

117TH CONGRESS  
1ST SESSION

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

To direct the Secretary of Health and Human Services to establish a grant program to protect vulnerable mothers and babies from climate change risks, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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

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**A BILL**

To direct the Secretary of Health and Human Services to establish a grant program to protect vulnerable mothers and babies from climate change risks, and for other purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Protecting Moms and Babies Against Climate Change  
6 Act”.

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

- Sec. 1. Short title; table of contents.  
Sec. 2. Grant program to protect vulnerable mothers and babies from climate change risks.  
Sec. 3. Grant program for education and training at health profession schools.  
Sec. 4. NIH Consortium on Birth and Climate Change Research.  
Sec. 5. Strategy for identifying climate change risk zones for vulnerable mothers and babies.  
Sec. 6. Definitions.

1 **SEC. 2. GRANT PROGRAM TO PROTECT VULNERABLE**  
2 **MOTHERS AND BABIES FROM CLIMATE**  
3 **CHANGE RISKS.**

4 (a) IN GENERAL.—Not later than 180 days after the  
5 date of the enactment of this Act, the Secretary of Health  
6 and Human Services shall establish a grant program (in  
7 this section referred to as the “Program”) to protect vul-  
8 nerable individuals from risks associated with climate  
9 change.

10 (b) GRANT AUTHORITY.—In carrying out the Pro-  
11 gram, the Secretary may award, on a competitive basis,  
12 grants to 10 covered entities.

13 (c) APPLICATIONS.—To be eligible for a grant under  
14 the Program, a covered entity shall submit to the Sec-  
15 retary an application at such time, in such form, and con-  
16 taining such information as the Secretary may require,  
17 which shall include, at a minimum, a description of the  
18 following:

19 (1) Plans for the use of grant funds awarded  
20 under the Program and how patients and stake-

1 holder organizations were involved in the develop-  
2 ment of such plans.

3 (2) How such grant funds will be targeted to  
4 geographic areas that have disproportionately high  
5 levels of risks associated with climate change for vul-  
6 nerable individuals.

7 (3) How such grant funds will be used to ad-  
8 dress racial and ethnic disparities in—

9 (A) adverse maternal and infant health  
10 outcomes; and

11 (B) exposure to risks associated with cli-  
12 mate change for vulnerable individuals.

13 (4) Strategies to prevent an initiative assisted  
14 with such grant funds from causing—

15 (A) adverse environmental impacts;

16 (B) displacement of residents and busi-  
17 nesses;

18 (C) rent and housing price increases; or

19 (D) disproportionate adverse impacts on  
20 racial and ethnic minority groups and other un-  
21 derserved populations.

22 (d) SELECTION OF GRANT RECIPIENTS.—

23 (1) TIMING.—Not later than 270 days after the  
24 date of the enactment of this Act, the Secretary

1 shall select the recipients of grants under the Pro-  
2 gram.

3 (2) CONSULTATION.—In selecting covered enti-  
4 ties for grants under the Program, the Secretary  
5 shall consult with—

6 (A) representatives of stakeholder organi-  
7 zations;

8 (B) the Administrator of the Environ-  
9 mental Protection Agency;

10 (C) the Administrator of the National Oce-  
11 anic and Atmospheric Administration; and

12 (D) from the Department of Health and  
13 Human Services—

14 (i) the Deputy Assistant Secretary for  
15 Minority Health;

16 (ii) the Administrator of the Centers  
17 for Medicare & Medicaid Services;

18 (iii) the Administrator of the Health  
19 Resources and Services Administration;

20 (iv) the Director of the National Insti-  
21 tutes of Health; and

22 (v) the Director of the Centers for  
23 Disease Control and Prevention.

