and resiliency, ultimately delaying critical infrastructure investments. Instead, they are left to hope that disaster does not strike.

The Federal Emergency Management Agency (FEMA) estimates that natural hazard mitigation saves \$6 for every \$1 spent on federal mitigation efforts.^{vi} Beyond the economics, pre-disaster resiliency will keep our facilities open before, during, and after crisis, ultimately preserving access to care and saving lives. Not only do people require acute medical attention in the aftermath of extreme weather, many people rely on uninterrupted access to care. Pregnant people need access to prenatal care, people with opioid use disorder need access to medication treatment, and kidney patients need access to dialysis.

We can and must revive a New-Deal-era program to guarantee access to care that responds to our climate crisis.

The **GREEN Hospitals Act** would:

- Invest \$100 billion into revive the Hill-Burton grant program to fund capital projects that increase capacity to provide essential health care and update facilities to become more resilient to climate disasters and public health crises.
 - In exchange for Hill-Burton funding, medical facilities commit to a [community service obligation](#) to provide a specific amount of free or below-cost health care services to qualified individuals unable to pay.
 - Grants include labor protections to ensure a prevailing wage, adequate staffing, and organizing protections.
- Invest \$5 billion into planning grants to fund pre-development planning needs, such as community assessments and engineering evaluations, so sustainability and resiliency projects for medical facilities meet the needs of the surrounding communities and patient populations.
 - The program prioritizes facilities that have a majority Medicaid and Medicare payer mix or have a high proportion of patients that are uninsured and serve patients that experience low air quality, lack green space, bear higher cumulative pollution burdens, or are at high risk of experiencing the adverse effects of climate change.
 - Grants include labor protections to ensure a prevailing wage, and organizing protections.
 - Half of these funds are designated for use in environmental justice communities.

ⁱ Alexandra Tarabochia-Gast et al., *Flood Risk to Hospitals on the United States Atlantic and Gulf Coasts From Hurricanes and Sea Level Rise*, GeoHealth (Sep. 29, 2022), <https://doi.org/10.1029/2022GH000651>.

ⁱⁱ Hannah Cho, *Central Vermont Medical Center Operations 'Significantly Impacted' by Flooding*, VT Digger (July 11, 2023), <https://vtdigger.org/2023/07/11/central-vermont-medical-center-operations-significantly-impacted-by-flooding/>.

ⁱⁱⁱ Thomas Fuller, *For the Most Vulnerable, California Blackouts 'Can Be Life or Death'*, N.Y. Times (Oct. 10, 2019), <https://www.nytimes.com/2019/10/10/us/california-power-outage.html>.

^{iv} Paul M. Sherer, *Unplugged: How California's Power Outage Disrupted Patient Care on the Northern Coast*, DirectRelief (Nov. 15, 2019), <https://www.directrelief.org/2019/11/unplugged-how-californias-power-outage-disrupted-patient-care-on-californias-northern-coast/>.

^v Gracyn Gordon, *Tornado Damage Could Leave Hospital Scraping Together Resources for Years*, WAPT (May 10, 2023), <https://www.wapt.com/article/sharkey-issaquena-community-hospital-tornado-damage-mississippi/43854688#>.

^{vi} Federal Insurance and Mitigation Administration, *Natural Hazard Mitigation Saves Interim Report*, Federal Emergency Management Agency (June 2018), https://www.fema.gov/sites/default/files/2020-07/fema_mitsaves-factsheet_2018.pdf.