

116TH CONGRESS  
1ST SESSION

# H. R. 1243

To direct the Secretary of Health and Human Services to develop 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.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 14, 2019

Mr. CARTWRIGHT (for himself, Mr. RASKIN, Mr. ENGEL, Mr. KHANNA, Ms. PINGREE, Mr. POCAN, Ms. JAYAPAL, Mr. HUFFMAN, Ms. WILD, Mr. COHEN, Ms. MATSUI, Mr. SCHNEIDER, Mr. CARBAJAL, Mr. LIPINSKI, Mr. CASTEN of Illinois, Ms. MCCOLLUM, Mr. TONKO, Mr. GRIJALVA, Mr. ROUDA, Mr. GREEN of Texas, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To direct the Secretary of Health and Human Services to develop 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 2019”.

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

3 (a) FINDINGS.—The United States Global Change  
4 Research Program Climate and Health Assessment states  
5 that—

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

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

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

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

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

21 (1) climate change is real;

22 (2) human activity significantly contributes to  
23 climate change;

24 (3) climate change negatively impacts health;

1           (4) climate change disproportionately impacts  
2 communities of color and low-income communities;  
3 and

4           (5) the Federal Government, in cooperation  
5 with international, State, Tribal, and local govern-  
6 ments, concerned public, private, and Native Amer-  
7 ican organizations, and citizens, should use all prac-  
8 ticable means and measures—

9           (A) to assist the efforts of public health  
10 and health care professionals, first responders,  
11 health care systems, States, the District of Co-  
12 lumbia, territories, municipalities, and Native  
13 American and local communities to incorporate  
14 measures to prepare public health and health  
15 care systems to respond to the impacts of cli-  
16 mate change;

17           (B) to ensure—

18           (i) that the Nation’s public health and  
19 health care professionals have sufficient in-  
20 formation to prepare for and respond to  
21 the adverse health impacts of climate  
22 change;

23           (ii) the application of scientific re-  
24 search in advancing understanding of—

1 (I) the health impacts of climate  
2 change; and

3 (II) strategies to prepare for and  
4 respond to the health impacts of cli-  
5 mate change;

6 (iii) the identification of communities  
7 and populations vulnerable to the health  
8 impacts of climate change, including in-  
9 fants, children, pregnant women, the elder-  
10 ly, individuals with disabilities or pre-  
11 existing illnesses, low-income populations,  
12 and unhoused individuals, and the develop-  
13 ment of strategic response plans to be car-  
14 ried out by public health and health care  
15 professionals for those communities;

16 (iv) the improvement of health status  
17 and health equity through efforts to pre-  
18 pare for and respond to climate change;  
19 and

20 (v) the inclusion of health impacts in  
21 the development of climate change re-  
22 sponses;

23 (C) to encourage further research, inter-  
24 disciplinary partnership, and collaboration  
25 among stakeholders in order to—

1 (i) understand and monitor the health  
2 impacts of climate change;

3 (ii) improve public health knowledge  
4 and response strategies to climate change;

5 (iii) identify actions and policies that  
6 are beneficial to health and that mitigate  
7 climate health impacts; and

8 (iv) develop strategies to address  
9 water-, food-, and vector-borne infectious  
10 diseases and other public health emer-  
11 gencies;

12 (D) to enhance preparedness activities, and  
13 health care and public health infrastructure, re-  
14 lating to climate change and health;

15 (E) to encourage each and every commu-  
16 nity to learn about the impacts of climate  
17 change on health; and

18 (F) to assist the efforts of developing na-  
19 tions to incorporate measures to prepare public  
20 health and health care systems to respond to  
21 the impacts of climate change.

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

23 Nothing in this Act limits the authority provided to  
24 or responsibility conferred on any Federal department or  
25 agency by any provision of any law (including regulations)

1 or authorizes any violation of any provision of any law (in-  
2 cluding regulations), including any health, energy, envi-  
3 ronmental, transportation, or any other law or regulation.

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

6 (a) REQUIREMENT.—

7 (1) IN GENERAL.—The Secretary of Health and  
8 Human Services (referred to in this Act as the “Sec-  
9 retary”), on the basis of the best available science,  
10 and in consultation pursuant to paragraph (2), shall  
11 publish a strategic action plan and establish a pro-  
12 gram to ensure the public health and health care  
13 systems are prepared for and can respond to the im-  
14 pacts of climate change on health in the United  
15 States and other nations.

