

117TH CONGRESS
1ST SESSION

H. R. 3271

To direct the Secretary of Health and Human Services to develop and implement a national strategic action plan and program to assist health professionals and systems in preparing for and responding to the public health effects of climate change, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 17, 2021

Mr. CARTWRIGHT (for himself, Ms. MATSUI, Mr. CARBAJAL, Mr. SCHNEIDER, Ms. SCHAKOWSKY, Mr. BLUMENAUER, Mr. JONES, Mr. BOWMAN, Ms. NORTON, Ms. PINGREE, Ms. BARRAGÁN, Mr. ESPAILLAT, Mr. KHANNA, Mr. TONKO, Mr. GRIJALVA, Ms. MENG, Mr. CASTEN, Ms. JACKSON LEE, Mr. HUFFMAN, Mr. COHEN, Ms. STRICKLAND, and Ms. MOORE of Wisconsin) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to develop and implement a national strategic action plan and program to assist health professionals and systems in preparing for and responding to the public health effects of climate change, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Climate Change Health
5 Protection and Promotion Act of 2021”.

1 **SEC. 2. SENSE OF CONGRESS ON PUBLIC HEALTH AND CLI-**
2 **MATE CHANGE.**

3 (a) FINDINGS.—The U.S. Global Change Research
4 Program Climate and Health Assessment states that—

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

7 (2) rising greenhouse gas concentrations result
8 in increases in temperature, changes in precipitation,
9 increases in the frequency and intensity of some ex-
10 treme weather events, and rising sea levels;

11 (3) these climate change impacts endanger our
12 health by affecting our food and water sources, the
13 air we breathe, the weather we experience, and our
14 interactions with the built and natural environments;
15 and

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

18 (b) SENSE OF CONGRESS.—It is the sense of Con-
19 gress that—

20 (1) climate change poses threats to the United
21 States and globally through its impacts on society,
22 the economy, the physical environment, and national
23 security;

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

1 (3) climate change disproportionately affects
2 people of the United States who are economically
3 disadvantaged, belong to communities of color, or
4 have other social and health vulnerabilities;

5 (4) climate change impacts anywhere in the
6 world can threaten the health of people of the
7 United States through such pathways as infectious
8 disease pandemics, climate-driven migration and dis-
9 placement, and social, economic, and political disrup-
10 tion; and

11 (5) the Federal Government, in cooperation
12 with international, State, Tribal, and local govern-
13 ments, nongovernmental organizations, businesses,
14 and individuals, should use all practicable means
15 and measures—

16 (A) to assist the efforts of public health
17 and health care professionals, first responders,
18 health care systems, States, the District of Co-
19 lumbia, territories, municipalities, and Native
20 American and local communities to incorporate
21 measures to prepare public health and health
22 care systems to respond to the impacts of cli-
23 mate change;

24 (B) to ensure—

1 (i) that the Nation’s public health and
2 health care professionals have sufficient in-
3 formation to prepare for and respond to
4 the adverse health impacts of climate
5 change;

6 (ii) the application of scientific re-
7 search in advancing understanding of—

8 (I) the health impacts of climate
9 change; and

10 (II) strategies to prepare for and
11 respond to the health impacts of cli-
12 mate change;

13 (iii) the identification of communities
14 and populations vulnerable to the health
15 impacts of climate change, including in-
16 fants, children, pregnant women, the elder-
17 ly, individuals with disabilities or pre-exist-
18 ing illnesses, low-income populations, com-
19 munities of color, those who experience en-
20 vironmental injustices, and unhoused indi-
21 viduals;

22 (iv) the development of strategic re-
23 sponse plans to be carried out by public
24 health and health care professionals for the
25 communities described in clause (iii);

1 (v) the improvement of health status
2 and health equity through efforts to pre-
3 pare for and respond to climate change;
4 and

5 (vi) the inclusion of health impacts in
6 the development of climate change re-
7 sponses;

8 (C) to encourage further research, inter-
9 disciplinary partnership, and collaboration
10 among stakeholders in order to—

11 (i) understand and monitor the health
12 impacts of climate change, including men-
13 tal health impacts;

