118TH CONGRESS
1ST SESSION

S. _____

To establish a Green New Deal for Health to prepare and empower the health care sector to protect the health and wellbeing 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

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 _____

A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

SEC. 2. DEFINITIONS.

In this Act:

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

(2) INDIVIDUAL DISPROPORTIONATELY AFFECTED BY CLIMATE CHANGE.—The term ''individual disproportionately affected by climate change'' means an individual that may face elevated mental and physical health risks due to climate change based on 2 or more of the following factors:

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

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

(C) Sex, gender, and gender minority status.

(D) Being of reproductive age.

(E) Exposure to environmental health risks due to living conditions or location, including current or past experience of homelessness.

(F) Occupation or exposure to occupational hazards.

(G) Household income.

(H) Disability.

(I) Co-morbidities.

(J) Current or past exposure to personal or systemic trauma, including natural disasters.

(K) Immigration status.

(L) Language isolation.

(3) MEDICALLY UNDERSERVED COMMUNITY.—The term ''medically underserved community'' has the meaning given such term in section 799B of the Public Health Service Act (42 U.S.C. 295p).

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

(a) FINDINGS.—Congress finds that, according to the assessment of the United States Global Change Research Program entitled ''The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment'' and dated 2016—

(1) the impacts of human-induced climate change are increasing nationwide;

(2) rising greenhouse gas concentrations result in increases in temperature, changes in precipitation, increases in the frequency and intensity of some extreme weather events, and rising sea levels;

(3) the climate change impacts described in paragraph (2) endanger our health by affecting—

(A) our access to care, food, and water sources;

(B) the air we breathe;

(C) the weather we experience; and

(D) our interactions with the built and natural environments; and

(4) as the climate continues to change, the risks to human health continue to grow.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) climate change poses threats to the United States and globally through its impacts on society, the economy, the physical environment, and physical and mental health;

(2) climate change health threats are growing in scale and severity;

(3) climate change disproportionately affects individuals in the United States who are economically

disadvantaged, belong to communities of color, or have other social and health vulnerabilities;

(4) the health care sector accounts for 8.5 percent of United States emissions, further worsening the overall health impacts of climate change; and

(5) the Federal Government, working with international, State, Tribal, and local governments, nongovernmental organizations, businesses, and individuals, should use all practicable means and measures—

(A) to deploy a whole-of-government and whole-of-health approach to protect our collective health from the impacts of climate change and to mitigate environmental health impacts from health sector operations;

(B) to build a just health care ecosystem where all Americans have access to dignified, high-quality care in their communities;

(C) to ensure the health care system is resilient to extreme weather and can continue to provide care before, during, and after crises;

(D) to lead the health sector to decarbonize its facilities and operations in an 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) ESTABLISHMENT.—

(A) IN GENERAL.—There is established within the Department of Health and Human Services the Office of Climate Change and Health Equity.

(B) PURPOSE.—The purpose of the Office shall be to facilitate a robust, Federal response to the impact of climate change on the health of the American people and the health care system.

(C) DIRECTOR.—There is established the position of Director of the Office, who—

(i) shall be the head of the Office; and

(ii) may report to the Assistant Secretary for Health.

(2) ACTIVITIES.—The duties of the Office shall be to address priority health actions relating to the health impacts of climate change, including by doing each of the following:

(A) Contribute to assessments of how climate change is affecting the health of individuals living in the United States.

(B) Understand the needs of the populations most disproportionately affected by climate-related health threats.

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

(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.

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

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

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

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

(b) NATIONAL STRATEGIC ACTION PLAN.—

(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 Undersecretary of Commerce for Oceans & 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

change, environmental justice communities, Tribal communities, health care providers, public health organizations, and scientists.

(3) NATIONAL STRATEGIC ACTION PLAN COMPONENTS.—The national strategic action plan shall include an assessment of, and strategies to improve, the health sector capacity of the United States to address climate change, including—

(A) identifying, prioritizing, and engaging communities and populations who are disproportionately affected by exposures to climate hazards;

(B) addressing mental and physical health disparities exacerbated by climate impacts to enhance community health resilience;

(C) identifying the link between environmental injustice and vulnerability to the impacts of climate change and prioritizing those who have been harmed by environmental and climate injustice;

(D) providing outreach and communication aimed at public health and health care professionals and the public to promote preparedness and response strategies;

(E) tracking and assessing programs across Federal agencies to advance research related to the impacts of climate change on health;

(F) identifying and assessing existing preparedness and response strategies for the health impacts of climate change;

(G) prioritizing critical public health and health care infrastructure projects;

(H) providing modeling and forecasting tools of climate change health impacts, including local impacts, where feasible;

(I) establishing academic and regional centers of excellence;

(J) recommending models for maintaining access to health care during extreme weather;

(K) providing technical assistance and support for preparedness and response plans for the health threats of climate change in States, municipalities, territories, Indian Tribes, and developing countries;

(L) addressing the impacts of fossil fuel pollution and greenhouse gas emissions on the health of individuals living in the United States;

(M) tracking health care sector contributions to greenhouse gas emissions and identifying actions to reduce those emissions;

(N) recommending new regulations or policies to address identified gaps in the health system capacity to effectively reduce emissions, reduce environmental impact, and address climate change; and

(O) developing, improving, integrating, and maintaining disease surveillance systems and monitoring capacity to respond to health-related impacts of climate change, including on topics addressing—

(i) water-, food-, and vector-borne infectious diseases and climate change;

(ii) pulmonary effects, including responses to aeroallergens, infectious agents, and toxic exposures;

(iii) cardiovascular effects, including impacts of temperature extremes;

(iv) air pollution health effects, including heightened sensitivity to air pollution such as wildfire smoke;

(v) reproductive health effects, including access to reproductive health care;

(vi) harmful algal blooms;

(vii) mental and behavioral health impacts of climate change;

(viii) the health of migrants, refugees, displaced persons, and communities composed of individuals disproportionately affected by climate change;

(ix) the implications for communities and populations vulnerable to the health effects of climate change, as well as strategies for responding to climate change within such communities;

(x) Tribal, local, and community-based health interventions for climate-related health impacts;

(xi) extreme heat and weather events;

(xii) decreased nutritional value of crops; and

(xiii) disruptions in access to routine and acute medical care, public health programs, and other supportive services for maintaining health.

(c) PERIODIC ASSESSMENT AND REVISION.—Not later than 1 year after the date of first publication of the national strategic action plan, and annually thereafter, the

Secretary shall periodically assess, and revise as necessary, the national strategic action plan, to reflect new information collected, including information on—

(1) the status of and trends in critical environmental health indicators and related human health impacts;

(2) the trends in and impacts of climate change on public health;

(3) advances in the development of strategies for preparing for and responding to the impacts of climate change on public health; and

(4) the effectiveness of the implementation of the national strategic action plan in protecting against climate change health threats.

(d) IMPLEMENTATION.—

(1) IMPLEMENTATION THROUGH HHS.—The Secretary shall exercise the Secretary's authority under this title and other Federal statutes to achieve the goals and measures of the Office and the national strategic action plan.

(2) OTHER PUBLIC HEALTH PROGRAMS AND INITIATIVES.—The Secretary and Federal officials of other relevant Federal agencies shall administer public health programs and initiatives authorized by laws other than this title, subject to the require-

ments of such laws, in a manner designed to achieve the goals of the Office and the national strategic action plan.

(3) HEALTH IMPACT ASSESSMENT.—

(A) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary shall identify proposed and current laws, policies, and programs that are of particular interest for their impact in contributing to or alleviating health burdens and the health impacts of climate change.

(B) ASSESSMENTS.—Not later than 2 years after the date of enactment of this Act, the head of each relevant Federal agency shall—

(i) assess the impacts that the proposed and current laws, policies, and programs identified under subparagraph (A) under their jurisdiction have or may have on protection against the health threats of climate change; and

(ii) assist State, Tribal, local, and territorial governments in conducting such assessments.

SEC. 103. ADVISORY BOARD.

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

(b) APPOINTMENT OF MEMBERS.—

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

(A) are recommended by the President of the National Academy of Sciences or the President of the National Academy of Medicine; and

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

(2) REQUIREMENT.—The Secretary shall ensure that the science advisory board includes members with practical or lived experience with relevant issues described in paragraph (1)(B).