24 (3) PRIORITY.—In selecting a covered entity to  
25 be awarded a grant under the Program, the Sec-

1       retary shall give priority to covered entities that  
2       serve a county—

3               (A) designated, or located in an area des-  
4               ignated, as a nonattainment area pursuant to  
5               section 107 of the Clean Air Act (42 U.S.C.  
6               7407) for any air pollutant for which air quality  
7               criteria have been issued under section 108(a)  
8               of such Act (42 U.S.C. 7408(a));

9               (B) with a level of vulnerability of mod-  
10              erate-to-high or higher, according to the Social  
11              Vulnerability Index of the Centers for Disease  
12              Control and Prevention; or

13              (C) with temperatures that pose a risk to  
14              human health, as determined by the Secretary,  
15              in consultation with the Administrator of the  
16              National Oceanic and Atmospheric Administra-  
17              tion and the Chair of the United States Global  
18              Change Research Program, based on the best  
19              available science.

20              (4) LIMITATION.—A recipient of grant funds  
21              under the Program may not use such grant funds to  
22              serve a county that is served by any other recipient  
23              of a grant under the Program.

1 (e) USE OF FUNDS.—A covered entity awarded grant  
2 funds under the Program may only use such grant funds  
3 for the following:

4 (1) Initiatives to identify risks associated with  
5 climate change for vulnerable individuals and to pro-  
6 vide services and support to such individuals that  
7 address such risks, which may include—

8 (A) training for health care providers,  
9 doulas, and other employees in hospitals, birth  
10 centers, midwifery practices, and other health  
11 care practices that provide prenatal or labor  
12 and delivery services to vulnerable individuals  
13 on the identification of, and patient counseling  
14 relating to, risks associated with climate change  
15 for vulnerable individuals;

16 (B) hiring, training, or providing resources  
17 to community health workers and perinatal  
18 health workers who can help identify risks asso-  
19 ciated with climate change for vulnerable indi-  
20 viduals, provide patient counseling about such  
21 risks, and carry out the distribution of relevant  
22 services and support;

23 (C) enhancing the monitoring of risks as-  
24 sociated with climate change for vulnerable in-  
25 dividuals, including by—

1 (i) collecting data on such risks in  
2 specific census tracts, neighborhoods, or  
3 other geographic areas; and

4 (ii) sharing such data with local  
5 health care providers, doulas, and other  
6 employees in hospitals, birth centers, mid-  
7 wifery practices, and other health care  
8 practices that provide prenatal or labor  
9 and delivery services to local vulnerable in-  
10 dividuals; and

11 (D) providing vulnerable individuals—

12 (i) air conditioning units, residential  
13 weatherization support, filtration systems,  
14 household appliances, or related items;

15 (ii) direct financial assistance; and

16 (iii) services and support, including  
17 housing and transportation assistance, to  
18 prepare for or recover from extreme weath-  
19 er events, which may include floods, hurri-  
20 canes, wildfires, droughts, and related  
21 events.

22 (2) Initiatives to mitigate levels of and exposure  
23 to risks associated with climate change for vulner-  
24 able individuals, which shall be based on the best

1 available science and which may include initiatives  
2 to—

3 (A) develop, maintain, or expand urban or  
4 community forestry initiatives and tree canopy  
5 coverage initiatives;

6 (B) improve infrastructure, including  
7 buildings and paved surfaces;

8 (C) develop or improve community out-  
9 reach networks to provide culturally and lin-  
10 guistically appropriate information and notifica-  
11 tions about risks associated with climate change  
12 for vulnerable individuals; and

13 (D) provide enhanced services to racial and  
14 ethnic minority groups and other underserved  
15 populations.

16 (f) LENGTH OF AWARD.—A grant under this section  
17 shall be disbursed over 4 fiscal years.

18 (g) TECHNICAL ASSISTANCE.—The Secretary shall  
19 provide technical assistance to a covered entity awarded  
20 a grant under the Program to support the development,  
21 implementation, and evaluation of activities funded with  
22 such grant.

