

118TH CONGRESS
1ST SESSION

H. R. 3302

To protect Moms and babies against climate change, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2023

Ms. UNDERWOOD (for herself, Mr. AGUILAR, Mr. ALLRED, Ms. BARRAGÁN, Mrs. BEATTY, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BROWNLEY, Ms. BUDZINSKI, Ms. BUSH, Ms. CARAVEO, Mr. CARBAJAL, Mr. CARSON, Mr. CARTER of Louisiana, Mrs. CHERFILUS-McCORMICK, Ms. CLARKE of New York, Mr. CLEAVER, Mr. COHEN, Ms. CRAIG, Ms. CROCKETT, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. ESCOBAR, Mr. ESPAILLAT, Mr. EVANS, Mrs. FOUSHEE, Mr. GARAMENDI, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GREEN of Texas, Mrs. HAYES, Mr. HORSFORD, Mr. HUFFMAN, Mr. IVEY, Mr. JACKSON of Illinois, Ms. JACKSON LEE, Ms. JACOBS, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. KAMLAGER-DOVE, Mr. KRISHNAMOORTHY, Ms. KUSTER, Ms. LEE of California, Mr. LIEU, Ms. LOFGREN, Mrs. MCBATH, Mrs. MCCLELLAN, Ms. MCCOLLUM, Mr. MCGOVERN, Mr. MEEKS, Ms. MENG, Mr. MFUME, Mr. MORELLE, Mr. MOULTON, Ms. MOORE of Wisconsin, Mr. MRVAN, Mr. MULLIN, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. OCASIO-CORTEZ, Mr. PAPPAS, Mr. PAYNE, Mr. PHILLIPS, Ms. PORTER, Ms. PRESSLEY, Mr. RUPPERSBERGER, Ms. SALINAS, Ms. SCANLON, Mr. SCHIFF, Mr. SCHNEIDER, Ms. SCHOLTEN, Mr. DAVID SCOTT of Georgia, Ms. SEWELL, Mr. SMITH of Washington, Mr. SOTO, Ms. SPANBERGER, Ms. STANSBURY, Ms. STRICKLAND, Mrs. SYKES, Mr. TAKANO, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Mrs. TORRES of California, Mrs. TRAHAN, Mr. TRONE, Mr. VARGAS, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Ms. WEXTON, Ms. WILLIAMS of Georgia, Mr. PASCRELL, Ms. DELBENE, and Mr. LYNCH) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To protect Moms and babies against 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 “Protecting Moms and
5 Babies Against Climate Change Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

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

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

17 (3) MATERNAL MORTALITY.—The term “mater-
18 nal mortality” means a death occurring during or
19 within a 1-year period after pregnancy, caused by
20 pregnancy-related or childbirth complications, in-
21 cluding a suicide, overdose, or other death resulting
22 from a mental health or substance use disorder at-

1 tributed to or aggravated by pregnancy-related or
2 childbirth complications.

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

8 (5) PERINATAL HEALTH WORKER.—The term
9 “perinatal health worker” means a nonclinical health
10 worker focused on maternal or perinatal health, such
11 as a doula, community health worker, peer sup-
12 porter, lactation educator or counselor, nutritionist
13 or dietitian, childbirth educator, social worker, home
14 visitor, patient navigator or coordinator, or language
15 interpreter.

16 (6) RACIAL AND ETHNIC MINORITY GROUP.—
17 The term “racial and ethnic minority group” has the
18 meaning given such term in section 1707(g)(1) of
19 the Public Health Service Act (42 U.S.C. 300u–
20 6(g)).

21 (7) RISKS ASSOCIATED WITH CLIMATE
22 CHANGE.—The term “risks associated with climate
23 change” includes risks associated with extreme heat,
24 air pollution, extreme weather events, and other en-
25 vironmental issues associated with climate change

1 that can result in adverse maternal and infant
2 health outcomes.

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

5 (9) SEVERE MATERNAL MORBIDITY.—The term
6 “severe maternal morbidity” means a health condi-
7 tion, including mental health conditions and sub-
8 stance use disorders, attributed to or aggravated by
9 pregnancy or childbirth that results in significant
10 short-term or long-term consequences to the health
11 of the individual who was pregnant.

12 (10) STAKEHOLDER ORGANIZATION.—The term
13 “stakeholder organization” means—

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

17 (B) a nonprofit organization with expertise
18 in—

19 (i) maternal or infant health; or

20 (ii) environmental or climate justice;

21 and

22 (C) a patient advocacy organization rep-
23 resenting vulnerable individuals.