14 (ii) improve public health knowledge
15 and response strategies to climate change;

16 (iii) identify actions and policies that
17 are beneficial to health and that mitigate
18 climate health impacts; and

19 (iv) develop strategies to address
20 water-, food-, and vector-borne infectious
21 diseases and other public health emer-
22 gencies;

23 (D) to enhance preparedness activities, and
24 health care and public health infrastructure, re-
25 lating to climate change and health;

1 (E) to encourage each and every commu-
2 nity to learn about the impacts of climate
3 change on health; and

4 (F) to assist the efforts of developing
5 countries to incorporate measures to prepare
6 public health and health care systems to re-
7 spond to the impacts of climate change.

8 **SEC. 3. RELATIONSHIP TO OTHER LAWS.**

9 Nothing in this Act limits the authority provided to
10 or responsibility conferred on any Federal department or
11 agency by any provision of any law (including regulations)
12 or authorizes any violation of any provision of any law (in-
13 cluding regulations), including any health, energy, envi-
14 ronmental, transportation, or any other law or regulation.

15 **SEC. 4. NATIONAL STRATEGIC ACTION PLAN AND PRO-**
16 **GRAM.**

17 (a) REQUIREMENT.—

18 (1) IN GENERAL.—Not later than 1 year after
19 the date of enactment of this Act, the Secretary of
20 Health and Human Services (referred to in this Act
21 as the “Secretary”), on the basis of the best avail-
22 able science, and in consultation pursuant to para-
23 graph (2), shall publish a national strategic action
24 plan and establish a climate and health program to
25 ensure that public health and health care systems

1 are prepared for and can respond to the impacts of
2 climate change on health in the United States and
3 other countries.

4 (2) CONSULTATION.—In developing or making
5 any revision to the national strategic action plan and
6 program, the Secretary shall—

7 (A) consult with the Director of the Cen-
8 ters for Disease Control and Prevention, the
9 Administrator of the Environmental Protection
10 Agency, the Director of the National Institutes
11 of Health, the Undersecretary of Commerce for
12 Oceans & Atmosphere, the Administrator of the
13 National Aeronautics and Space Administra-
14 tion, the Director of the Indian Health Service,
15 the Secretary of Defense, the Secretary of
16 State, the Secretary of Veterans Affairs, the
17 National Environmental Justice Advisory Coun-
18 cil, the heads of other appropriate Federal
19 agencies, Tribal governments, and State and
20 local government officials; and

21 (B) provide meaningful opportunity for en-
22 gagement, comment, and consultation with rel-
23 evant public stakeholders, particularly rep-
24 resentatives of at-risk populations, environ-
25 mental justice communities, Tribal commu-

1 nities, public health organizations, and sci-
2 entists.

3 (b) ACTIVITIES.—

4 (1) NATIONAL STRATEGIC ACTION PLAN.—

5 (A) IN GENERAL.—Not later than 1 year
6 after the date of enactment of this Act, the Sec-
7 retary, acting through the Director of the Cen-
8 ters for Disease Control and Prevention, and in
9 collaboration with other Federal agencies as ap-
10 propriate, shall, on the basis of the best avail-
11 able science, and in consultation with the enti-
12 ties described in subsection (a)(2)(A), publish a
13 national strategic action plan under subsection
14 (a)(1) to guide the climate and health program
15 and assist public health and health care profes-
16 sionals in preparing for and responding to the
17 impacts of climate change on public health in
18 the United States and other countries, particu-
19 larly developing countries.