23 (h) REPORTS TO SECRETARY.—

24 (1) ANNUAL REPORT.—For each fiscal year  
25 during which a covered entity is disbursed grant



1 funds under the Program, such covered entity shall  
2 submit to the Secretary a report that summarizes  
3 the activities carried out by such covered entity with  
4 such grant funds during such fiscal year, which shall  
5 include a description of the following:

6 (A) The involvement of stakeholder organi-  
7 zations in the implementation of initiatives as-  
8 sisted with such grant funds.

9 (B) Relevant health and environmental  
10 data, disaggregated, to the extent practicable,  
11 by race, ethnicity, gender, and pregnancy sta-  
12 tus.

13 (C) Qualitative feedback received from vul-  
14 nerable individuals with respect to initiatives  
15 assisted with such grant funds.

16 (D) Criteria used in selecting the geo-  
17 graphic areas assisted with such grant funds.

18 (E) Efforts to address racial and ethnic  
19 disparities in adverse maternal and infant  
20 health outcomes and in exposure to risks associ-  
21 ated with climate change for vulnerable individ-  
22 uals.

23 (F) Any negative and unintended impacts  
24 of initiatives assisted with such grant funds, in-  
25 cluding—

- 1 (i) adverse environmental impacts;  
2 (ii) displacement of residents and  
3 businesses;  
4 (iii) rent and housing price increases;  
5 and  
6 (iv) disproportionate adverse impacts  
7 on racial and ethnic minority groups and  
8 other underserved populations.

9 (G) How the covered entity will address  
10 and prevent any impacts described in subpara-  
11 graph (F).

12 (2) PUBLICATION.—Not later than 30 days  
13 after the date on which a report is submitted under  
14 paragraph (1), the Secretary shall publish such re-  
15 port on a public website of the Department of  
16 Health and Human Services.

17 (i) REPORT TO CONGRESS.—Not later than the date  
18 that is 5 years after the date on which the Program is  
19 established, the Secretary shall submit to Congress and  
20 publish on a public website of the Department of Health  
21 and Human Services a report on the results of the Pro-  
22 gram, including the following:

23 (1) Summaries of the annual reports submitted  
24 under subsection (h).

1           (2) Evaluations of the initiatives assisted with  
2 grant funds under the Program.

3           (3) An assessment of the effectiveness of the  
4 Program in—

5                 (A) identifying risks associated with cli-  
6 mate change for vulnerable individuals;

7                 (B) providing services and support to such  
8 individuals;

9                 (C) mitigating levels of and exposure to  
10 such risks; and

11                (D) addressing racial and ethnic disparities  
12 in adverse maternal and infant health outcomes  
13 and in exposure to such risks.

14           (4) A description of how the Program could be  
15 expanded, including—

16                 (A) monitoring efforts or data collection  
17 that would be required to identify areas with  
18 high levels of risks associated with climate  
19 change for vulnerable individuals;

20                 (B) how such areas could be identified  
21 using the strategy developed under section 5;  
22 and

23                 (C) recommendations for additional fund-  
24 ing.

1 (j) COVERED ENTITY DEFINED.—In this section, the  
2 term “covered entity” means a consortium of organiza-  
3 tions serving a county that—

4 (1) shall include a community-based organiza-  
5 tion; and

6 (2) may include—

7 (A) another stakeholder organization;

8 (B) the government of such county;

9 (C) the governments of one or more mu-  
10 nicipalities within such county;

11 (D) a State or local public health depart-  
12 ment or emergency management agency;

13 (E) a local health care practice, which may  
14 include a licensed and accredited hospital, birth  
15 center, midwifery practice, or other health care  
16 practice that provides prenatal or labor and de-  
17 livery services to vulnerable individuals;

18 (F) an Indian tribe or tribal organization  
19 (as such terms are defined in section 4 of the  
20 Indian Self-Determination and Education As-  
21 sistance Act (25 U.S.C. 5304));

22 (G) an Urban Indian organization (as de-  
23 fined in section 4 of the Indian Health Care  
24 Improvement Act (25 U.S.C. 1603)); and

25 (H) an institution of higher education.