24 (11) VULNERABLE INDIVIDUAL.—The term
25 “vulnerable individual” means—

- 1 (A) an individual who is pregnant;
- 2 (B) an individual who was pregnant during
- 3 any portion of the preceding 1-year period; and
- 4 (C) an individual under 3 years of age.

5 **SEC. 3. GRANT PROGRAM TO PROTECT VULNERABLE**

6 **MOTHERS AND BABIES FROM CLIMATE**

7 **CHANGE RISKS.**

8 (a) IN GENERAL.—Not later than 180 days after the

9 date of the enactment of this Act, the Secretary shall es-

10 tablish a grant program to protect vulnerable individuals

11 from risks associated with climate change.

12 (b) GRANT AUTHORITY.—In carrying out the Pro-

13 gram, the Secretary may award, on a competitive basis,

14 grants to 10 covered entities.

15 (c) APPLICATIONS.—To be eligible for a grant under

16 the Program, a covered entity shall submit to the Sec-

17 retary an application at such time, in such form, and con-

18 taining such information as the Secretary may require,

19 which shall include, at a minimum, a description of the

20 following:

- 21 (1) Plans for the use of grant funds awarded
- 22 under the Program and how patients and stake-
- 23 holder organizations were involved in the develop-
- 24 ment of such plans.

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

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

7 (A) adverse maternal and infant health
8 outcomes; and

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

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

13 (A) adverse environmental impacts;

14 (B) displacement of residents and busi-
15 nesses;

16 (C) rent and housing price increases; or

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

20 (d) SELECTION OF GRANT RECIPIENTS.—

21 (1) TIMING.—Not later than 270 days after the
22 date of enactment of this Act, the Secretary shall se-
23 lect the recipients of grants under the Program.

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

4 (A) representatives of stakeholder organi-
5 zations;

6 (B) the Administrator of the Environ-
7 mental Protection Agency;

8 (C) the Administrator of the National Oce-
9 anic and Atmospheric Administration; and

10 (D) from the Department of Health and
11 Human Services—

12 (i) the Deputy Assistant Secretary for
13 Minority Health;

14 (ii) the Administrator of the Centers
15 for Medicare & Medicaid Services;

16 (iii) the Administrator of the Health
17 Resources and Services Administration;

18 (iv) the Director of the National Insti-
19 tutes of Health; and

20 (v) the Director of the Centers for
21 Disease Control and Prevention.

22 (3) PRIORITY.—In selecting grantees under the
23 Program, the Secretary shall give priority to covered
24 entities that serve a county or locality—

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

7 (B) with a level of vulnerability of mod-
8 erate-to-high or higher, according to the Social
9 Vulnerability Index of the Centers for Disease
10 Control and Prevention, or a similar rating of
11 social vulnerability according to related Federal
12 mapping tools;

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 (D) with elevated rates of maternal mor-
21 tality, severe maternal morbidity, maternal
22 health disparities, or other adverse perinatal or
23 childbirth outcomes;

24 (E) with a rating of very high or relatively
25 high risk according to the National Risk Index

1 for Natural Hazards of the Federal Emergency
2 Management Agency; or

3 (F) with other climate-sensitive hazards
4 with associations to adverse maternal or infant
5 health outcomes, as determined by the Sec-
6 retary.

7 (4) LIMITATION.—A recipient of grant funds
8 under the Program may not use such grant funds to
9 serve a county or locality that is served by any other
10 recipient of a grant under the Program.

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

14 (1) Initiatives to identify risks associated with
15 climate change for vulnerable individuals and to pro-
16 vide services and support to such individuals that
17 address such risks, which may include—

18 (A) training for health care providers,
19 perinatal health workers, and other employees
20 in hospitals, birth centers, midwifery practices,
21 and other health care practices that provide
22 prenatal or labor and delivery services to vul-
23 nerable individuals on the identification of, and
24 patient counseling relating to, risks associated
25 with climate change for vulnerable individuals;

1 (B) hiring, training, or providing resources
2 to perinatal health workers who can help iden-
3 tify risks associated with climate change for
4 vulnerable individuals, provide patient coun-
5 seling about such risks, and carry out the dis-
6 tribution of relevant services and support;

7 (C) enhancing the monitoring of risks as-
8 sociated with climate change for vulnerable in-
9 dividuals, including by—

10 (i) collecting data on such risks in
11 specific census tracts, neighborhoods, or
12 other geographic areas; and

13 (ii) sharing such data with local
14 health care providers, perinatal health
15 workers, and other employees in hospitals,
16 birth centers, midwifery practices, and
17 other health care practices that provide
18 prenatal or labor and delivery services to
19 local vulnerable individuals; and

20 (D) providing vulnerable individuals—

21 (i) air conditioning units, residential
22 weatherization support, filtration systems,
23 household appliances, or related items;

24 (ii) direct financial assistance; and

1 (iii) services and support, including
2 housing assistance, evacuation assistance,
3 transportation assistance, access to cooling
4 shelters, and mental health counseling, to
5 prepare for or recover from extreme weath-
6 er events, which may include floods, hurri-
7 canes, wildfires, droughts, and related
8 events.