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

(1) provide scientific and technical advice and recommendations to the Secretary on the domestic and international impacts of climate change on public health and populations and regions disproportion-

ately affected by climate change, and strategies and mechanisms to prepare for and respond to the impacts of climate change on public health;

(2) advise the Secretary regarding the best science available for purposes of issuing the national strategic action plan and conducting the climate and health program; and

(3) submit a report to Congress on its activities and recommendations not later than 1 year after the date of enactment of this Act and not later than every year thereafter.

(d) SUPPORT.—The Secretary shall provide financial and administrative support to the board.

SEC. 104. CLIMATE CHANGE HEALTH PROTECTION AND PROMOTION REPORTS.

(a) IN GENERAL.—The Secretary shall offer to enter into an agreement, including the provision of such funding as may be necessary, with the National Academies of Sciences, Engineering, and Medicine, under which such National Academies will prepare periodic reports to aid public health and health care professionals in preparing for and responding to the adverse health effects of climate change that—

(1) review scientific developments on health impacts and health disparities of climate change;

(2) evaluate the measurable impacts of activities undertaken at the directive of the national strategic action plan; and

(3) recommend changes to the national strategic action plan and climate and health program.

(b) SUBMISSION.—The agreement under subsection (a) shall require a report to be submitted to Congress and the Secretary and made publicly available not later than 1 year after the first publication of the national strategic action plan, and every 4 years thereafter.

SEC. 105. AUTHORIZATION OF APPROPRIATIONS.

(a) OFFICE OF CLIMATE CHANGE AND HEALTH EQUITY.—There is authorized to be appropriated to the Secretary to carry out section 102(a) $10,000,000 for each of fiscal years 2024 through 2030.

(b) NATIONAL STRATEGIC ACTION PLAN.—There is authorized to be appropriated to the Secretary to carry out section 102(b) $2,000,000 for fiscal year 2024, to remain available until expended.

(c) ADVISORY BOARD.—There is authorized to be appropriated to the Secretary to carry out section 103(c) $500,000 for fiscal year 2024, to remain available until 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.—

"(A) IN GENERAL.—For purposes of subsection (a)(1)(Z), except as provided in subparagraph (B), the requirements described in this subsection are that a hospital—

"(i) notify the Secretary, in accordance with paragraph (2), not less than 90 days prior to the discontinuation of services or full hospital closure;

"(ii) prohibit the discontinuation of essential services (as defined in paragraph (6)) during the notification period (as defined in such paragraph) unless there is a clear harm posed to patient or employee health or safety in the hospital continuing to furnish such services;

"(iii) respond to any inquiries by the Secretary relating to the implementation of this subsection, including the determination of essential services under paragraph (6)(C); and

"(iv) if applicable—

"(I) submit a mitigation plan and related information as described in paragraph (3); and

"(II) participate in the public comment and review process (including, if applicable, the alternative mitigation plan) described in paragraph (4).

"(B) APPLICATION IN CASE OF CATASTROPHIC EVENTS.—In the case where a discontinuation of services or closure of a hospital is due to an unforeseen catastrophic event (as defined by the Secretary), the requirements described in subparagraph (A) shall apply, except—

"(i) the hospital shall provide the notification under clause (i) of such subparagraph not later than 30 days after the catastrophic event or as soon as feasible as determined by the Secretary; and

"(ii) clause (ii) of such subparagraph (relating to prohibiting the discontinuation of services) shall not apply.

"(2) NOTIFICATION INFORMATION.—For purposes of paragraph (1)(A)(i), the notification under such paragraph shall include the following information with respect to a hospital:

''(A) DISCONTINUATION OF SERVICES.—In the case where the hospital is discontinuing services (without full hospital closure):

''(i) The services that will be discontinued and number of hospital beds impacted.

''(ii) The number of individuals furnished such services annually and a breakdown of the type of insurance used by such individuals for such services.

''(iii) The number of impacted employees and what labor organization represents them (and the contact information for such organization).

''(iv) The names and addresses of any organized health care coalitions and community groups that represent the communities impacted by the discontinuation of such services.

''(v) Alternative providers of such services, including provider type, contact information, and distance and transportation time by car and public transit from the hospital.

''(B) FULL HOSPITAL CLOSURE.—In the case of full hospital closure:

''(i) Hospital ownership entities.

''(ii) The full extent of services that will no longer be furnished by the hospital.

''(iii) The number of individuals furnished services annually by the hospital, a description of the services furnished, and a breakdown of the type of insurance type used by such individuals for such services.

''(iv) The number of impacted employees and, if applicable, what labor organizations represents them (and the contact information for such organization).

''(v) The names and addresses of any organized health care coalitions and community groups that represent the communities impacted by the closure.

''(vi) Alternative providers, including provider type, contact information, and distance and transportation time by car and public transit from the hospital.

''(vii) Steps taken prior to the decision to close in order to avoid closure.

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

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

"(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.

"(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—

"(i) a plan to—

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

tation plan access, and preparation for surge response; and

''(II) support employees in transitioning to new positions within health care;

''(ii) information on workforce and public engagement to ensure awareness of the discontinuation of services or closure; and

''(iii) a description of potential alternatives to the discontinuation of services or closure that the hospital considered and an explanation of why those alternatives are not a viable option.

''(C) PUBLIC AVAILABILITY.—The Secretary shall make a mitigation plan and related information submitted by an applicable hospital under this paragraph available to the public on the internet website of the Centers for Medicare & Medicaid Services.

''(4) PUBLIC COMMENT AND REVIEW PROCESS; ALTERNATIVE MITIGATION PLAN.—

''(A) PUBLIC COMMENT PERIOD.—

''(i) IN GENERAL.—The Secretary shall provide a public comment period of

not less than 45 days with the opportunity to submit written comments regarding the impact of the potential discontinuation of services or closure of an applicable hospital.

''(ii) NOTICE.—Notice of the opportunity to submit comments shall be published in the Federal Register and distributed to—

''(I) providers of services and suppliers that may be impacted by the discontinuation of services or closure of the applicable hospital;

''(II) any labor organization that represents any subdivision of employees of the applicable hospital;

''(III) organized health care coalitions and community groups that represent the communities impacted by the discontinuation of services or closure;

''(IV) the State health agency; and

''(V) the local department of public health.

"(B) ALTERNATIVE MITIGATION PLAN.—

"(i) IN GENERAL.—If, after reviewing the mitigation plan submitted by an applicable hospital under paragraph (3) and the comments submitted during the public comment period under subparagraph (A) with respect to the discontinuation of services or closure of the applicable hospital, the Secretary finds that the discontinuation of services or closure of the applicable hospital would have a significant impact on access to essential services, the Secretary shall work with the applicable hospital or other providers of services and suppliers in the area, as appropriate, to develop and implement an alternative plan to the plan submitted by the applicable hospital under paragraph (3) (referred to in this subsection as the 'alternative mitigation plan') in order to ensure continued access to essential services, which may include an agreement to delay the discontinuation of services or closure of the applicable hospital until the alternative mitigation plan is complete.

"(ii) TECHNICAL ASSISTANCE.—An alternative mitigation plan under clause (i) may include technical assistance or information on available funding mechanisms to support the furnishing of essential services.

"(iii) COLLABORATION.—The Secretary should, to the extent practicable, collaborate with State and municipal government officials in the development of an alternative mitigation plan under clause (i).

"(iv) PUBLIC AVAILABILITY.—The Secretary shall make any information submitted and the alternative mitigation plan developed under this paragraph available to the public on the internet website of the Centers for Medicare & Medicaid Services.

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

continuation date or closure date of the applicable hospital.

''(D) PROHIBITION.—In the case where the Secretary finds that a hospital has violated the requirements of this subsection, the Secretary may prohibit the hospital and any hospital under the same hospital ownership entity from being eligible to enroll or reenroll under the program under this title under section 1866(j) until the earlier of—

''(i) the date that is 3 years after the date on which the hospital discontinues services or closes;

''(ii) the date on which the Secretary determines essential health services that were negatively impacted by the discontinuation or closure have been restored; or

''(iii) such time as the Secretary is satisfied with the mitigation plan submitted by the hospital under paragraph (3) or the alternative mitigation plan under paragraph (4).