1 (k) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section  
3 \$100,000,000 for fiscal years 2021 through 2024.

4 **SEC. 3. GRANT PROGRAM FOR EDUCATION AND TRAINING**  
5 **AT HEALTH PROFESSION SCHOOLS.**

6 (a) IN GENERAL.—Not later than 1 year after the  
7 date of the enactment of this Act, the Secretary of Health  
8 and Human Services shall establish a grant program (in  
9 this section referred to as the “Program”) to provide  
10 funds to health profession schools to support the develop-  
11 ment and integration of education and training programs  
12 for identifying and addressing risks associated with cli-  
13 mate change for vulnerable individuals.

14 (b) GRANT AUTHORITY.—In carrying out the Pro-  
15 gram, the Secretary may award, on a competitive basis,  
16 grants to health profession schools.

17 (c) APPLICATION.—To be eligible for a grant under  
18 the Program, a health profession school shall submit to  
19 the Secretary an application at such time, in such form,  
20 and containing such information as the Secretary may re-  
21 quire, which shall include, at a minimum, a description  
22 of the following:

23 (1) How such health profession school will en-  
24 gage with vulnerable individuals, and stakeholder or-  
25 ganizations representing such individuals, in devel-

1       oping and implementing the education and training  
2       programs supported by grant funds awarded under  
3       the Program.

4               (2) How such health profession school will en-  
5       sure that such education and training programs will  
6       address racial and ethnic disparities in exposure to,  
7       and the effects of, risks associated with climate  
8       change for vulnerable individuals.

9       (d) USE OF FUNDS.—A health profession school  
10      awarded a grant under the Program shall use the grant  
11      funds to develop, and integrate into the curriculum and  
12      continuing education of such health profession school, edu-  
13      cation and training on each of the following:

14              (1) Identifying risks associated with climate  
15      change for vulnerable individuals and individuals  
16      with the intent to become pregnant.

17              (2) How risks associated with climate change  
18      affect vulnerable individuals and individuals with the  
19      intent to become pregnant.

20              (3) Racial and ethnic disparities in exposure to,  
21      and the effects of, risks associated with climate  
22      change for vulnerable individuals and individuals  
23      with the intent to become pregnant.

1           (4) Patient counseling and mitigation strategies  
2 relating to risks associated with climate change for  
3 vulnerable individuals.

4           (5) Relevant services and support for vulnerable  
5 individuals relating to risks associated with climate  
6 change and strategies for ensuring vulnerable indi-  
7 viduals have access to such services and support.

8           (6) Implicit and explicit bias, racism, and dis-  
9 crimination.

10           (7) Related topics identified by such health pro-  
11 fession school based on the engagement of such  
12 health profession school with vulnerable individuals  
13 and stakeholder organizations representing such in-  
14 dividuals.

15           (e) PARTNERSHIPS.—In carrying out activities with  
16 grant funds, a health profession school awarded a grant  
17 under the Program may partner with one or more of the  
18 following:

19           (1) A State or local public health department.

20           (2) A health care professional membership or-  
21 ganization.

22           (3) A stakeholder organization.

23           (4) A health profession school.

24           (5) An institution of higher education.

25           (f) REPORTS TO SECRETARY.—

1           (1) ANNUAL REPORT.—For each fiscal year  
2 during which a health profession school is disbursed  
3 grant funds under the Program, such health profes-  
4 sion school shall submit to the Secretary a report  
5 that describes the activities carried out with such  
6 grant funds during such fiscal year.

7           (2) FINAL REPORT.—Not later than the date  
8 that is 1 year after the end of the last fiscal year  
9 during which a health profession school is disbursed  
10 grant funds under the Program, the health profes-  
11 sion school shall submit to the Secretary a final re-  
12 port that summarizes the activities carried out with  
13 such grant funds.

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

19           (1) A summary of the reports submitted under  
20 subsection (f).

