

118TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To provide for green and resilient health care infrastructure, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Mr. MARKEY introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To provide for green and resilient health care infrastructure, 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.**

4 This Act may be cited as the “Granting Resources  
5 for Eliminating Emissions Now in Hospitals Act” or the  
6 “GREEN Hospitals Act”.

7 **SEC. 2. GREEN HILL-BURTON FUNDS FOR CLIMATE-READY**  
8 **MEDICAL FACILITIES.**

9 (a) GRANTS FOR CONSTRUCTION OR MODERNIZA-  
10 TION PROJECTS.—

1           (1) IN GENERAL.—Section 1610(a) of the Pub-  
2     lic Health Service Act (42 U.S.C. 300r(a)) is  
3     amended—

4           (A) in paragraph (1)(A)—

5           (i) in clause (i), by striking “, or” and  
6     inserting a semicolon;

7           (ii) in clause (ii), by striking the pe-  
8     riod at the end and inserting “; or”; and

9           (iii) by adding at the end the fol-  
10    lowing:

11           “(iii) increase capacity to provide es-  
12    sential health care and update medical fa-  
13    cilities to become more resilient to climate  
14    disasters and public health crises to ensure  
15    access and availability of quality health  
16    care for communities in need.”; and

17           (B) by striking paragraph (3) and insert-  
18    ing the following:

19           “(3) PRIORITY.—In awarding grants under this  
20    subsection, the Secretary shall give priority to appli-  
21    cants whose projects will include, by design, resil-  
22    ience against natural disasters, climate change miti-  
23    gation, or other necessary predisaster adaptations to  
24    ensure continuous health care access and combat  
25    health risks due to climate change, such as—

1           “(A) installation of onsite distributed gen-  
2           eration that combines energy-efficient devices,  
3           energy storage, and renewable energy in accord-  
4           ance with modern electrical safety standards for  
5           medical facilities to allow the medical facility to  
6           access essential energy during power outages  
7           and optimize use of onsite and offsite energy  
8           sources for emissions reductions;

9           “(B) improving air conditioning, moni-  
10          toring, and purifying through installation of  
11          high-efficiency heat pumps that provide both  
12          cooling and heating, air purifiers, air filtration  
13          systems, and air quality monitoring systems in-  
14          tegrated with energy systems and energy effi-  
15          ciency considerations in preparation for future  
16          natural hazards and public health crises, such  
17          as wildfire, smog, extreme heat events, and  
18          pandemics;

19          “(C) installation and maintenance of wet-  
20          lands, drainage ponds, stormwater drainage,  
21          and any other green infrastructure to protect  
22          the medical facility from projected severe effects  
23          with respect to extreme weather, natural disas-  
24          ters, or climate change-related events, including

1 sea-level rise, flooding, and increased risk of  
2 wildfire;

3 “(D) green rooftops, walls, and indoor  
4 plantings, particularly those that can provide  
5 publicly accessible temperature management  
6 and air quality improvements;

7 “(E) tree planting and other green infra-  
8 structure to create publicly accessible cool space  
9 to address urban heat islands;

10 “(F) infrastructure upgrades that protect  
11 access routes to the medical facility, such as  
12 long-term flood, wildfire, and other disaster  
13 mitigation for the roads, sidewalks, and public  
14 transit infrastructure that service the medical  
15 facility;

16 “(G) the long-term maintenance of  
17 decarbonization and zero-emissions infrastruc-  
18 ture (regardless of the source of original fund-  
19 ing for such infrastructure); and

20 “(H) any other type of plan or project the  
21 Secretary determines will increase the sustain-  
22 ability and resiliency of a medical facility, pro-  
23 tect patient health and community access dur-  
24 ing extreme weather, and advance environ-  
25 mental justice.

1           “(4) AUTHORIZATION OF APPROPRIATIONS.—  
2           There is authorized to be appropriated to carry out  
3           this subsection \$100,000,000,000 for fiscal year  
4           2024, to remain available until expended.”.

5           (2) TECHNICAL AMENDMENT.—Section 1610(b)  
6           of the Public Health Service Act (42 U.S.C.  
7           300r(b)) is amended by striking paragraph (3).