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

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

"(A) a description of trends in the discontinuation of services and closures of hospitals, including hospital ownership type, geographic location, types of services furnished, demographic served, and insurance type;

"(B) an analysis of the impact of the discontinuation of services and closures on health care access and ability to meet surge demand due to emergency (such as a pandemic or climate disaster);

"(C) recommendations for such administrative or legislative changes as the Secretary determines appropriate to preserve access to essential services nationwide.

"(6) DEFINITIONS.—In this subsection:

"(A) APPLICABLE HOSPITAL.—The term 'applicable hospital' means a hospital that submits a notification under paragraph (1)(A)(i) of a discontinuation of services or full hospital closure.

"(B) DISCONTINUATION.—The term 'discontinuation' may include any reduction or dis-

continuation of services furnished by an applicable hospital, including those that occur as part of a merger or acquisition agreement.

''(C) ESSENTIAL SERVICES.—The term 'essential services' means, with respect to an applicable hospital, services that are necessary for preserving health care access (as determined by the Secretary), including services for which the Secretary determines—

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

''(ii) that loss of the services would result in meaningful reductions in surge capacity that will negatively impact access to services;

''(iii) that loss of the services would limit health care access for specific demographics of individuals based on sex , sexuality, race, nationality, age, or disability status;

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

"(v) there is a health or health care-related emergency declaration status applicable to the surrounding geographical area of the hospital on the date on which the hospital submits notification under paragraph (1)(A)(i) of a discontinuation of services or full hospital closure.

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

"(7) NO PREEMPTION OF STATE LAW.—Nothing in subsection (a)(1)(Z) or this subsection shall be construed to limit any rights or remedies under State or local law relating to protecting access to essential services or reviewing proposed hospital closures or reduction of services.".

SEC. 202. EMPOWERING COMMUNITY HEALTH IN ENVIRONMENTAL JUSTICE COMMUNITIES.

Section 10503 of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2) is amended—

(1) in subsection (b)—

(A) in paragraph (1)—

(i) in subparagraph (E), by striking ''and'' at the end; and

(ii) by adding at the end the following:

''(G) $130,000,000,000 for the period of fiscal years 2024 through 2028; and''.

(B) in paragraph (2)—

(i) in subparagraph (G), by striking ''and'' at the end;

(ii) in subparagraph (H), by striking the period and inserting ''; and''; and

(iii) by adding at the end the following:

''(I) $2,000,000,000 for each of fiscals years 2024 through 2028.''; and

(2) by adding at the end the following:

''(f) ENVIRONMENTAL JUSTICE COMMUNITIES.—The Secretary shall ensure that not less than 50 percent of the amounts appropriated under subsection (b) on or after 2024 are awarded to entities for use with respect to 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:

"(iii) increase capacity to provide essential health care and update medical facilities to become more resilient to climate disasters and public health crises to ensure access and availability of quality health care for communities in need."; and

(B) by striking paragraph (3) and inserting the following:

"(3) PRIORITY.—In awarding grants under this subsection, the Secretary shall give priority to applicants whose projects will include, by design, resilience against natural disasters, climate change mitigation, or other necessary predisaster adaptations to ensure continuous health care access and combat health risks due to climate change, such as—

"(A) installation of onsite distributed generation that combines energy-efficient devices, energy storage, and renewable energy in accordance with modern electrical safety standards for medical facilities to allow the medical facility to access essential energy during power outages and optimize use of onsite and offsite energy sources for emissions reductions;

"(B) improving air conditioning, monitoring, and purifying through installation of

high-efficiency heat pumps that provide both cooling and heating, air purifiers, air filtration systems, and air quality monitoring systems integrated with energy systems and energy efficiency considerations in preparation for future natural hazards and public health crises, such as wildfire, smog, extreme heat events, and pandemics;

''(C) installation and maintenance of wetlands, drainage ponds, and any other green infrastructure to protect the medical facility from projected severe effects with respect to extreme weather, natural disasters, or climate change-related events, including sea-level rise, flooding, and increased risk of wildfire;

''(D) green rooftops, walls, and indoor plantings, particularly those that can provide publicly accessible temperature management and air quality improvements;

''(E) tree planting and other green infrastructure to create publicly accessible cool space to address urban heat islands;

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

mitigation for the roads, sidewalks, and public transit infrastructure that service the medical facility;

''(G) the long-term maintenance of decarbonization and zero-emissions infrastructure; and

''(H) any other type of plan or project the Secretary determines will increase the sustainability and resiliency of a medical facility, protect patient health and community access during extreme weather, and advance environmental justice.

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

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

(b) MEDICAL FACILITY PROJECT APPLICATIONS.—

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

(A) in subparagraph (J), by striking ''and'' at the end;

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

(C) by adding at the end the following:

''(L) reasonable assurance that the facility will have adequate staffing to fulfill the community service obligation; and

''(M) 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 of the facility under section 7 of the National Labor Relations Act.''.

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

''(c) APPLICATION FOR PLANNING GRANTS.—An application for a project submitted under part A or B shall deemed to be complete for purposes of section 302(d)(2) of the Green New Deal for Health Act, and the application

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

SEC. 302. PLANNING AND EVALUATION GRANT PROGRAM.

(a) DEFINITIONS.—In this section:

(1) MEDICAL FACILITY.—The term ''medical facility'' means a hospital, public health center, outpatient medical facility, rehabilitation facility, facility for long-term care, or other facility (as may be designated by the Secretary) for the provision of health care to ambulatory patients.

(2) PROPOSED PROJECT.—The term ''proposed project'' means a construction or modernization project proposed by an eligible entity in a sustainability and resiliency plan.

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

(4) SUSTAINABILITY AND RESILIENCY PLAN.—The term ''sustainability and resiliency plan'' means a plan, including comprehensive preproject evaluation, for a construction or modernization project that would, in order to protect patient health and community access, enhance—

(A) the sustainability of a medical facility and infrastructure surrounding the medical facility; and

(B) the resiliency of that medical facility and infrastructure surrounding the medical facility to climate change and public health crises.

(b) ESTABLISHMENT.—The Secretary shall establish a grant program, to be known as the ''Planning and Evaluation Grant Program'', under which the Secretary shall make planning grants to eligible entities to develop sustainability and resiliency plans for medical facilities owned or operated by the eligible entity and infrastructure surrounding the medical facilities.

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

(1) a State, Tribal government, or political subdivision of a State or Tribal government, including any city, town, county, borough, hospital district authority, or public or quasi-public corporation; or

(2) a nonprofit private entity.

(d) APPLICATIONS.—

(1) IN GENERAL.—Except as provided in paragraph (2), an eligible entity seeking a planning grant under subsection (b) shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may by regulation prescribe, including—

(A) a description of the proposed project;

(B) a summary and breakdown of the demographics of the patient population served or potentially served by the medical facility under the proposed project, including information on—

(i) whether the medical facility is a facility for which a majority of the revenue the facility receives for patient care is from reimbursements for medical care furnished to Medicare and Medicaid beneficiaries under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq and 1396 et seq.); and

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

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

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

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

(iii) meet the sustainability and resiliency needs of the medical facility due to climate risks and hazards;

(D) a description of whether the community served by the medical facility is an environmental justice community;

(E) a description of the ways in which the planning grant would be used to carry out 1 or more planning and evaluation activities described in subsection (f);

(F) reasonable assurance that all laborers and mechanics employed by contractors or subcontractors in the performance of work on a project will be paid wages at rates not less than those prevailing on similar work in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of part A of subtitle II of title 40, United States Code (commonly referred to as the ''Davis-Bacon Act'') and the Secretary of Labor shall have with respect to such labor standards the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (64 Stat. 1267; 5 U.S.C. App.) and section 3145 of title 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—

(i) a majority of the revenue the facility receives for patient care is from reimbursements for medical care furnished to Medicare and Medicaid beneficiaries under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq and 1396 et seq.); or

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

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

(i) experiences low-air quality;

(ii) lacks green space;

(iii) bears higher cumulative pollution burdens; or

(iv) is at disproportionate risk of experiencing the adverse effects of climate change.