21           (2) Recommendations to improve education and  
22 training programs at health profession schools with  
23 respect to identifying and addressing risks associ-  
24 ated with climate change for vulnerable individuals.



1 (h) HEALTH PROFESSION SCHOOL DEFINED.—In  
2 this section, the term “health profession school” means  
3 an accredited—

4 (1) medical school;

5 (2) school of nursing;

6 (3) midwifery program;

7 (4) physician assistant education program;

8 (5) teaching hospital;

9 (6) residency or fellowship program; or

10 (7) other school or program determined appro-  
11 priate by the Secretary.

12 (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
13 authorized to be appropriated to carry out this section  
14 \$5,000,000 for fiscal years 2021 through 2024.

15 **SEC. 4. NIH CONSORTIUM ON BIRTH AND CLIMATE CHANGE**  
16 **RESEARCH.**

17 (a) ESTABLISHMENT.—Not later than 1 year after  
18 the date of the enactment of this Act, the Director of the  
19 National Institutes of Health shall establish the Consor-  
20 tium on Birth and Climate Change Research (in this sec-  
21 tion referred to as the “Consortium”).

22 (b) DUTIES.—

23 (1) IN GENERAL.—The Consortium shall co-  
24 ordinate, across the institutes, centers, and offices of  
25 the National Institutes of Health, research on the

1 risks associated with climate change for vulnerable  
2 individuals.

3 (2) REQUIRED ACTIVITIES.—In carrying out  
4 paragraph (1), the Consortium shall—

5 (A) establish research priorities, including  
6 by prioritizing research that—

7 (i) identifies the risks associated with  
8 climate change for vulnerable individuals  
9 with a particular focus on disparities in  
10 such risks among racial and ethnic minor-  
11 ity groups and other underserved popu-  
12 lations; and

13 (ii) identifies strategies to reduce lev-  
14 els of, and exposure to, such risks, with a  
15 particular focus on risks among racial and  
16 ethnic minority groups and other under-  
17 served populations;

18 (B) identify gaps in available data related  
19 to such risks;

20 (C) identify gaps in, and opportunities for,  
21 research collaborations;

22 (D) identify funding opportunities for com-  
23 munity-based organizations and researchers  
24 from racially, ethnically, and geographically di-  
25 verse backgrounds; and

1 (E) publish annual reports on the work  
2 and findings of the Consortium on a public  
3 website of the National Institutes of Health.

4 (c) MEMBERSHIP.—The Director shall appoint to the  
5 Consortium representatives of such institutes, centers, and  
6 offices of the National Institutes of Health as the Director  
7 considers appropriate, including, at a minimum, rep-  
8 resentatives of—

9 (1) the National Institute of Environmental  
10 Health Sciences;

11 (2) the National Institute on Minority Health  
12 and Health Disparities;

13 (3) the Eunice Kennedy Shriver National Insti-  
14 tute of Child Health and Human Development;

15 (4) the National Institute of Nursing Research;  
16 and

17 (5) the Office of Research on Women’s Health.

18 (d) CHAIRPERSON.—The Chairperson of the Consor-  
19 tium shall be designated by the Director and selected from  
20 among the representatives appointed under subsection (c).

21 (e) CONSULTATION.—In carrying out the duties de-  
22 scribed in subsection (b), the Consortium shall consult  
23 with—

24 (1) the heads of relevant Federal agencies, in-  
25 cluding—

1 (A) the Environmental Protection Agency;

2 (B) the National Oceanic and Atmospheric  
3 Administration;

4 (C) the Occupational Safety and Health  
5 Administration; and

6 (D) from the Department of Health and  
7 Human Services—

8 (i) the Office of Minority Health in  
9 the Office of the Secretary;

10 (ii) the Centers for Medicare & Med-  
11 icaid Services;

12 (iii) the Health Resources and Serv-  
13 ices Administration;

14 (iv) the Centers for Disease Control  
15 and Prevention;