8           (b) MEDICAL FACILITY PROJECT APPLICATIONS.—

9           (1) IN GENERAL.—Section 1621(b)(1) of the  
10          Public Health Service Act (42 U.S.C. 300s–1(b)(1))  
11          is amended—

12                 (A) in subparagraph (J), by striking “and”  
13                 at the end;

14                 (B) in subparagraph (K), by striking the  
15                 period at the end and inserting a semicolon;  
16                 and

17                 (C) by adding at the end the following:

18                         “(L) reasonable assurance that the facility  
19                         will have adequate staffing to fulfill the commu-  
20                         nity service obligation; and

21                         “(M) reasonable assurance that the facil-  
22                         ity—

23                                 “(i) has a collective bargaining agree-  
24                                 ment with 1 or more labor organizations  
25                                 representing employees at the facility; or

1                   “(ii) has an explicit policy not to  
2                   interfere with the rights of employees of  
3                   the facility under section 7 of the National  
4                   Labor Relations Act.”.

5                   (2) APPLICATION FOR PLANNING GRANTS.—  
6                   Section 1621 of the Public Health Service Act (42  
7                   U.S.C. 300s–1) is amended by adding at the end the  
8                   following:

9                   “(c) APPLICATION FOR PLANNING GRANTS.—An ap-  
10                  plication for a project submitted under part A or B shall  
11                  deemed to be complete for purposes of section 3(d)(2) of  
12                  the Granting Resources for Eliminating Emissions Now  
13                  in Hospitals Act, and the application shall be deemed to  
14                  have been submitted for purposes of consideration for a  
15                  planning grant under that section.”.

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

17                  (a) DEFINITIONS.—In this section:

18                   (1) MEDICAL FACILITY.—The term “medical  
19                   facility” means a hospital, public health center, out-  
20                   patient medical facility, rehabilitation facility, facil-  
21                   ity for long-term care, or other facility (as may be  
22                   designated by the Secretary) for the provision of  
23                   health care to ambulatory patients.

24                   (2) PROPOSED PROJECT.—The term “proposed  
25                   project” means a construction or modernization

1 project proposed by an eligible entity in a sustain-  
2 ability and resiliency plan.

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

5 (4) SUSTAINABILITY AND RESILIENCY PLAN.—  
6 The term “sustainability and resiliency plan” means  
7 a plan, including comprehensive preproject evalua-  
8 tion, for a construction or modernization project  
9 that would, in order to protect patient health and  
10 community access, enhance—

11 (A) the sustainability of a medical facility  
12 and infrastructure surrounding the medical fa-  
13 cility; and

14 (B) the resiliency of that medical facility  
15 and infrastructure surrounding the medical fa-  
16 cility to climate change and public health crises.

17 (b) ESTABLISHMENT.—The Secretary shall establish  
18 a grant program, to be known as the “Planning and Eval-  
19 uation Grant Program”, under which the Secretary shall  
20 make planning grants to eligible entities to develop sus-  
21 tainability and resiliency plans for medical facilities owned  
22 or operated by the eligible entity and infrastructure sur-  
23 rounding the medical facilities.

1 (c) ELIGIBLE ENTITIES.—To be eligible to receive a  
2 planning grant under subsection (b), an applicant shall  
3 be—

4 (1) a State, Tribal government, or political sub-  
5 division of a State or Tribal government, including  
6 any city, town, county, borough, hospital district au-  
7 thority, or public or quasi-public corporation; or

8 (2) a nonprofit private entity.

9 (d) APPLICATIONS.—

10 (1) IN GENERAL.—Except as provided in para-  
11 graph (2), an eligible entity seeking a planning  
12 grant under subsection (b) shall submit to the Sec-  
13 retary an application at such time, in such manner,  
14 and containing such information as the Secretary  
15 may by regulation prescribe, including—

16 (A) a description of the proposed project;

17 (B) a summary and breakdown of the de-  
18 mographics of the patient population served or  
19 potentially served by the medical facility under  
20 the proposed project, including information  
21 on—

22 (i) whether the medical facility is a fa-  
23 cility for which a majority of the revenue  
24 the facility receives for patient care is from  
25 reimbursements for medical care furnished



1 to Medicare and Medicaid beneficiaries  
2 under titles XVIII and XIX of the Social  
3 Security Act (42 U.S.C. 1395 et seq and  
4 1396 et seq.); and