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

(1) Performing project planning, community outreach and engagement, feasibility studies, and

needs assessments of the local community and patient populations.

(2) Performing engineering and climate-risk assessments of the medical facility infrastructure and the access routes to the medical facility.

(3) Providing management and operational assistance for developing and receiving funding for the proposed project.

(4) Other planning and evaluation activities and assessments as the Secretary determines appropriate.

(g) PROPOSED PROJECTS.—Construction and modernization activities carried out by a proposed project under a sustainability and resiliency plan developed pursuant to a planning grant received under subsection (b) may include—

(1) improvements to the infrastructure, buildings, and grounds of the medical facility, including—

(A) installation of onsite distributed generation that combines energy-efficient devices, energy storage, and renewable energy in accordance with modern electrical safety standards for medical facilities to allow the medical facility to access essential energy during power outages

and optimize use of onsite and offsite energy sources for emissions reductions; and

(B) improving air conditioning, monitoring, and purifying through installation of high-efficiency heat pumps that provide both cooling and heating, air purifiers, air filtration systems, and air quality monitoring systems integrated with energy systems and energy efficiency considerations in preparation for future natural hazards and public health crises such as wildfire, smog, extreme heat events, and pandemics;

(2) green infrastructure projects, such as—

(A) installation and maintenance of wetlands, drainage ponds, and any other green infrastructure that would protect the medical facility from projected severe effects with respect to extreme weather, natural disasters, or climate change-related events, including sea-level rise, flooding, and increased risk of wildfire; and

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

(3) resiliency projects to secure local accessibility to the medical facility by protecting the access routes to the medical facility, such as—

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

(B) the long-term maintenance of decarbonization and zero-emissions infrastructure; and

(4) any other type of activity the Secretary determines will increase the sustainability and resiliency of a medical facility and protect patient health and community access during extreme weather.

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

(i) TECHNICAL ASSISTANCE.—The Secretary, in coordination with the Secretary of Energy, the Administrator of the Environmental Protection Agency, and the Secretary of Transportation, if necessary, directly or through partnerships with States, Tribal governments, and nonprofit organizations, shall provide technical assist-

ance to eligible entities interested in carrying out proposed projects that—

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

(2) demonstrate a commitment to provide job training, apprenticeship programs, and contracting opportunities to residents and small businesses owned by residents of the community that the medical facility serves;

(3) identify and further community priority actions and conduct robust community engagement; and

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

(j) PROHIBITION ON TRAINING REPAYMENT.—As a condition of receiving a grant or technical assistance under this section, an eligible entity shall certify that the eligible entity does not use, and if the eligible entity contracts with any staffing agency or training provider, that such agency or provider does not use, any provision in employment agreements, job training agreements, or apprenticeship 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

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

(b) PRIORITY GOALS.—The Office shall—

(1) collaborate with the Office of Climate Change and Health Equity, the Environmental Protection Agency, and other interagency committees to support a whole-of-government and whole-of-health approach to addressing the climate crisis;

(2) develop and promulgate regulations that support climate-informed care, support health care decarbonization and sustainability, and mitigate the environmental impacts of the health care system upon patients, communities, and health care workers;

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

(4) conduct oversight of health care systems, their climate emissions, and environmental harms and provide interagency technical assistance in remediating such emissions and environmental harms; and

(5) issue ''Climate-Friendly'' health system designations and accreditations that identify health sys-

tems that demonstrate commitment to, and substantial evidence of, reducing emissions and environmental harm while advancing health care quality and patient and worker safety.

(c) DIRECTOR.—

(1) IN GENERAL.—The Office shall be headed by a Director, to be known as the Director of Sustainability and Environmental Impact, who shall be appointed by the Secretary of Health and Human Services (in this section referred to as the ''Secretary'').

(2) FUNCTIONS.—The Director shall—

(A) convene stakeholders (including key health care stakeholders) for strategic planning towards the priority goals of the Office;

(B) advise the Secretary and the Administrator of the Centers for Medicare & Medicaid Services in matters of sustainability and environmental impact and the role of the Centers for Medicare & Medicaid Services in sustainability and environmental impact;

(C) collaborate with academic experts and community leaders to understand and establish best practices for decarbonizing health care operations; and

(D) develop and evaluate the Office's strategy to tackle health care decarbonization and sustainability and mitigating environmental impacts within the Centers for Medicare & Medicaid Services.

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

(1) A summary of interagency collaboration.

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

(3) An inventory of ''Climate-Friendly'' designated health systems, their strategies, challenges, and best practices for sustainability and mitigating environmental impact, and any significant effects of these efforts on—

(A) quality of care;

(B) patient safety;

(C) safety of health care workers and health care facility workers;

(D) health care costs; and

(E) environmental health and overall health of the community served.

(4) An analysis of the demographics and climate vulnerability of patients and types of communities served by ''Climate-Friendly'' health systems.

(5) Recommendations for actions by health systems and for Federal technical assistance and supportive resources for the health system to achieve substantial reductions in emissions and environmental harm in order to attain ''Climate-Friendly'' designation.

(6) A summary of oversight efforts of the Centers for Medicare & Medicaid Services regarding emissions and environmental impacts and payment and coverage impacts on climate change preparedness, mitigation, and response.

(7) Recommendations for such legislation and administration action as the Secretary determines appropriate to regulate and promote health care sustainability, decarbonization, and mitigate environmental 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

manufacture, transport, use, processing, reprocessing, and waste relating to the drug or device;

''(B) recommend a policy and process for mandatory public disclosure of emissions and climate risk relating to drugs and devices;

''(C) recommend a policy for oversight of disclosures to ensure accuracy and transparency of emissions reporting as described in subparagraph (B), and to ensure that patient safety and necessary access is maintained;

''(D) develop methods to disseminate information to clinicians for low environmental impact options for clinically equivalent treatment options;

''(E) develop suggestions for the reduction of emissions by drug and device manufacturers without harming or risking patient safety; and

''(F) provide technical assistance and establish partnerships to facilitate lower emissions design and manufacture of comparable drugs and comparable devices.

''(3) MEMBERSHIP.—The task force established under paragraph (1) shall be comprised of the following:

"(A) 3 representatives of the Food and Drug Administration, appointed by the Commissioner.

"(B) 3 representatives of the Environmental Protection Agency, appointed by the Administrator of the Environmental Protection Agency.

"(C) 3 representatives of the Office of Climate Change and Health Equity of the Department of Health and Human Services, appointed by the Secretary.

"(b) REGULATIONS.—Not later than 1 year after the date of enactment of the Green New Deal for Health Act, the Secretary shall promulgate regulations to—

"(1) establish mandatory climate risk disclosure and transparency policies for drugs and devices approved, licensed, or cleared under section 505, 510(k), 513(f)(2), or 515 of this Act or section 351 of the Public Health Service Act; and

"(2) incorporate climate risk into policies related to transparency, labeling, and other regulatory policies related to drugs and devices, based on the recommendations of the task force described in subsection (a).

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

SEC. 403. GREEN HEALTH CARE MANUFACTURING.

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

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

(1) the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), who shall serve as the Chair;

(2) the Secretary of Energy;

(3) the Secretary of Transportation;

(4) the Secretary of Labor;

(5) the Administrator of the Environmental Protection Agency;

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

(7) the Director of Sustainability and Environmental Impact;

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

(9) the United States Trade Representative; and

(10) the heads of other Federal agencies, as determined necessary by the Chair.

(c) DUTIES.—

(1) ASSESSMENT AND REPORT.—

(A) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Council shall conduct an assessment of global and domestic medical supply chains, including an assessment of—

(i) the environmental and climate impacts of medical supply chains, including—

(I) emissions from the production, transportation, and packaging of medical and pharmaceutical products;

(II) chemical and other environmental pollution;

(III) excessive energy consumption;

(IV) negative externalities relating to waste; and

(V) any other environmental or climate impacts the Council determines relevant;

(ii) labor conditions for workers in the United States and globally who produce medical and pharmaceutical products consumed by individuals residing in the United States, including the degree to which such workers—

(I) are ensured a protected right to organize;

(II) are provided adequate workplace safety protections; and

(III) are adequately compensated;

(iii) efficiency and resiliency of processes under medical supply chains, including the ability of medical supply chains to adapt to sudden shifts in demand, including shifts in demand within discrete geographic regions;

(iv) the reliance of the United States on international supply chains for medical products, including information about which types of medical products are primarily manufactured outside of the United States, and where such products are manufactured; and

(v) human rights abuses in manufacturing of medical and pharmaceutical products and sourcing of those products, including abuses of indigenous rights and traditions.