16 (2) CONSULTATION.—In developing or making  
17 any revision to the national strategic action plan and  
18 program, the Secretary shall—

19 (A) consult with the Director of the Cen-  
20 ters for Disease Control and Prevention, the  
21 Administrator of the Environmental Protection  
22 Agency, the Director of the National Institutes  
23 of Health, the Under Secretary of Commerce  
24 for Oceans and Atmosphere, the Administrator  
25 of the National Aeronautics and Space Admin-

1           istration, the Director of the Indian Health  
2           Service, the Secretary of Defense, the Secretary  
3           of State, the Secretary of Veterans Affairs,  
4           other appropriate Federal agencies, Indian  
5           Tribes, State and local governments, public  
6           health organizations, scientists, representatives  
7           of at-risk populations, and other interested  
8           stakeholders; and

9                   (B) provide opportunity for public input  
10           and consultation with Indian tribes and Native  
11           American organizations.

12           (b) ACTIVITIES.—

13                   (1) NATIONAL STRATEGIC ACTION PLAN.—Not  
14           later than 2 years after the date of enactment of  
15           this Act, the Secretary, acting through the Director  
16           of the Centers for Disease Control and Prevention,  
17           and in collaboration with other Federal agencies as  
18           appropriate, shall, on the basis of the best available  
19           science, and in consultation with the entities de-  
20           scribed in subsection (a)(2), publish a national stra-  
21           tegic action plan under paragraph (2) to guide the  
22           climate and health program and assist public health  
23           and health care professionals in preparing for and  
24           responding to the impacts of climate change on pub-

1       lic health in the United States and other nations,  
2       particularly developing nations.

3               (2) ASSESSMENT OF HEALTH SYSTEM CAPAC-  
4       ITY.—The national strategic action plan shall in-  
5       clude an assessment of the health system capacity of  
6       the United States to address climate change includ-  
7       ing—

8                       (A) identifying and prioritizing commu-  
9                       nities and populations vulnerable to the health  
10                      impacts of climate change;

11                     (B) providing outreach and communication  
12                     aimed at public health and health care profes-  
13                     sionals and the public to promote preparedness  
14                     and response strategies;

15                     (C) providing for programs across Federal  
16                     agencies to advance research related to the im-  
17                     pacts of climate change on health;

18                     (D) identifying and assessing existing pre-  
19                     paredness and response strategies for the health  
20                     impacts of climate change;

21                     (E) prioritizing critical public health and  
22                     health care infrastructure projects;

23                     (F) providing modeling and forecasting  
24                     tools of climate change health impacts, includ-  
25                     ing local impacts where possible;

1 (G) establishing academic and regional  
2 centers of excellence;

3 (H) providing technical assistance and sup-  
4 port for preparedness and response plans for  
5 the health threats of climate change in States,  
6 municipalities, territories, Indian Tribes, and  
7 developing nations; and

8 (I) developing, improving, integrating, and  
9 maintaining domestic and international disease  
10 surveillance systems and monitoring capacity to  
11 respond to health-related impacts of climate  
12 change, including on topics addressing—

13 (i) water-, food-, and vector-borne in-  
14 fectious diseases and climate change;

15 (ii) pulmonary effects, including re-  
16 sponses to aeroallergens and toxic expo-  
17 sures;

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

20 (iv) air pollution health effects, includ-  
21 ing heightened sensitivity to air pollution;

22 (v) harmful algal blooms;

23 (vi) mental and behavioral health im-  
24 pacts of climate change;

1 (vii) the health of migrants, refugees,  
2 displaced persons, and vulnerable commu-  
3 nities;

4 (viii) the implications for communities  
5 and populations vulnerable to the health  
6 effects of climate change, as well as strate-  
7 gies for responding to climate change with-  
8 in these communities;

9 (ix) Tribal, local, and community-  
10 based health interventions for climate-re-  
11 lated health impacts;

12 (x) extreme heat and weather events,  
13 including drought;

14 (xi) decreased nutritional value of  
15 crops; and

16 (xii) disruptions in access to routine  
17 and acute medical care.

18 (3) CLIMATE AND HEALTH PROGRAM.—The  
19 Secretary, acting through the Director of the Cen-  
20 ters for Disease Control and Prevention, and in col-  
21 laboration with other Federal agencies, as appro-  
22 priate, shall ensure that the climate and health pro-  
23 gram established under this section addresses pri-  
24 ority health actions including the following:

1           (A) Serve as a credible source of informa-  
2           tion on the physical, mental, and behavioral  
3           health consequences of climate change for the  
4           United States population and globally.