20 (B) NATIONAL STRATEGIC ACTION PLAN
21 COMPONENTS.—The national strategic plan
22 under subsection (a)(1) shall include an assess-
23 ment of the health system capacity of the
24 United States to address climate change, in-
25 cluding—

1 (i) identifying and prioritizing commu-
2 nities and populations vulnerable to the
3 health impacts of climate change;

4 (ii) identifying the link between envi-
5 ronmental injustice and vulnerability to the
6 impacts of climate change and prioritizing
7 those who have been harmed by environ-
8 mental and climate injustice;

9 (iii) providing outreach and commu-
10 nication aimed at public health and health
11 care professionals and the public to pro-
12 mote preparedness and response strategies;

13 (iv) providing for programs across
14 Federal agencies to advance research re-
15 lated to the impacts of climate change on
16 health;

17 (v) identifying and assessing existing
18 preparedness and response strategies for
19 the health impacts of climate change;

20 (vi) prioritizing critical public health
21 and health care infrastructure projects;

22 (vii) providing modeling and fore-
23 casting tools of climate change health im-
24 pacts, including local impacts, where fea-
25 sible;

1 (viii) establishing academic and re-
2 gional centers of excellence;

3 (ix) providing technical assistance and
4 support for preparedness and response
5 plans for the health threats of climate
6 change in States, municipalities, terri-
7 tories, Indian Tribes, and developing coun-
8 tries; and

9 (x) developing, improving, integrating,
10 and maintaining domestic and inter-
11 national disease surveillance systems and
12 monitoring capacity to respond to health-
13 related impacts of climate change, includ-
14 ing on topics addressing—

15 (I) water-, food-, and vector-
16 borne infectious diseases and climate
17 change;

18 (II) pulmonary effects, including
19 responses to aeroallergens and toxic
20 exposures;

21 (III) cardiovascular effects, in-
22 cluding impacts of temperature ex-
23 tremes;

- 1 (IV) air pollution health effects,
2 including heightened sensitivity to air
3 pollution;
- 4 (V) harmful algal blooms;
- 5 (VI) mental and behavioral
6 health impacts of climate change;
- 7 (VII) the health of migrants, ref-
8 ugees, displaced persons, and vulner-
9 able communities;
- 10 (VIII) the implications for com-
11 munities and populations vulnerable
12 to the health effects of climate
13 change, as well as strategies for re-
14 sponding to climate change within
15 such communities;
- 16 (IX) Tribal, local, and commu-
17 nity-based health interventions for cli-
18 mate-related health impacts;
- 19 (X) extreme heat and weather
20 events, including drought;
- 21 (XI) decreased nutritional value
22 of crops; and
- 23 (XII) disruptions in access to
24 routine and acute medical care.

1 (2) CLIMATE AND HEALTH PROGRAM.—The
2 Secretary, acting through the Director of the Cen-
3 ters for Disease Control and Prevention, and in col-
4 laboration with other Federal agencies, as appro-
5 priate, shall ensure that the climate and health pro-
6 gram established under this section addresses pri-
7 ority health actions, including by doing each of the
8 following:

9 (A) Serve as a credible source of informa-
10 tion on the physical, mental, and behavioral
11 health consequences of climate change for the
12 United States population and globally.

13 (B) Track data on environmental condi-
14 tions, disease risks, and disease occurrence re-
15 lated to climate change.

16 (C) Expand capacity for modeling and
17 forecasting health effects that may be climate-
18 related.

19 (D) Enhance the science base to better un-
20 derstand the relationship between climate
21 change and health outcomes.

22 (E) Identify locations and population
23 groups at greatest risk for specific health
24 threats and effects, such as increased heat-re-
25 lated illnesses and injuries, degraded air and

1 water quality, food or water-related infections,
2 vector-borne illnesses, pulmonary and cardio-
3 vascular effects, mental and behavioral health
4 effects, and food, water, and nutrient insecur-
5 ity.

6 (F) Communicate the health-related as-
7 pects of climate change, including risks and as-
8 sociated costs and ways to reduce them, to the
9 public, decision-makers, public health profes-
10 sionals, and health care providers.

11 (G) Develop partnerships with other gov-
12 ernment agencies, the private sector, non-
13 governmental organizations, universities, and
14 international organizations to more effectively
15 address domestic and global health aspects of
16 climate change.

17 (H) Provide leadership to State and local
18 governments, community leaders, health care
19 professionals, nongovernmental organizations,
20 environmental justice networks, faith-based
21 communities, the private sector and the public,
22 domestically and internationally, regarding
23 health protection from climate change effects.

24 (I) Develop and implement preparedness
25 and response plans for health threats, such as

1 heat waves, severe weather events, and infec-
2 tious diseases.