(B) REPORT.—On completion of the assessment conducted under subparagraph (A), the Council shall submit to Congress and make publicly available a report, to be known as the ''Green Health Care Manufacturing Report'', that describes the findings of the assessment.

(2) RECOMMENDATIONS.—

(A) IN GENERAL.—Based on the findings of the assessment conducted under paragraph (1)(A), the Council shall develop recommendations for regulations that would support a medical supply chain that is—

(i) sustainable;

(ii) free of greenhouse gas emissions; and

(iii) based in the United States.

(B) INCLUSIONS.—The proposed regulations under subparagraph (A) shall—

(i) support good labor conditions, worker protections, and employee rights to organize and collectively bargain; and

(ii) ensure the global trade competitiveness of the United States, including by considering the comparative carbon intensity of domestic and internationally manufactured pharmaceuticals and medical products.

(3) GRANT PROGRAM.—Based on the findings of the assessment conducted under paragraph (1)(A), the Council shall develop recommendations for a grant program to be carried out by the Secretary under which the Secretary would make grants for medical manufacturing to support the development and establishment of sustainable and zero-emission medical supply chains based in the United States.

(d) REGULATIONS.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary shall develop and promulgate regulations to support a medical supply chain that is—

(A) sustainable;

(B) free of greenhouse gas emissions; and

(C) based in the United States.

(2) REQUIREMENT.—The Secretary shall develop the regulations under paragraph (1) based on the recommendations for regulations developed by the Council under subsection (c)(2).

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

TITLE V—A HEALTH WORKFORCE TO TACKLE THE CLIMATE CRISIS

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

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

"SEC. 758. EDUCATION AND TRAINING RELATING TO HEALTH RISKS ASSOCIATED WITH CLIMATE CHANGE.

''(a) IN GENERAL.—Not later than 1 year after the date of the enactment of the Green New Deal for Health Act, the Secretary shall establish a competitive grant program to award grants to health professions schools to support the development and integration into such schools of

education and training programs for identifying, treating, and mitigating mental and physical health risks associated with climate change for whole populations and for individuals disproportionately affected by climate change.

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

''(1) How the health profession school will engage with frontline communities to climate change or environmental justice communities, and stakeholder organizations representing such communities, in developing and implementing the education and training programs supported by the grant.

''(2) How the health profession school will engage with individuals disproportionately affected by climate change, and stakeholder organizations representing such individuals, in developing and implementing the education and training programs supported by the grant.

''(3) How the health profession school will ensure that such education and training programs will address racial and ethnic disparities in exposure to,

and the effects of, risks associated with climate change for individuals vulnerable to climate change.

''(4) How the health profession school will build inclusive career opportunities and pathways to build up and expand the health care workforce ready to address the health burdens of climate change.

''(c) USE OF FUNDS.—A health profession school awarded a grant under this section shall use the grant funds to develop, and integrate into the curriculum and continuing education of such health profession school, education and training on each of the following:

''(1) Identifying risks associated with climate change for individuals disproportionately affected by climate change, with consideration of co-morbidities and socioeconomic risk factors.

''(2) Identifying risks to reproductive health associated with climate change for individuals disproportionately affected by climate change.

''(3) How risks and combinations of risks associated with climate change affect individuals disproportionately affected by climate change and individuals with the intent to become pregnant.

''(4) Racial and ethnic disparities in exposure to, and the effects of, risks associated with climate change for individuals disproportionately affected by

climate change and individuals with the intent to become pregnant.

''(5) Patient counseling and mitigation strategies relating to risks associated with climate change for both mental and physical health for individuals disproportionately affected by climate change.

''(6) Relevant services and support for individuals disproportionately affected by climate change relating to risks associated with climate change and strategies for ensuring that such individuals have access to such services and support.

''(7) Implicit and explicit bias, racism, and discrimination.

''(8) Related topics identified by such health profession school based on the engagement of such health profession school with individuals vulnerable to climate change and stakeholder organizations representing such individuals.

''(d) PARTNERSHIPS.—In carrying out activities with grant funds, a health profession school awarded a grant under this section may partner with one or more of the following:

''(1) A State, local, or Tribal public health department.

''(2) A labor union organization representing workers in health care settings.

''(3) A health care professional membership association.

''(4) A patient advocacy organization.

''(5) A community health center or organization.

''(6) A health profession school or other institution of higher education, which may be a health profession school.

''(7) A public school or school district.

''(e) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to health profession schools and partnership organizations to assist application planning and preparation for schools and partnerships that train individuals from, and that serve, medically underserved communities.

''(f) REPORTS TO SECRETARY.—

''(1) ANNUAL REPORT.—For each fiscal year during which a health profession school receives grant funds under this section, such health profession school shall submit to the Secretary a report that describes the activities carried out with such grant funds during such fiscal year.

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

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

''(1) A summary of the reports submitted under subsection (e).

''(2) Recommendations to improve education and training programs at health profession schools with respect to identifying and addressing risks associated with climate change for individuals vulnerable to climate change.

''(h) DEFINITIONS.—In this section:

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

''(2) HEALTH PROFESSION SCHOOL.—The term 'health profession school' means an accredited—

''(A) medical school;

''(B) school of nursing;

''(C) midwifery program or other evidence-based birth care training program;

''(D) physician assistant education program;

''(E) school of psychiatry, psychology, counseling, or social work;

''(F) career and technical education health sciences program;

''(G) public health program;

''(H) community health worker training program;

''(I) teaching hospital;

''(J) residency or fellowship program; or

''(K) other school or program determined appropriate by the Secretary.

''(3) INDIVIDUAL DISPROPORTIONATELY AFFECTED BY CLIMATE CHANGE.—The term 'individual disproportionately affected by climate change' means an individual that may face elevated mental and physical health risks due to climate change based on 2 or more of the following factors:

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

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

''(C) Sex, gender, and gender minority status.

''(D) Being of reproductive age.

''(E) Exposure to environmental health risks due to living conditions or location, including current or past experience of homelessness.

''(F) Occupation or exposure to occupational hazards.

''(G) Household income.

''(H) Disability.

''(I) Co-morbidities.

''(J) Current or past exposure to personal or systemic trauma, including natural disasters.

''(K) Immigration status.

''(L) Language isolation.

''(4) MEDICALLY UNDERSERVED COMMUNITY.—The term 'medically underserved community' has the meaning given such term in section 799B.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section

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

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

Section 399V of the Public Health Service Act (42 U.S.C. 280g–11) is amended—

(1) in subsection (b)—

(A) by redesignating the paragraphs (2) through (6) as paragraphs (4) through (8), respectively;

(B) by inserting after paragraph (1) the following:

''(2) build career paths for community health workers by—

''(A) establishing accessible, inclusive, low-cost or no-cost training, credentialing, or apprenticeship opportunities for community health workers to acquire skills and expertise concerning health risks caused by climate change and environmental hazards;

''(B) establishing accessible, inclusive, low-cost or no-cost educational, training, credentialing, or apprenticeship opportunities for entry into the community health worker profession; or

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

''(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;'';

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

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

(ii) in subparagraph (B)—

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

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

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

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

hazards, climate change, and extreme weather, such as increased heat-related illnesses and injuries, degraded air and water quality, vector-borne illnesses, mental and behavioral health effects, and food, water, and nutrient insecurity to available resources; and'';

(D) in paragraph (7) (as so redesignated), by striking ''and'' after the semicolon;

(E) in paragraph (8) (as so redesignated), by striking the period at the end and inserting a semicolon; and

(F) by adding at the end the following:

''(9) support community health workers in educating, guiding, and providing home visitation services regarding the assessment and mitigation of the health risks of climate change, including geography-specific and condition-specific risks and environmental health hazards and the cumulative health impacts of such risks and hazards; and