16 (v) the Indian Health Service; and

17 (vi) the Administration for Children  
18 and Families; and

19 (2) representatives of—

20 (A) stakeholder organizations;

21 (B) health care providers and professional  
22 membership organizations with expertise in ma-  
23 ternal health or environmental justice;

24 (C) State and local public health depart-  
25 ments;

1 (D) licensed and accredited hospitals, birth  
2 centers, midwifery practices, or other health  
3 care practices that provide prenatal or labor  
4 and delivery services to vulnerable individuals;  
5 and

6 (E) institutions of higher education, in-  
7 cluding such institutions that are minority-serv-  
8 ing institutions or have expertise in maternal  
9 health or environmental justice.

10 **SEC. 5. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**  
11 **RISK ZONES FOR VULNERABLE MOTHERS**  
12 **AND BABIES.**

13 (a) IN GENERAL.—The Secretary of Health and  
14 Human Services, acting through the Director of the Cen-  
15 ters for Disease Control and Prevention, shall develop a  
16 strategy (in this section referred to as the “Strategy”) for  
17 designating areas that the Secretary determines to have  
18 a high risk of adverse maternal and infant health out-  
19 comes among vulnerable individuals as a result of risks  
20 associated with climate change.

21 (b) STRATEGY REQUIREMENTS.—

22 (1) IN GENERAL.—In developing the Strategy,  
23 the Secretary shall establish a process to identify  
24 areas where vulnerable individuals are exposed to a  
25 high risk of adverse maternal and infant health out-

1 comes as a result of risks associated with climate  
2 change in conjunction with other factors that can  
3 impact such health outcomes, including—

4 (A) the incidence of diseases associated  
5 with air pollution, extreme heat, and other envi-  
6 ronmental factors;

7 (B) the availability and accessibility of ma-  
8 ternal and infant health care providers;

9 (C) English-language proficiency among  
10 women of reproductive age;

11 (D) the health insurance status of women  
12 of reproductive age;

13 (E) the number of women of reproductive  
14 age who are members of racial or ethnic groups  
15 with disproportionately high rates of adverse  
16 maternal and infant health outcomes;

17 (F) the socioeconomic status of women of  
18 reproductive age, including with respect to—

19 (i) poverty;

20 (ii) unemployment;

21 (iii) household income; and

22 (iv) educational attainment; and

23 (G) access to quality housing, transpor-  
24 tation, and nutrition.

1           (2) RESOURCES.—In developing the Strategy,  
2           the Secretary shall identify, and incorporate a de-  
3           scription of, the following:

4                   (A) Existing mapping tools or Federal pro-  
5                   grams that identify—

6                           (i) risks associated with climate  
7                           change for vulnerable individuals; and

8                           (ii) other factors that can influence  
9                           maternal and infant health outcomes, in-  
10                          cluding the factors described in paragraph  
11                          (1).

12                   (B) Environmental, health, socioeconomic,  
13                   and demographic data relevant to identifying  
14                   risks associated with climate change for vulner-  
15                   able individuals.

16                   (C) Existing monitoring networks that col-  
17                   lect data described in subparagraph (B), and  
18                   any gaps in such networks.

19                   (D) Federal, State, and local stakeholders  
20                   involved in maintaining monitoring networks  
21                   identified under subparagraph (C), and how  
22                   such stakeholders are coordinating their moni-  
23                   toring efforts.

24                   (E) Additional monitoring networks, and  
25                   enhancements to existing monitoring networks,

1 that would be required to address gaps identi-  
2 fied under subparagraph (C), including at the  
3 subcounty and census tract level.

4 (F) Funding amounts required to establish  
5 the monitoring networks identified under sub-  
6 paragraph (E) and recommendations for Fed-  
7 eral, State, and local coordination with respect  
8 to such networks.

9 (G) Potential uses for data collected and  
10 generated as a result of the Strategy, including  
11 how such data may be used in determining re-  
12 cipients of grants under the program estab-  
13 lished by section 2 or other similar programs.