3 (J) Provide technical advice and support to
4 State and local health departments, the private
5 sector, and others in developing and imple-
6 menting national and global preparedness meas-
7 ures related to the health effects of climate
8 change.

9 (K) Promote workforce development by
10 helping to ensure the training of a new genera-
11 tion of competent, experienced public health
12 and health care professionals to respond to the
13 health threats posed by climate change.

14 (c) PERIODIC ASSESSMENT AND REVISION.—Not
15 later than 1 year after the date of first publication of the
16 national strategic action plan under subsection (a)(1), and
17 annually thereafter, the Secretary shall periodically assess,
18 and revise as necessary, the national strategic action plan
19 under subsection (a)(1) and the climate and health pro-
20 gram under subsection (a)(1), to reflect new information
21 collected pursuant to the implementation of the national
22 strategic action plan and program and otherwise, includ-
23 ing information on—

1 (1) the status of and trends in critical environ-
2 mental health indicators and related human health
3 impacts;

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

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

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

12 (d) IMPLEMENTATION.—

13 (1) IMPLEMENTATION THROUGH HHS.—The
14 Secretary shall exercise the Secretary’s authority
15 under this Act and other Federal statutes to achieve
16 the goals and measures of the national strategic ac-
17 tion plan and climate and health program.

18 (2) OTHER PUBLIC HEALTH PROGRAMS AND
19 INITIATIVES.—The Secretary and Federal officials of
20 other relevant Federal agencies shall administer
21 public health programs and initiatives authorized by
22 laws other than this Act, subject to the requirements
23 of such laws, in a manner designed to achieve the
24 goals of the national strategic action plan and cli-
25 mate and health program.

1 (3) HEALTH IMPACT ASSESSMENT.—The heads
2 of all Federal agencies shall, on a regular basis, as-
3 sess the impacts that proposed and current laws,
4 policies, and programs in their jurisdiction have or
5 may have on protection against climate change
6 health threats and shall assist State, Tribal, local,
7 and territorial governments to conduct such assess-
8 ments.

9 **SEC. 5. ADVISORY BOARD.**

10 (a) ESTABLISHMENT.—The Secretary shall, pursuant
11 to the Federal Advisory Committee Act (5 U.S.C. App.),
12 establish a permanent science advisory board to be com-
13 prised of not less than 10 and not more than 20 members.

14 (b) APPOINTMENT OF MEMBERS.—The Secretary
15 shall appoint the members of the science advisory board
16 from among individuals who—

17 (1) are recommended by the President of the
18 National Academy of Sciences and the President of
19 the National Academy of Medicine; and

20 (2) have expertise in essential public health and
21 health care services, including with respect to vulner-
22 able populations, climate change, environmental and
23 climate justice, and other relevant disciplines.

1 The Secretary shall ensure that the science advisory board
2 includes members with practical or lived experience with
3 relevant issues.

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

5 (1) provide scientific and technical advice and
6 recommendations to the Secretary on the domestic
7 and international impacts of climate change on pub-
8 lic health, populations, and regions particularly vul-
9 nerable to the effects of climate change, and strate-
10 gies and mechanisms to prepare for and respond to
11 the impacts of climate change on public health;

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

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

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

22 **SEC. 6. CLIMATE CHANGE HEALTH PROTECTION AND PRO-**
23 **MOTION REPORTS.**

24 (a) IN GENERAL.—The Secretary shall offer to enter
25 into an agreement, including the provision of such funding

1 as may be necessary, with the National Academies of
2 Sciences, Engineering, and Medicine, under which such
3 National Academies will prepare periodic reports to aid
4 public health and health care professionals in preparing
5 for and responding to the adverse health effects of climate
6 change that—

7 (1) review scientific developments on health im-
8 pacts of climate change; and

9 (2) recommend changes to the national stra-
10 tegic action plan and climate and health program.

11 (b) SUBMISSION.—The agreement under subsection
12 (a) shall require a report to be submitted to Congress and
13 the Secretary and made publicly available not later than
14 1 year after the first publication of the national strategic
15 action plan, and every 4 years thereafter.

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