5           (B) Track data on environmental condi-  
6           tions, disease risks, and disease occurrence re-  
7           lated to climate change.

8           (C) Expand capacity for modeling and  
9           forecasting health effects that may be climate-  
10          related.

11          (D) Enhance the science base to better un-  
12          derstand the relationship between climate  
13          change and health outcomes.

14          (E) Identify locations and population  
15          groups at greatest risk for specific health  
16          threats and effects, such as increased heat  
17          stress, degraded air and water quality, food- or  
18          water-related infections, vector-borne illnesses,  
19          pulmonary and cardiovascular effects, mental  
20          and behavioral health effects, and food, water,  
21          and nutrient insecurity.

22          (F) Communicate the health-related as-  
23          pects of climate change, including risks and as-  
24          sociated costs and ways to reduce them, to the

1 public, decisionmakers, public health profes-  
2 sionals, and health care providers.

3 (G) Develop partnerships with other gov-  
4 ernment agencies, the private sector, non-  
5 governmental organizations, universities, and  
6 international organizations to more effectively  
7 address domestic and global health aspects of  
8 climate change.

9 (H) Provide leadership to State and local  
10 governments, community leaders, health care  
11 professionals, nongovernmental organizations,  
12 environmental justice networks, faith-based  
13 communities, the private sector, and the public,  
14 domestically and internationally, regarding  
15 health protection from climate change effects.

16 (I) Develop and implement preparedness  
17 and response plans for health threats such as  
18 heat waves, severe weather events, and infec-  
19 tious diseases.

20 (J) Provide technical advice and support to  
21 State and local health departments, the private  
22 sector, and others in developing and imple-  
23 menting national and global preparedness meas-  
24 ures related to the health effects of climate  
25 change.

1           (K) Promote workforce development by  
2           helping to ensure the training of a new genera-  
3           tion of competent, experienced public health  
4           and health care professionals to respond to the  
5           health threats posed by climate change.

6           (c) PERIODIC ASSESSMENT AND REVISION.—Not  
7           later than 4 years after the date of enactment of this Act,  
8           and every 4 years thereafter, the Secretary shall periodi-  
9           cally assess, and revise as necessary, the national strategic  
10          action plan under subsection (b)(1) and the climate and  
11          health program under subsection (b)(1), to reflect new in-  
12          formation collected pursuant to the implementation of the  
13          national strategic action plan and program and otherwise,  
14          including information on—

15               (1) the status of critical environmental health  
16               indicators and related human health impacts;

17               (2) the impacts of climate change on public  
18               health; and

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

22          (d) IMPLEMENTATION.—

23               (1) IMPLEMENTATION THROUGH HHS.—The  
24               Secretary shall exercise the Secretary’s authority  
25               under this Act and other Federal statutes to achieve

1 the goals and measures of the national strategic ac-  
2 tion plan and climate and health program.

3 (2) OTHER PUBLIC HEALTH PROGRAMS AND  
4 INITIATIVES.—The Secretary and Federal officials of  
5 other relevant Federal agencies shall administer  
6 public health programs and initiatives authorized by  
7 laws other than this Act, subject to the requirements  
8 of such laws, in a manner designed to achieve the  
9 goals of the national strategic action plan and cli-  
10 mate and health program.

11 **SEC. 5. ADVISORY BOARD.**

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

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

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

22 (2) have expertise in essential public health and  
23 health care services, including those related to vul-  
24 nerable populations, climate change, and other rel-  
25 evant disciplines.

1 (c) EXPERIENCE.—In appointing the members of the  
2 science advisory board, the Secretary shall ensure that the  
3 science advisory board includes members with practical or  
4 lived experience with relevant issues.

5 (d) FUNCTIONS.—The science advisory board shall—

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

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

17 **SEC. 6. CLIMATE CHANGE HEALTH PROTECTION AND PRO-**  
18 **MOTION REPORTS.**

19 (a) IN GENERAL.—The Secretary shall offer to enter  
20 into an agreement with the National Academies, under  
21 which the National Academies will prepare periodic re-  
22 ports to aid public health and health care professionals  
23 in preparing for and responding to the adverse health ef-  
24 fects of climate change that—

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

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

5           (b) SUBMISSION.—The agreement under subsection  
6 (a) shall require a report to be submitted to Congress and  
7 the Secretary and made publicly available not later than  
8 2 years after the date of enactment of this Act, and every  
9 4 years thereafter.

○