9 (2) Initiatives to mitigate levels of and exposure
10 to risks associated with climate change for vulner-
11 able individuals, which shall be based on the best
12 available science and which may include initiatives
13 to—

14 (A) develop, maintain, or expand urban or
15 community forestry initiatives and tree canopy
16 coverage initiatives;

17 (B) improve infrastructure, such as build-
18 ings and paved surfaces;

19 (C) develop or improve community out-
20 reach networks to provide culturally and lin-
21 guistically appropriate information and notifica-
22 tions about risks associated with climate change
23 for vulnerable individuals; and

1 (D) provide enhanced services to racial and
2 ethnic minority groups and other underserved
3 populations.

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

6 (g) TECHNICAL ASSISTANCE.—The Secretary shall
7 provide technical assistance to a covered entity awarded
8 a grant under the Program to support the development,
9 implementation, and evaluation of activities funded with
10 such grant.

11 (h) REPORTS TO SECRETARY.—

12 (1) ANNUAL REPORT.—For each fiscal year
13 during which a covered entity is disbursed grant
14 funds under the Program, such covered entity shall
15 submit to the Secretary a report that summarizes
16 the activities carried out by such covered entity with
17 such grant funds during such fiscal year, which shall
18 include a description of the following:

19 (A) The involvement of stakeholder organi-
20 zations in the implementation of initiatives as-
21 sisted with such grant funds.

22 (B) Relevant health and environmental
23 data, disaggregated, to the extent practicable,
24 by race, ethnicity, primary language, socio-
25 economic status, geography, insurance type,

1 pregnancy status, and other relevant demo-
2 graphic information.

3 (C) Qualitative feedback received from vul-
4 nerable individuals with respect to initiatives
5 assisted with such grant funds.

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

8 (E) Efforts to address racial and ethnic
9 disparities in adverse maternal and infant
10 health outcomes and in exposure to risks associ-
11 ated with climate change for vulnerable individ-
12 uals.

13 (F) Any negative and unintended impacts
14 of initiatives assisted with such grant funds, in-
15 cluding—

16 (i) adverse environmental impacts;

17 (ii) displacement of residents and
18 businesses;

19 (iii) rent and housing price increases;

20 and

21 (iv) disproportionate adverse impacts
22 on racial and ethnic minority groups and
23 other underserved populations.

1 (G) How the covered entity will address
2 and prevent any impacts described in subpara-
3 graph (F).

4 (2) PUBLICATION.—Not later than 30 days
5 after the date on which a report is submitted under
6 paragraph (1), the Secretary shall publish such re-
7 port on a public website of the Department of
8 Health and Human Services.

9 (i) REPORT TO CONGRESS.—Not later than the date
10 that is 5 years after the date on which the Program is
11 established, the Secretary shall submit to Congress and
12 publish on a public website of the Department of Health
13 and Human Services a report on the results of the Pro-
14 gram, including the following:

15 (1) Summaries of the annual reports submitted
16 under subsection (h).

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

19 (3) An assessment of the effectiveness of the
20 Program in—

21 (A) identifying risks associated with cli-
22 mate change for vulnerable individuals;

23 (B) providing services and support to such
24 individuals;

1 (C) mitigating levels of and exposure to
2 such risks; and

3 (D) addressing racial and ethnic disparities
4 in adverse maternal and infant health outcomes
5 and in exposure to such risks.

6 (4) A description of how the Program could be
7 expanded, including—

8 (A) monitoring efforts or data collection
9 that would be required to identify areas with
10 high levels of risks associated with climate
11 change for vulnerable individuals;

12 (B) how such areas could be identified
13 using the strategy developed under section 6;
14 and

15 (C) recommendations for additional fund-
16 ing.