5 (ii) other indications that individuals  
6 vulnerable to climate change are served or  
7 potentially served by the medical facility;

8 (C) a description of the ways in which the  
9 proposed project—

10 (i) will carry out 1 or more activities  
11 described in subsection (g);

12 (ii) meet the needs of the community  
13 the medical facility serves, especially the  
14 needs of vulnerable populations; and

15 (iii) meet the sustainability and resil-  
16 iency needs of the medical facility due to  
17 climate risks and hazards;

18 (D) a description of whether the commu-  
19 nity served by the medical facility is an environ-  
20 mental justice community;

21 (E) a description of the ways in which the  
22 planning grant would be used to carry out 1 or  
23 more planning and evaluation activities de-  
24 scribed in subsection (f);

1 (F) reasonable assurance that all laborers  
2 and mechanics employed by contractors or sub-  
3 contractors in the performance of work on a  
4 project will be paid wages at rates not less than  
5 those prevailing on similar work in the locality  
6 as determined by the Secretary of Labor in ac-  
7 cordance with subchapter IV of chapter 31 of  
8 part A of subtitle II of title 40, United States  
9 Code (commonly referred to as the “Davis-  
10 Bacon Act”) and the Secretary of Labor shall  
11 have with respect to such labor standards the  
12 authority and functions set forth in Reorganiza-  
13 tion Plan Numbered 14 of 1950 (64 Stat.  
14 1267; 5 U.S.C. App.) and section 3145 of title  
15 40, United States Code; and

16 (G) reasonable assurance that the facil-  
17 ity—

18 (i) has a collective bargaining agree-  
19 ment with 1 or more labor organizations  
20 representing employees at the facility; or

21 (ii) has an explicit policy not to inter-  
22 fere with the rights of employees at the fa-  
23 cility under section 7 of the National  
24 Labor Relations Act (29 U.S.C. 157).

1           (2) ADDITIONAL APPLICATIONS.—An applica-  
2           tion submitted under part A or B of title XVI of the  
3           Public Health Service Act (42 U.S.C. 300q et seq.  
4           and 42 U.S.C. 300r) shall be deemed to be a com-  
5           plete application submitted for purposes of consider-  
6           ation for a planning grant under subsection (b).

7           (e) SELECTION.—The Secretary shall—

8           (1) in coordination with the Secretary of En-  
9           ergy and the Administrator of the Environmental  
10          Protection Agency, if necessary, develop metrics to  
11          evaluate applications for planning grants under sub-  
12          section (b); and

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

15               (A) for which—

16                   (i) a majority of the revenue the facil-  
17                   ity receives for patient care is from reim-  
18                   bursements for medical care furnished to  
19                   Medicare and Medicaid beneficiaries under  
20                   titles XVIII and XIX of the Social Secu-  
21                   rity Act (42 U.S.C. 1395 et seq and 1396  
22                   et seq.); or

23                   (ii) a high proportion of patients is  
24                   uninsured, as determined by the Secretary;  
25                   and

1 (B) that is located in a neighborhood or  
2 serves a patient population that—

3 (i) experiences low-air quality;

4 (ii) lacks green space;

5 (iii) bears higher cumulative pollution  
6 burdens; or

7 (iv) is at disproportionate risk of ex-  
8 perencing the adverse effects of climate  
9 change.

10 (f) PLANNING ACTIVITIES.—Planning and evaluation  
11 activities carried out by an eligible entity using grant  
12 funds received under subsection (b) shall include 1 or  
13 more of the following:

14 (1) Performing project planning, community  
15 outreach and engagement, feasibility studies, and  
16 needs assessments of the local community and pa-  
17 tient populations.

18 (2) Performing engineering and climate-risk as-  
19 sessments of the medical facility infrastructure and  
20 the access routes to the medical facility.

21 (3) Providing management and operational as-  
22 sistance for developing and receiving funding for the  
23 proposed project.

1           (4) Other planning and evaluation activities and  
2           assessments as the Secretary determines appro-  
3           priate.