''(10) provide outreach and communication to promote preparedness and response strategies to climate change and extreme weather.'';

(2) in subsection (d)—

(A) in paragraph (1)—

(i) in subparagraph (D), by striking ''or'' at the end;

(ii) in subparagraph (E), by adding ''or'' after the semicolon; and

(iii) by adding at the end the following:

''(F) environmental justice communities (as defined in section 2 of the Green New Deal for Health Act);'';

(B) in paragraph (3), by inserting ''and experience training community health workers'' before the semicolon;

(C) in paragraph (4), by striking ''and'' at the end;

(D) in paragraph (5), by striking the period at the end and inserting ''; and''; and

(E) by adding at the end the following:

''(6) have a documented collective bargaining agreement with 1 or more labor organizations representing employees of the applicant or have an explicit policy not to interfere with the rights of employees of the applicant under section 7 of the National Labor Relations Act.'';

(3) by redesignating subsections (e) through (j) as subsections (f) through (k), respectively;

(4) by inserting after subsection (d) the following:

''(e) WORKFORCE EXPANSION.—The Secretary, in consultation with the Secretary of Labor, shall develop a plan to expand the community health workforce by 150,000 workers by 2028 through the creation of career pathways, full-time positions, and training opportunities described in subsection (b).'';

(5) in subsection (j) (as so redesignated), by striking ''$50,000,000 for each of fiscal years 2023 through 2027'' and inserting ''$10,000,000,000 for each of fiscal years 2024 through 2033''; and

(6) in paragraph (1) of subsection (k) (as so redesignated)—

(A) by inserting ''a nonprofit community health organization, a nonprofit community health worker association,'' after ''a public health department,''; and

(B) by striking ''((as defined'' and inserting ''(as defined''.

SEC. 503. SAFEGUARDING ESSENTIAL HEALTH CARE WORKERS.

The Public Health Service Act is amended by inserting after section 319D–1 (42 U.S.C. 247d–4b) the following:

"SEC. 319D–2. EMERGENCY GRANTS TO SAFEGUARD ESSENTIAL HEALTH CARE WORKERS.

''(a) DEFINITIONS.—In this section:

''(1) EMERGENCY OR DISASTER.—The term 'emergency or disaster' means—

''(A) a major disaster declared by the President under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act;

''(B) an emergency declared by the President under section 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act;

''(C) a national emergency declared by the President under the National Emergencies Act;

''(D) a public health emergency declared under section 319; and

''(E) a State or local emergency or disaster, as declared by the applicable State or local government.

''(2) ELIGIBLE HEALTH CARE WORKER.—The term 'eligible health care worker' means an essential health care worker whose work cannot be conducted remotely.

''(3) ESSENTIAL HEALTH CARE WORKER.—The term 'essential health care worker' means—

''(A) a health care provider, including a direct care worker (as defined in section 799B);

''(B) a medical technologist;

''(C) a public health worker;

''(D) an orderly (as defined in the 2010 Standard Occupational Classifications of the Department of Labor under the code for Orderlies (31–1015));

''(E) an environmental service, janitorial, or custodial worker in a health care setting; and

''(F) any other professional role that the Secretary determines is essential to the care of patients or the maintenance of public health.

''(b) GRANTS.—

''(1) IN GENERAL.—The Secretary may make grants to public or private nonprofit health care facilities and home health agencies for use in accordance with paragraph (2).

''(2) USE OF FUNDS.—

''(A) HAZARDOUS DUTY COMPENSATION.—

''(i) IN GENERAL.—The recipient of a grant under paragraph (1) shall use the grant funds to provide hazardous duty compensation to eligible health care workers for work performed during the period

of an emergency or disaster in cases in which the Secretary determines that—

"(I) the performance of the work by the eligible health care worker for the applicable health care facility or home health agency is hazardous; or

"(II) the commute of the eligible health care worker is hazardous.

"(ii) REQUIREMENT.—

"(I) IN GENERAL.—Subject to subclause (II), the amount of hazardous duty compensation under clause (i) shall be not more than $13 per hour, which shall be in addition to the wages or remuneration the eligible health care worker otherwise receives for the work.

"(II) MAXIMUM AMOUNT.—The total amount of hazardous duty compensation received by any 1 eligible health care worker under this subparagraph may not exceed $25,000 per year.

"(B) ADDITIONAL USES.—The recipient of 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-

trator of the Health Resources and Services Administration, shall carry out a program of awarding grants to eligible entities, on a competitive basis, for the purpose of establishing, operating, or expanding community mental wellness and resilience programs.

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

''(2) PLANNING GRANTS.—

''(A) AWARDS.—The Secretary, in coordination with the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Health Resources and Services Administration, shall award grants to entities—

''(i) to organize a resilience coordinating network that meets the requirements of subsection (c)(2);

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

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

''(B) AMOUNT.—The amount of a grant under subparagraph (A), with respect to any resilience coordinating network to be organized for applying for a grant under paragraph (1), shall not exceed $100,000.

''(b) PROGRAM REQUIREMENTS.—A community mental wellness and resilience program funded pursuant to a grant under subsection (a)(1) shall take a public health approach to mental health to strengthen the entire community's psychological and emotional wellness and resilience, including by—

''(1) collecting and analyzing information from residents as well as quantitative data to identify—

''(A) protective factors that enhance and sustain the community's capacity for mental wellness and resilience; and

''(B) risk factors that undermine such capacity;

''(2) strengthening such protective factors and addressing such risk factors;

''(3) building awareness, skills, tools, curricula, and leadership in the community to—

''(A) facilitate using a public health approach to mental health; and

"(B) heal mental health and psychosocial problems among all adults and youth; and

"(4) developing, implementing, and continually evaluating and improving a comprehensive strategic plan for carrying out the activities described in paragraphs (1), (2) and (3) that includes utilizing developmentally, linguistically, and culturally appropriate evidence-based, evidence-informed, promising-best, or indigenous practices for—

"(A) engaging community members in building social connections across cultural, geographic, and economic boundaries;

"(B) enhancing local economic and environmental conditions and environmental resilience, including with respect to the built environment;

"(C) becoming trauma-informed and learning simple self-administrable mental wellness and resilience skills;

"(D) engaging in community activities and mutual aid networks that strengthen mental wellness and resilience;

"(E) partaking in nonclinical group and community-minded recovery and healing programs;

''(F) embedding trauma-informed climate education and mental resilience curricula and programming into schools for students, workers, and the broader community; and

''(G) other activities to promote mental wellness and resilience, manage climate anxiety, and heal individual and community traumas.

''(c) ELIGIBLE ENTITIES.—

''(1) IN GENERAL.—To be eligible to receive a grant under subsection (a)(1), an applicant shall be a nonprofit or community organization that has—

''(A) organized a resilience coordinating network that meets the requirements of paragraph (2); and

''(B) been approved by such resilience coordinating network to serve as its fiscal sponsor.

''(2) RESILIENCE COORDINATING NETWORKS DESCRIBED.—A resilience coordinating network organized under paragraph (1)(A) shall be composed of 1 or more representatives of entities from not fewer than 8 of the following categories:

''(A) Grassroots groups, neighborhood associations, and volunteer civic organizations.

"(B) Elementary and secondary schools, institutions of higher education including community colleges, job-training programs, and other education or training agencies or organizations.

"(C) Youth after-school and summer programs.

"(D) Family and early childhood education programs.

"(E) Faith and spirituality organizations.

"(F) Senior care organizations.

"(G) Climate change mitigation and adaptation, and environmental conservation, groups and organizations.

"(H) Social and environmental justice groups and organizations.

"(I) Disaster preparedness and response groups and organizations.

"(J) Local labor organizations.

"(K) Businesses and business associations.

"(L) Agencies and organizations involved with community safety.

"(M) Social work, mental health, behavioral health, substance use, physical health, and public health professionals; public health agen-

cies and institutions; and mental health, behavioral health, social work, and other professionals, groups, organizations, agencies, and institutions in the health and human services fields.

''(N) The general public, including individuals who have experienced mental health or psychosocial problems who can represent and engage with populations relevant to the community.