17 (j) DEFINITIONS.—In this section:

18 (1) The term “covered entity” means a consor-
19 tium of organizations serving a county that—

20 (A) shall include a community-based orga-
21 nization; and

22 (B) may include—

23 (i) another stakeholder organization;

24 (ii) the government of such county;

1 (iii) the governments of one or more
2 municipalities within such county;

3 (iv) a State or local public health de-
4 partment or emergency management agen-
5 cy;

6 (v) a local health care practice, which
7 may include a licensed and accredited hos-
8 pital, birth center, midwifery practice, or
9 other health care practice that provides
10 prenatal or labor and delivery services to
11 vulnerable individuals;

12 (vi) an Indian tribe or Tribal organi-
13 zation (as such terms are defined in sec-
14 tion 4 of the Indian Self-Determination
15 and Education Assistance Act (25 U.S.C.
16 5304));

17 (vii) an Urban Indian organization (as
18 defined in section 4 of the Indian Health
19 Care Improvement Act (25 U.S.C. 1603));
20 and

21 (viii) an institution of higher edu-
22 cation.

23 (2) The term “Program” means the grant pro-
24 gram under this section.

1 (k) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section
3 \$100,000,000 for the period of fiscal years 2024 through
4 2027.

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

7 (a) IN GENERAL.—Not later than 1 year after the
8 date of the enactment of this Act, the Secretary shall es-
9 tablish a grant program to provide funds to health profes-
10 sion schools to support the development and integration
11 of education and training programs for identifying and ad-
12 dressing risks associated with climate change for vulner-
13 able 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.

25 (h) DEFINITIONS.—In this section:

1 (1) The term “health profession school” means
2 an accredited—

3 (A) medical school;

4 (B) school of nursing;

5 (C) midwifery program;

6 (D) physician assistant education program;

7 (E) teaching hospital;

8 (F) residency or fellowship program; or

9 (G) other school or program determined
10 appropriate by the Secretary.

11 (2) The term “Program” means the grant pro-
12 gram under this section.

13 (i) **AUTHORIZATION OF APPROPRIATIONS.**—There is
14 authorized to be appropriated to carry out this section
15 \$5,000,000 for the period of fiscal years 2024 through
16 2027.

17 **SEC. 5. NIH CONSORTIUM ON BIRTH AND CLIMATE CHANGE**
18 **RESEARCH.**

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

24 (b) **DUTIES.**—

1 (1) IN GENERAL.—The Consortium shall co-
2 ordinate, across the institutes, centers, and offices of
3 the National Institutes of Health, research on the
4 risks associated with climate change for vulnerable
5 individuals.

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

8 (A) establish research priorities, including
9 by prioritizing research that—

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

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

21 (B) identify gaps in available data related
22 to such risks;

23 (C) identify gaps in, and opportunities for,
24 research collaborations;

1 (D) identify funding opportunities for com-
2 munity-based organizations and researchers
3 from racially, ethnically, and geographically di-
4 verse backgrounds;

5 (E) identify opportunities to increase pub-
6 lic awareness related to risks associated with
7 climate change for vulnerable individuals; and

8 (F) publish annual reports on the work
9 and findings of the Consortium on a public
10 website of the National Institutes of Health.

11 (c) MEMBERSHIP.—The Director shall appoint to the
12 Consortium representatives of such institutes, centers, and
13 offices of the National Institutes of Health as the Director
14 considers appropriate, including, at a minimum, rep-
15 resentatives of—

16 (1) the National Institute of Environmental
17 Health Sciences;

18 (2) the National Institute on Minority Health
19 and Health Disparities;

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

22 (4) the National Institute of Mental Health;

23 (5) the National Institute of Nursing Research;

24 and

25 (6) the Office of Research on Women’s Health.

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

4 (e) CONSULTATION.—In carrying out the duties de-
5 scribed in subsection (b), the Consortium shall consult
6 with—

7 (1) the heads of relevant Federal agencies, in-
8 cluding—

9 (A) the Environmental Protection Agency;

10 (B) the National Oceanic and Atmospheric
11 Administration;

12 (C) the Occupational Safety and Health
13 Administration; and

14 (D) from the Department of Health and
15 Human Services—

16 (i) the Office of Minority Health in
17 the Office of the Secretary;

18 (ii) the Centers for Medicare & Med-
19 icaid Services;

20 (iii) the Health Resources and Serv-
21 ices Administration;

22 (iv) the Centers for Disease Control
23 and Prevention;

24 (v) the Indian Health Service; and

- 1 (vi) the Administration for Children
2 and Families; and
3 (2) representatives of—
4 (A) stakeholder organizations;
5 (B) health care providers and professional
6 membership organizations with expertise in ma-
7 ternal health or environmental justice;
8 (C) State and local public health depart-
9 ments;
10 (D) licensed and accredited hospitals, birth
11 centers, midwifery practices, or other health
12 care practices that provide prenatal or labor
13 and delivery services to vulnerable individuals;
14 and
15 (E) institutions of higher education, in-
16 cluding such institutions that are minority-serv-
17 ing institutions or have expertise in maternal
18 health or environmental justice.