4           (g) PROPOSED PROJECTS.—Construction and mod-  
5           ernization activities carried out by a proposed project  
6           under a sustainability and resiliency plan developed pursu-  
7           ant to a planning grant received under subsection (b) may  
8           include—

9           (1) improvements to the infrastructure, build-  
10          ings, and grounds of the medical facility, includ-  
11          ing—

12                 (A) installation of onsite distributed gen-  
13                 eration that combines energy-efficient devices,  
14                 energy storage, and renewable energy in accord-  
15                 ance with modern electrical safety standards for  
16                 medical facilities to allow the medical facility to  
17                 access essential energy during power outages  
18                 and optimize use of onsite and offsite energy  
19                 sources for emissions reductions; and

20                 (B) improving air conditioning, monitoring,  
21                 and purifying through installation of high-effi-  
22                 ciency heat pumps that provide both cooling  
23                 and heating, air purifiers, air filtration systems,  
24                 and air quality monitoring systems integrated  
25                 with energy systems and energy efficiency con-

1           siderations in preparation for future natural  
2           hazards and public health crises such as wild-  
3           fire, smog, extreme heat events, and pandemics;

4           (2) green infrastructure projects, such as—

5                 (A) installation and maintenance of wet-  
6           lands, drainage ponds, and any other green in-  
7           frastructure that would protect the medical fa-  
8           cility from projected severe effects with respect  
9           to extreme weather, natural disasters, or cli-  
10          mate change-related events, including sea-level  
11          rise, flooding, and increased risk of wildfire;  
12          and

13                 (B) green rooftops, walls, and indoor  
14          plantings, particularly those that can provide  
15          publicly accessible temperature management  
16          and air quality improvements;

17          (3) resiliency projects to secure local accessi-  
18          bility to the medical facility by protecting the access  
19          routes to the medical facility, such as—

20                 (A) infrastructure upgrades that protect  
21          access routes to the medical facility, such as  
22          long-term flood, wildfire, and other disaster  
23          mitigation for the roads, sidewalks, and public  
24          transit infrastructure that service the medical  
25          facility; and

1 (B) the long-term maintenance of  
2 decarbonization and zero-emissions infrastruc-  
3 ture; and

4 (4) any other type of activity the Secretary de-  
5 termines will increase the sustainability and resil-  
6 iency of a medical facility and protect patient health  
7 and community access during extreme weather.

8 (h) AMOUNT OF GRANT.—The total amount of a  
9 grant under subsection (b) shall not exceed \$500,000.

10 (i) TECHNICAL ASSISTANCE.—The Secretary, in co-  
11 ordination with the Secretary of Energy, the Adminis-  
12 trator of the Environmental Protection Agency, and the  
13 Secretary of Transportation, if necessary, directly or  
14 through partnerships with States, Tribal governments,  
15 and nonprofit organizations, shall provide technical assist-  
16 ance to eligible entities interested in carrying out proposed  
17 projects that—

18 (1) serve environmental justice communities or  
19 medically underserved communities;

20 (2) demonstrate a commitment to provide job  
21 training, apprenticeship programs, and contracting  
22 opportunities to residents and small businesses  
23 owned by residents of the community that the med-  
24 ical facility serves;

1           (3) identify and further community priority ac-  
2           tions and conduct robust community engagement;  
3           and

4           (4) employ nature-based solutions that focus on  
5           protection, restoration, or management of ecological  
6           systems to safeguard public health, provide clean air  
7           and water, increase natural hazard resilience, and  
8           sequester carbon.

9           (j) PROHIBITION ON TRAINING REPAYMENT.—As a  
10          condition of receiving a grant or technical assistance under  
11          this section, an eligible entity shall certify that the eligible  
12          entity does not use, and if the eligible entity contracts with  
13          any staffing agency or training provider, that such agency  
14          or provider does not use, any provision in employment  
15          agreements, job training agreements, or apprenticeship  
16          program agreements that would require an employee or  
17          training or apprenticeship program participant to pay a  
18          debt if the employee or training or apprenticeship program  
19          participant’s employment or work relationship or training  
20          period with a specified employer or business entity is ter-  
21          minated.

22          (k) ENVIRONMENTAL JUSTICE COMMUNITIES.—The  
23          Secretary shall ensure that not less than 50 percent of  
24          grant funds awarded under subsection (b) are used for



1 sustainability and resiliency plans for proposed projects lo-  
2 cated in environmental justice communities.

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