''(d) REPORT.—

''(1) SUBMISSION.—Not later than December 31, 2028, the Secretary shall submit a report to the Congress on the results of the grants under subsection (a)(1).

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

''(e) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance—

''(1) to assist eligible entities in developing applications for grants under paragraph (1) or (2) of subsection (a); and

''(2) to enable the sharing of best practices learned from successful resilience coordinating networks.

''(f) DEFINITIONS.—In this section:

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

''(2) The term 'community trauma' means a blow to the basic fabric of social life that damages the bonds attaching people together, impairs their prevailing sense of community, undermines their fundamental sense of safety, justice, equity, and security, and heightens individual and collective fears and feelings of vulnerability.

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

''(A) realize their own potential;

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

''(C) work productively and fruitfully; and

''(D) make a contribution to their community.

"(4) The term 'protective factors' means strengths, skills, resources, and characteristics that—

"(A) are associated with a lower likelihood of negative outcomes of adversities; or

"(B) reduce the impact on people of toxic stresses or a traumatic experience.

"(5) The term 'psychosocial problem' means the ways in which an individual's mental health or behavioral health problem disturbs others such as children, families, communities, or society.

"(6) The term 'public health approach to mental health' means methods that—

"(A) take a population-level approach to promote mental wellness and resilience to prevent problems before they emerge and heal them when they do appear, not merely treating individuals one at a time after symptoms of pathology appear; and

"(B) address mental health and psychosocial problems by—

"(i) identifying and strengthening existing protective factors, and forming new ones, that buffer people from and enhance

their capacity for psychological and emotional resilience; and

''(ii) taking a holistic systems perspective that recognizes that most mental health and psychosocial problems result from numerous interrelated personal, family, social, economic, and environmental factors that require multipronged community-based interventions.

''(7) The term 'resilience' means that people develop cognitive, psychological, emotional capabilities and social connections that enable them to calm their body, mind, emotions, and behaviors during toxic stresses or traumatic experiences in ways that enable them to—

''(A) respond without negative consequences for themselves or others; and

''(B) use the experiences as catalysts to develop a constructive new sense of meaning, purpose, and hope.

''(8) The term 'Secretary' means the Secretary, acting through the Director of the Centers for Disease Control and Prevention.

''(9) The term 'toxic stress' means exposure to a persistent overwhelming traumatic and stressful situations.

''(g) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $100,000,000 for each of fiscal years 2024 through 2028.

''(2) RURAL COMMUNITIES.—The Secretary shall award not less than 20 percent of the amounts made available under paragraph (1) for grants under paragraphs (1) and (2) of subsection (a) to eligible entities that are establishing, operating, or expanding community mental wellness and resilience programs that are located in or serve a rural area (as defined in section 520 of the Housing Act of 1949 (42 U.S.C. 1490)).

''(3) ENVIRONMENTAL JUSTICE COMMUNITIES.—The Secretary shall award not less than 20 percent of the amounts made available under paragraph (1) for grants under paragraphs (1) and (2) of subsection (a) to eligible entities that are establishing, operating, or expanding community mental 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.

(5) PLANNING.—The term ''planning'' means activities performed across timescales (including days, weeks, months, years, and decades) with scenario-based, probabilistic or deterministic information to identify and take actions to proactively mitigate heat-health risks from increased frequency, duration, and intensity of heat waves and increased ambient temperature.

(6) PREPAREDNESS.—The term ''preparedness'' means activities performed across timescales (including days, weeks, months, years, and decades) with probabilistic or deterministic information to manage risk in advance of a heat event and increased ambient temperature.

(7) TRIBAL GOVERNMENT.—The term ''Tribal government'' means the recognized governing body of any Indian or Alaska Native tribe, band, nation, pueblo, village, community, component band, or component reservation, individually identified (including parenthetically) in the list published most recently as of the date of enactment of this Act pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 5131).

(8) VULNERABLE POPULATIONS.—The term ''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;

(B) provide recommendations for addressing gaps identified under subparagraph (A);

(C) provide recommendations, in addition to the recommendations provided under subparagraph (B), which may include strategies for—

(i) communicating warnings to and promoting resilience of populations vulnerable to extreme heat;

(ii) distributing extreme heat warnings, including to individuals with limited English proficiency and individuals who may have other established barriers to such information;

(iii) designing warnings described in clause (ii) to convey the urgency and severity of heat events and achieve behavior changes that reduce the mortality and morbidity of extreme heat effects;

(iv) understanding compound and cascading risks to inform development and implementation of heat-health risk reduction interventions; and

(v) promoting community resilience and addressing specific decision support

service needs of vulnerable populations; and

(D) consider the effectiveness of country- or local-level heat awareness and communication tools, preparedness plans, or mitigation.

(3) DEVELOPMENT OF DEFINITIONS.—In conducting the study described in paragraph (1), the National Academies of Sciences, Engineering, and Medicine shall work with heat and health experts to identify consistent and agreed upon definitions for heat events, heat waves, and other relevant terms.

(b) REPORT.—Not later than 90 days after completion of the study described in subsection (a)(1), the Under Secretary of Commerce for Oceans and Atmosphere shall—

(1) make available to the public on an internet website of the National Oceanic and Atmospheric Administration a report on the findings and conclusions of the study; and

(2) submit the report to—

(A) the Committee on Commerce, Science, and Transportation of the Senate;

(B) the Committee on Health, Education, Labor, and Pensions of the Senate;

(C) the Committee on Science, Space, and Technology of the House of Representatives;

(D) the Committee on Energy and Commerce of the House of Representatives; and

(E) the Committee on Education and the Workforce of the House of Representatives.

SEC. 613. FINANCIAL ASSISTANCE FOR RESEARCH AND RESILIENCE IN ADDRESSING EXTREME HEAT RISKS.

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

(b) PURPOSE.—The purpose of the financial assistance provided under this section is to further scientific research regarding extreme heat and fund efforts to educate communities about extreme heat.

(c) FORMS OF ASSISTANCE.—Financial assistance provided under this section may be in the form of contracts, grants, or cooperative agreements.

(d) ELIGIBLE ENTITIES.—Entities eligible to receive financial assistance under this section to carry out projects described in subsection (e) include—

(1) nonprofit entities;

(2) academic institutions;

(3) States;

(4) Tribal governments;

(5) local governments; and

(6) political subdivisions of States, Tribal governments, and local governments.

(e) ELIGIBLE PROJECTS.—Projects described in this subsection include projects—

(1) to expand public awareness of heat risks;

(2) to conduct heat mapping campaigns;

(3) to conduct scientific research to assess gaps and priorities regarding the risks of extreme heat in communities;

(4) to communicate risks to isolated communities; and

(5) to educate such communities about how to respond to extreme heat events.

(f) PRIORITIES.—In selecting eligible entities to receive financial assistance under this section, the Under Secretary of Commerce for Oceans and Atmosphere shall prioritize entities that will carry out projects that provide

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

SEC. 614. AUTHORIZATION OF APPROPRIATIONS.

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

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

Subtitle C—Home Resiliency for Medical Needs

SEC. 621. MEDICARE COVERAGE OF MEDICALLY NECESSARY HOME RESILIENCY SERVICES.

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

(1) in subsection (s)(2)—

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

(B) in subparagraph (JJ), by inserting ''and'' at the end; and

(C) by adding at the end the following new subparagraph:

''(KK) in the case of an individual who is medically at-risk in the event of a climate or manmade disaster (as determined by the Secretary in accordance with subsection (nnn)), home resiliency services (as defined in such subsection);''; and

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

''(nnn) HOME RESILIENCY SERVICES; DETERMINATION OF INDIVIDUALS MEDICALLY AT-RISK.—

''(1) HOME RESILIENCY SERVICES.—The term 'home resiliency services' means items and services—

''(A) furnished on or after January 1, 2024, to an individual described in subsection (s)(2)(KK); and

''(B) that the Secretary determines are medically necessary for such individual in the case of a climate or manmade disaster, such as a heat pump for an individual vulnerable to extreme temperatures, solar batteries for an individual reliant on electrical medical equipment

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

''(2) DETERMINATION OF INDIVIDUALS MEDICALLY AT-RISK.—For purposes of subsection (s)(2)(KK) and this subsection, the Secretary, in consultation with the Office of Climate Change and Health Equity, the National Institutes of Health, the Centers of Medicare & Medicaid Services, and the National Oceanic and Atmospheric Administration, shall establish a process to determine the conditions under which an individual would be determined to be medically at-risk in the event of a disaster or climate hazards, including extreme heat, extreme cold, flooding, and loss of power. Such a process shall consider—

''(A) geography-specific climate risks and regional preparedness for different climate risks;

''(B) the regional history of disaster or climate hazards and infrastructure failure in the preceding 20 years or the forward-looking predicted risk of disaster or climate hazards and infrastructure failure in the next 20 years;

''(C) medical reliance on equipment, pharmaceuticals, mobility aids, and other supplies that are sensitive to exposure to extreme temperatures, poor air quality, flooding and water damage, or dependent on electrical power; and

''(D) chronic medical conditions, disabilities, and comorbidities that increase patient vulnerability during disaster.''.