19 **SEC. 6. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**
20 **RISK ZONES FOR VULNERABLE MOTHERS**
21 **AND BABIES.**

22 (a) IN GENERAL.—The Secretary, acting through the
23 Director of the Centers for Disease Control and Preven-
24 tion, shall develop a strategy (in this section referred to
25 as the “Strategy”) for designating areas that the Sec-

1 retary determines to have a high risk of adverse maternal
2 and infant health outcomes among vulnerable individuals
3 as a result of risks associated with climate change.

4 (b) STRATEGY REQUIREMENTS.—

5 (1) IN GENERAL.—In developing the Strategy,
6 the Secretary shall establish a process to identify
7 areas where vulnerable individuals are exposed to a
8 high risk of adverse maternal and infant health out-
9 comes as a result of risks associated with climate
10 change in conjunction with other factors that can
11 impact such health outcomes, including—

12 (A) the incidence of diseases associated
13 with air pollution, extreme heat, and other envi-
14 ronmental factors;

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

17 (C) English-language proficiency among
18 women of reproductive age;

19 (D) the health insurance status of women
20 of reproductive age;

21 (E) the number of women of reproductive
22 age who are members of racial or ethnic groups
23 with disproportionately high rates of adverse
24 maternal and infant health outcomes;

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

3 (i) poverty;

4 (ii) unemployment;

5 (iii) household income; and

6 (iv) educational attainment; and

7 (G) access to quality housing, transpor-
8 tation, and nutrition.

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

12 (A) Existing mapping tools or Federal pro-
13 grams that identify—

14 (i) risks associated with climate
15 change for vulnerable individuals; and

16 (ii) other factors that can influence
17 maternal and infant health outcomes, in-
18 cluding the factors described in paragraph
19 (1).

20 (B) Environmental, health, socioeconomic,
21 and demographic data relevant to identifying
22 risks associated with climate change for vulner-
23 able individuals.

1 (C) Existing monitoring networks that col-
2 lect data described in subparagraph (B), and
3 any gaps in such networks.

4 (D) Federal, State, and local stakeholders
5 involved in maintaining monitoring networks
6 identified under subparagraph (C), and how
7 such stakeholders are coordinating their moni-
8 toring efforts.

9 (E) Additional monitoring networks, and
10 enhancements to existing monitoring networks,
11 that would be required to address gaps identi-
12 fied under subparagraph (C), including at the
13 subcounty and census tract level.

14 (F) Funding amounts required to establish
15 the monitoring networks identified under sub-
16 paragraph (E) and recommendations for Fed-
17 eral, State, and local coordination with respect
18 to such networks.

19 (G) Potential uses for data collected and
20 generated as a result of the Strategy, including
21 how such data may be used in determining re-
22 cipients of grants under the program estab-
23 lished by section 3 or other similar programs.

1 (H) Other information the Secretary con-
2 siders relevant for the development of the Strat-
3 egy.

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

6 (1) coordinate with the Administrator of the
7 Environmental Protection Agency and the Adminis-
8 trator of the National Oceanic and Atmospheric Ad-
9 ministration; and

10 (2) consult with—

11 (A) stakeholder organizations;

12 (B) health care providers and professional
13 membership organizations with expertise in ma-
14 ternal health or environmental justice;

15 (C) State and local public health depart-
16 ments;

17 (D) licensed and accredited hospitals, birth
18 centers, midwifery practices, or other health
19 care providers that provide prenatal or labor
20 and delivery services to vulnerable individuals;
21 and

22 (E) institutions of higher education, in-
23 cluding such institutions that are minority-serv-
24 ing institutions or have expertise in maternal
25 health or environmental justice.

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

4 (1) notice of the Strategy on a public website
5 of the Department of Health and Human Services;
6 and

7 (2) an opportunity for public comment of at
8 least 90 days.

9 (e) PUBLICATION.—Not later than 18 months after
10 the date of the enactment of this Act, the Secretary shall
11 publish on a public website of the Department of Health
12 and Human Services—

13 (1) the Strategy;

14 (2) the public comments received under sub-
15 section (d); and

16 (3) the responses of the Secretary to such pub-
17 lic comments.

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