

Recommendations for the Biden-Harris Administration

Health care is on the frontlines of both the COVID-19 and climate crises, which converged in 2020. COVID-19 has complicated the response to climate-driven extreme weather events and vice-versa. The impact of both these crises are not being felt equally, disproportionately affecting people of color, the poor, and the elderly. Health care has anchored the response to the damage we collectively face, but has faced innumerable challenges in doing so. There are common solutions to address these crises that will support the needed economic recovery, build a more resilient health care system, and address the health and economic disparities in our society.

In the U.S., eliminating fossil fuel pollution can save 100,000 lives and \$880 billion annually.¹ The health care sector is responsible for 8.5 percent of all U.S. greenhouse gas emissions with hospitals generating over one-third of those emissions.² Health care facilities can implement changes that decrease greenhouse gas emissions while reducing operating costs and promoting resiliency. Health care can also leverage its enormous purchasing power, 18% of US GDP, to help decarbonize the supply chain, the largest portion of the sector's carbon footprint.

[Health Care Without Harm](#), an international nonprofit founded in 1996, works with hospitals across the country in a three-pillar framework for climate action - mitigation, resilience, and leadership. We convene the [U.S. Health Care Climate Council](#), a leadership body of 18 health systems that implement innovative climate solutions, inspire and support others to act, and use their trusted voice and purchasing power to move policy and markets to drive the transformation to climate-smart health care.

The House Select Committee and Senate Democrats' Special Committee reports on the climate crisis provide a comprehensive plan for the federal government to support a resilient health care infrastructure and supply chain, and community preparedness for climate-related health impacts, while improving overall public health and addressing disparities.

We support the full set of recommendations in the health sections of both the House Select Committee report [Solving the Climate Crisis: The Congressional Action Plan for a Clean Energy Economy and a Healthy, Resilient, and Just America](#) and the Senate Democrats' Special Committee report [The Case for Climate Action: Building A Clean Economy For The American People](#). The below recommendations, pulled primarily from those reports, are the priority recommendations to support the transition to a climate-smart health care system.

¹Senate Democrats' Special Committee, [The Case for Climate Action: Building A Clean Economy For The American People](#), p.147

²Eckelman, Huang, Lagasse, Senay, Dubrow, and Sherman, [Health Care Pollution and Public Health Damage in the United States: An Update](#), December 2020. Eckelman and Sherman, [Environmental Impacts of the U.S. Health Care System and Effects on Public Health](#), June 2016.

Require health care facilities to prepare for extreme weather events based on the most current climate projections and enable hospitals and other health facilities to be epicenters of community resilience.

- Direct HHS to develop a comprehensive national strategic action plan to address the physical and operational risks from climate change to public health systems and health care facilities, and to assist communities, public health departments, and safety net and rural hospitals in preparing for and responding to the public health risks of the climate crisis, including mental health and food insecurity. This strategic planning process should provide for meaningful public input, particularly from vulnerable populations and frontline communities.
- Direct HHS to update the Emergency Preparedness Rule and interpretive guidance to require health care facilities to assess and to prepare for extreme weather and climate impacts, including providing for energy resilience and innovative clean power sources for sustained power outages.
- Direct HHS to ensure that federally-funded projects for construction, rebuilding, and retrofits to hospitals and health facility infrastructure use the latest published editions of building codes and climate-informed standards for energy efficiency, flood, and wildfire risks.
- Direct the HHS ASPR to conduct an annual assessment of weather-related threats to health care infrastructure and supply chains that could impair response to disasters and public health emergencies.
- Direct HHS to create a program to provide technical assistance and funding for tribal, territorial, safety net, and rural hospital preparedness for extreme weather and climate impacts, including providing for energy resilience and innovative clean power sources for sustained power outages.
- Direct CMS to allow Medicaid 1115 waivers and Medicare and Medicaid Quality Improvement Organizations to provide technical assistance and funding for health care providers in marginalized communities, community health centers, nursing homes, and federally qualified health centers to prepare for extreme weather and climate impacts.

Provide technical assistance and financial support to help hospitals, health care professionals, first responders, and communities develop climate preparedness and response plans.

- Direct the USGCRP Interagency Crosscutting Group on Climate Change and Human Health to assess the existing availability of actionable information and projections on regional and localized climate-related health impacts, such as heat island mapping, and then to create a national federal research plan to make forward-looking climate projections readily available to the public, hospitals, and public health departments. The recommendations should be developed in collaboration with a diverse set of stakeholders and highlight disproportionate health impacts to vulnerable populations and how to mitigate them.
- Direct the DHS Cybersecurity & Infrastructure Security Agency and the HHS ASPR to update the National Infrastructure Protection Plan: Healthcare and Public Health Sector-Specific Plan to assess climate-related risk and ensure the resilience of the nation's supplies of critical commodities, including medical supplies, equipment, and pharmaceuticals.