(b) PAYMENT.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended—

(1) by striking ''and'' before ''(HH)''; and

(2) by inserting before the semicolon at the end the following: ''and (II) with respect to home resiliency services described in section 1861(s)(2)(KK), the amount paid shall be an amount equal to 100 percent of the lesser of the actual charge for the services or the amount determined under a fee 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.

''(c) ACTIVITIES.—In carrying out the Initiative, the President, acting through the Office of Climate Change and Health Equity, the Interagency Committee, and such agency heads as the President considers appropriate, shall carry out activities that include the following:

''(1) Supporting research to understand, predict, and prevent the health burdens of climate change and improve the ability to treat health harms due to climate change, including—

''(A) research to understand and predict the impacts of climate change on both physical and mental health, including disproportionate impacts based on race, ethnicity, language, gender, sex, pregnancy status, disability, age, location, occupation, and immigration status;

''(B) research into, and mitigation of, adverse mental and physical health effects of historical and ongoing environmental racism and the subsequent combined health risk of climate change and environmental pollution;

''(C) research to model and predict occupational hazards that will occur or intensify due to climate change;

''(D) development of medical education curricula relating to the clinical hazards of, and

interventions for, climate-change based health burdens;

''(E) research to address climate-related housing and community development issues, including the impact of, and mitigation strategies for, challenges such as isolation, low-quality housing, housing precarity, and homelessness, and the vulnerabilities and the mental and physical health risks those challenges present; and

''(F) research to study the social and economic factors and policies that create healthy, resilient communities prepared to adapt to the challenges posed by climate change.

''(2) Supporting research and development of sustainable and equitable health care operations and clinical practices that reduce greenhouse gas emissions, climate risk, and environmental health hazards, including—

''(A) research into effective models of health care delivery—

''(i) to mitigate the impact of long-standing climate change and environmental hazards on health; and

"(ii) in preparation for, and in response to, climate disasters;

"(B) research to model and predict the necessary health care capacity surplus required to absorb both acute and chronic surges in health care demand due to climate-generated health burden, with attention to geographical climate risks and patient demographic health care needs;

"(C) the development of methods to reduce health sector environmental pollution;

"(D) research into, and mitigation of, the environmental impacts of hazardous substances used in health care and the health care supply chain, including the placement of facilities that use hazardous substances and the proximity of those facilities to historically marginalized communities;

"(E)(i) research and development of innovations that shift the lifecycle of medical supplies and devices from single use to sustainable, circular economies, including low-environmental impact sterilization techniques; and

''(ii) support of public-private partnerships that enable scientific translation of those innovations;

''(F) the development of clinically-equivalent and improved, low-climate-footprint interventions and pharmaceuticals and the study of the environmental impacts of those interventions and pharmaceuticals to enable high-quality, environmentally conscious clinical decision making; and

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

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

"SEC. 399OO–1. INTERAGENCY COORDINATION.

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

partments, offices, and agencies described in subsection (b)(1).

"(b) MEMBERSHIP.—

"(1) IN GENERAL.—The membership of the Interagency Committee shall consist of—

"(A) 3 representatives of the Department of Health and Human Services, which shall include—

"(i) 1 representative of the Office of Climate Change and Health Equity; and

"(ii) 1 representative of the National Institutes of Health;

"(B) 1 representative of the Office of Science and Technology Policy;

"(C) 1 representative of the National Science Foundation;

"(D) 1 representative of the Environmental Protection Agency;

"(E) 1 representative of the Department of Energy;

"(F) 1 representative of the Department of Housing and Urban Development; and

"(G) 1 representative of the Department of Labor.

''(2) CO-CHAIRS.—The Interagency Committee shall be co-chaired by the representatives described in subparagraphs (A)(i) and (B) of paragraph (1).

''(c) MEETINGS.—The Interagency Committee shall meet not less frequently than quarterly.

''(d) DUTIES.—The Interagency Committee shall—

''(1) provide for interagency coordination of the activities of the Initiative;

''(2) develop a plan that describes how the departments, offices, and agencies described in subsection (b)(1) will collectively carry out the activities described in section 399OO(c), including—

''(A) a description of how each department, office, and agency will execute a subset of the activities described in that section; and

''(B) a description of collaborations across the departments, offices, and agencies;

''(3) annually submit to Congress a report describing the progress of the Initiative, activities of the Interagency Committee, and policy recommendations that derive from the results of the Initiative; and

''(4) as part of the President's annual budget request to Congress, propose an annually coordinated interagency budget for the Initiative to the Of-

fice of Management and Budget that is intended to ensure that the balance of funding across the Initiative is sufficient to meet the goals and priorities established for the Initiative.

"SEC. 399OO–2. ADVISORY COUNCIL.

"(a) IN GENERAL.—The Secretary shall establish an advisory council (referred to in this section as the 'Advisory Council') to advise and provide recommendations to the Initiative.

"(b) MEMBERSHIP.—

"(1) IN GENERAL.—The membership of the Advisory Council shall consist of—

"(A) the members of the Interagency Committee; and

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

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

"(A) Not more than 4 members who are representatives of research institutions, academic institutions, or medical industry entities.

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

defined in section 1861(mm)(1) of the Social Security Act).

''(C) Not fewer than 1 member who is a representative of a hospital that receives disproportionate share payments under section 1886(d)(5)(F) of the Social Security Act.

''(D) Not fewer than 1 member who is a representative of a community health center receiving funding under section 330.

''(E) Not fewer than 1 member who is a representative of an Indian Health Service facility operated by an Indian tribe or tribal organization (as defined in section 4 of the Indian Health Care Improvement Act).

''(F) Not fewer than 1 member who is a representative of a State, local, or Tribal department of public health.

''(G) Not fewer than 4 members who—

''(i) are representatives of labor organizations representing health care workers; and

''(ii) collectively represent a diversity of health care professions, such as workers in environmental services, direct care workers, nurses, and physicians.

"(H) Not fewer than 4 members who are representatives of community-based patient advocacy or public health advocacy organizations, each of which are from different geographic regions of the United States.

"(3) DIVERSE REPRESENTATION.—The Secretary shall ensure that the membership of the Advisory Council reflects the diversity of the patient populations that are geographically and demographically representative of the United States, especially frontline populations and populations that are subject to negative disparate outcomes in health.

"(4) DUTIES.—The Advisory Council shall advise the President and the Secretary on matters relating to the Initiative, including recommendations related to—

"(A) the research and innovation needs of frontline communities, environmental justice communities (as defined in section 2 of the Green New Deal for Health Act), medically underserved communities (as defined in section 799B), and individuals vulnerable to climate change;

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

pacts of climate change and the impact of health care on climate;

''(C) emerging research and innovation needs from clinical practice;

''(D) whether issues of health disparities are adequately addressed by the Initiative;

''(E) the balance of activities and funding across the Initiative;

''(F) bottlenecks in translating research findings into clinical advances, mitigation strategies, and workplace safety; and

''(G) accountability and ethical use of research funds.

''(5) MEETINGS.—The Advisory Council shall meet not less frequently than annually, and such meetings shall be open to the public.

''(6) TERMINATION.—The Advisory Council shall terminate on December 31, 2033.

''SEC. 399OO–3. AUTHORIZATION OF APPROPRIATIONS.

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