14 (H) Other information the Secretary con-  
15 siders relevant for the development of the Strat-  
16 egy.

17 (c) COORDINATION AND CONSULTATION.—In devel-  
18 oping the Strategy, the Secretary shall—

19 (1) coordinate with the Administrator of the  
20 Environmental Protection Agency and the Adminis-  
21 trator of the National Oceanic and Atmospheric Ad-  
22 ministration; and

23 (2) consult with—

24 (A) stakeholder organizations;



1 (B) health care providers and professional  
2 membership organizations with expertise in ma-  
3 ternal health or environmental justice;

4 (C) State and local public health depart-  
5 ments;

6 (D) licensed and accredited hospitals, birth  
7 centers, midwifery practices, or other health  
8 care providers that provide prenatal or labor  
9 and delivery services to vulnerable individuals;  
10 and

11 (E) institutions of higher education, in-  
12 cluding such institutions that are minority-serv-  
13 ing institutions or have expertise in maternal  
14 health or environmental justice.

15 (d) NOTICE AND COMMENT.—At least 240 days be-  
16 fore the date on which the Strategy is published in accord-  
17 ance with subsection (e), the Secretary shall provide—

18 (1) notice of the Strategy on a public website  
19 of the Department of Health and Human Services;  
20 and

21 (2) an opportunity for public comment of at  
22 least 90 days.

23 (e) PUBLICATION.—Not later than 18 months after  
24 the date of the enactment of this Act, the Secretary shall

1 publish on a public website of the Department of Health  
2 and Human Services—

3 (1) the Strategy;

4 (2) the public comments received under sub-  
5 section (d); and

6 (3) the responses of the Secretary to such pub-  
7 lic comments.

8 **SEC. 6. DEFINITIONS.**

9 In this Act, the following definitions apply:

10 (1) ADVERSE MATERNAL AND INFANT HEALTH  
11 OUTCOMES.—The term “adverse maternal and in-  
12 fant health outcomes” includes the outcomes of  
13 preterm birth, low birth weight, stillbirth, infant or  
14 maternal mortality, and severe maternal morbidity.

15 (2) INSTITUTION OF HIGHER EDUCATION.—The  
16 term “institution of higher education” has the  
17 meaning given such term in section 101 of the High-  
18 er Education Act of 1965 (20 U.S.C. 1001).

19 (3) MINORITY-SERVING INSTITUTION.—The  
20 term “minority-serving institution” means an entity  
21 specified in any of paragraphs (1) through (7) of  
22 section 371(a) of the Higher Education Act of 1965  
23 (20 U.S.C. 1067q(a)).

24 (4) RACIAL AND ETHNIC MINORITY GROUP.—  
25 The term “racial and ethnic minority group” has the

1 meaning given such term in section 1707(g) of the  
2 Public Health Service Act (42 U.S.C. 300u-6(g)).

3 (5) RISKS ASSOCIATED WITH CLIMATE  
4 CHANGE.—The term “risks associated with climate  
5 change” includes risks associated with extreme heat,  
6 air pollution, extreme weather events, and other en-  
7 vironmental issues associated with climate change  
8 that can result in adverse maternal and infant  
9 health outcomes.

10 (6) STAKEHOLDER ORGANIZATION.—The term  
11 “stakeholder organization” means—

12 (A) a community-based organization with  
13 expertise in providing assistance to vulnerable  
14 individuals;

15 (B) a nonprofit organization with expertise  
16 in maternal or infant health or environmental  
17 justice; or

18 (C) a patient advocacy organization rep-  
19 resenting vulnerable individuals.

20 (7) VULNERABLE INDIVIDUAL.—The term “vul-  
21 nerable individual” means—

22 (A) an individual who is pregnant;

23 (B) an individual who was pregnant during  
24 any portion of the preceding 1-year period; and

25 (C) an individual under 3 years of age.