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- Direct FEMA to better integrate other federal health agencies, such as the VA and the Indian Health Service (IHS), into its supply chain planning and coordination in the event of a disaster declaration or usage of the Defense Production Act.
- Direct HHS to expand community-based approaches to increasing mental health and community resilience to meet the increasing demand for direct care mental health services imposed by chronic and acute climate impacts, as well as to provide technical assistance and coaching to support local groups to adopt effective interventions through task-sharing, especially in vulnerable communities that are disproportionately exposed to climate impacts.
- Direct IRS to allow nonprofit hospitals to count measures that increase resilience (e.g. renewable energy, battery storage, microgrids) towards their Community Benefit, as reported on IRS tax filing Form 990.

Ensure the climate resilience of Veterans Health Systems to provide uninterrupted health care to the nation's veterans and set a standard for other health systems.

- Direct the VA to update its 2014 Climate Adaptation Plan and address the likely effects of climate change on its health care operations, including staffing models and projections of veteran mental health needs.
- Direct the VA to update the Sustainable Design Manual to address climate threats and ensure that new and retrofitted facilities, including new lending for veterans housing, comply with the most recently published consensus-based building codes for energy efficiency and federal standards for flood and wildfire resilience.
- Direct the VA to develop and implement low-carbon, sustainable procurement criteria that support regional economies, renewable energy, sustainable and regenerative agriculture, and non-toxic products and technologies, and assure the resilience of supply chains.

Provide funding, tax incentives, and financing that health care facilities can use to reduce their greenhouse gas emissions and invest in clean energy and resilience.

Congress should:

- Direct HHS to develop a national health care decarbonization strategy in line with our nationally determined contributions to Paris and the goal of net-zero emissions by 2050 and track sector progress towards achieving emission reductions.
- Increase funding for the Hospital Preparedness Program or establish a new program at HHS to support pre-disaster hospital and health facility resilience projects, including retrofits and maintenance to reduce flood and wildfire risk, harden facilities against extreme weather, and integrate redundant water and power supplies, including microgrids and community renewable energy grids, where applicable, to enhance resilience and access to water and energy when certain portions of the grid are disabled.
- Create a grant program to fund projects to increase resilience and energy efficiency and to support use of renewable energy for tribal, territorial, safety net, and rural hospitals and health

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facilities that primarily treat uninsured, underinsured, Medicaid, and other vulnerable populations, including Critical Access Hospitals, Federally Qualified Health Facilities, Rural Health Clinics, Tribal Health Centers, and Urban Indian Organizations.

- Direct the FDA to review all available evidence to fast-track approval of the use of sequestration, distillation and reuse of waste anesthetic gases and phase out use of HFC-propellant inhalers.
- Increase funding to the HHS Public Health Emergency Preparedness Cooperative Agreements and the emPOWER Program to help SLTT public health departments coordinate with health care facilities that receive federal funding to (1) assess risks to vulnerable populations and identify patients, including our nation's veterans and the elderly, in facilities, nursing homes, or residential settings who are medically dependent on electricity, may need assistance for evacuations, or are dependent on home delivery of medical supplies, meals, or home-based health care; and (2) create a patient notification system to communicate warnings for health impacts such as extreme heat, poor air quality, extreme weather events, and power interruption.
- Authorize and increase funding to the CDC Social Determinants of Health program to assess climate related risks to public health, identify solutions, and put tools into practice to address social factors that contribute to preventable inequities in health outcomes. Congress should also direct CDC to provide grants to SLTT health authorities to develop plans that address climate-related health needs of at-risk populations.
- Congress should fund and direct HHS to expand community-based approaches to increasing mental health and community resilience to meet the increasing demand for direct care mental health services imposed by chronic and acute climate impacts, as well as to provide technical assistance and coaching to support local groups to adopt effective interventions through task-sharing, especially in vulnerable communities that are disproportionately exposed to climate impacts.

Restore and enhance U.S. participation in the World Health Organization

- Congress should support U.S. membership in and funding for WHO and support the WHO Global Programme on Climate Change and Health to (1) enhance scientific monitoring and evidence gathering and analysis on the links between climate change and health and support for a global climate and health research agenda; (2) support efforts by countries to protect human health from climate change by strengthening national capabilities and improving the resilience and adaptive capacity of health systems against the impacts of climate change; and (3) support efforts by countries to reduce health vulnerability to climate change and enhance public health while reducing carbon emissions.

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