

119TH CONGRESS  
1ST SESSION

# H. R. 4515

To direct the Secretary of Health and Human Services to develop and implement a program and national strategic action plan to prepare and empower the health care sector to protect the health and well-being of our workers, our communities, and our planet in the face of the climate crisis, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 17, 2025

Ms. MATSUI (for herself, Mr. SCHNEIDER, Mr. CARBAJAL, Ms. BARRAGÁN, Ms. BONAMICI, Mr. CARSON, Mr. CASTEN, Ms. CHU, Mr. CLEAVER, Mr. COHEN, Mr. COSTA, Mr. ESPAILLAT, Mr. HUFFMAN, Ms. JAYAPAL, Mr. KRISHNAMOORTHY, Ms. NORTON, Ms. PINGREE, Mr. QUIGLEY, Ms. SCHAKOWSKY, Ms. STANSBURY, Mr. THANEDAR, Ms. TOKUDA, Mr. TONKO, and Mrs. WATSON COLEMAN) 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 and implement a program and national strategic action plan to prepare and empower the health care sector to protect the health and well-being of our workers, our communities, and our planet in the face of the climate crisis, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Climate Change Health  
3 Protection and Promotion Act of 2025”.

4 **SEC. 2. DEFINITIONS.**

5 In this Act:

6 (1) **DIRECTOR.**—The term “Director” means  
7 the Director of the Office.

8 (2) **ENVIRONMENTAL JUSTICE COMMUNITY.**—  
9 The term “environmental justice community” means  
10 a community with significant representation of com-  
11 munities of color, low-income communities, or Tribal  
12 and Indigenous communities that experiences, or is  
13 at risk of experiencing, higher or more adverse  
14 human health or environmental effects.

15 (3) **MEDICALLY UNDERSERVED COMMUNITY.**—  
16 The term “medically underserved community” has  
17 the meaning given such term in section 799B of the  
18 Public Health Service Act (42 U.S.C. 295p).

19 (4) **NATIONAL STRATEGIC ACTION PLAN.**—The  
20 term “national strategic action plan” means the na-  
21 tional strategic action plan published pursuant to  
22 section 4(b)(1).

23 (5) **OFFICE.**—The term “Office” means the Of-  
24 fice of Climate Change and Health Equity estab-  
25 lished by section 4(a)(1).

1           (6) SECRETARY.—The term “Secretary” means  
2           the Secretary of Health and Human Services.

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

4           Nothing in this Act limits the authority provided to  
5           or responsibility conferred on any Federal department or  
6           agency by any provision of any law (including regulations)  
7           or authorizes any violation of any provision of any law (in-  
8           cluding regulations), including any health, energy, envi-  
9           ronmental, transportation, or any other law or regulation.

10 **SEC. 4. OFFICE OF CLIMATE CHANGE AND HEALTH EQUITY;**  
11 **NATIONAL STRATEGIC ACTION PLAN.**

12           (a) OFFICE OF CLIMATE CHANGE AND HEALTH EQ-  
13           UITY.—

14           (1) ESTABLISHMENT.—

15           (A) IN GENERAL.—There is established  
16           within the Department of Health and Human  
17           Services the Office of Climate Change and  
18           Health Equity.

19           (B) PURPOSE.—The purpose of the Office  
20           shall be to facilitate a robust, Federal response  
21           to the impact of climate change on the health  
22           of the American people and the health care sys-  
23           tem.

24           (C) DIRECTOR.—There is established the  
25           position of Director of the Office, who shall be

1 the head of the Office, and who shall report to  
2 the Secretary.

3 (2) ACTIVITIES.—The duties of the Office shall  
4 be to address priority health actions relating to the  
5 health impacts of climate change, including by doing  
6 each of the following, in collaboration with other  
7 Federal agencies, as the Director determines appro-  
8 priate:

9 (A) Contribute to assessments of how cli-  
10 mate change is affecting the health of individ-  
11 uals living in the United States.

12 (B) Understand the needs of the popu-  
13 lations most disproportionately affected by cli-  
14 mate-related health threats, including environ-  
15 mental justice communities and medically un-  
16 derserved communities.

17 (C) Serve as a credible source of informa-  
18 tion on the physical, mental, and behavioral  
19 health consequences of climate change.

20 (D) Track data on environmental condi-  
21 tions, disease risks, and disease occurrence re-  
22 lated to climate change.

23 (E) Expand capacity for modeling and  
24 forecasting health effects that may be climate-  
25 related.

1           (F) Enhance the science base to better un-  
2           derstand the relationship between climate  
3           change and health outcomes.

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

9           (H) Align Federal efforts to deploy cli-  
10          mate-conscious human services and direct serv-  
11          ices to support and protect populations dis-  
12          proportionately affected by climate change, in-  
13          cluding environmental justice communities and  
14          medically underserved communities.

15          (I) Develop and distribute tools and re-  
16          sources to support climate resilience for the  
17          health sector, community-based organizations,  
18          and individuals.

19          (J) Develop and implement preparedness  
20          and response plans for health threats, such as  
21          heat waves, severe weather events, and infec-  
22          tious diseases.

23          (K) Lead efforts to reduce the greenhouse  
24          gas and environmental impacts of the health  
25          sector, including by developing and distributing

1 tools and resources to support health sector ef-  
2 forts to track and decrease sectoral greenhouse  
3 gas emissions.

4 (L) Provide leadership to State and local  
5 governments, community leaders, health care  
6 professionals, nongovernmental organizations,  
7 environmental justice networks, faith-based  
8 communities, the private sector, and the public,  
9 regarding health protection from climate change  
10 effects.

11 (M) Develop partnerships with other gov-  
12 ernment agencies, the private sector, non-  
13 governmental organizations, and institutions of  
14 higher education, to more effectively address  
15 the health aspects of climate change.

16 (N) Promote workforce development by  
17 helping to ensure the training of a new genera-  
18 tion of competent, experienced public health  
19 and health care professionals to respond to the  
20 health threats posed by climate change.

21 (O) Carry out other activities, as the Sec-  
22 retary determines appropriate.

23 (b) NATIONAL STRATEGIC ACTION PLAN.—

24 (1) IN GENERAL.—Not later than 1 year after  
25 the date of enactment of this Act, the Secretary, on

1 the basis of the best available science, and in con-  
2 sultation pursuant to paragraph (2), shall publish a  
3 national strategic action plan to coordinate effective  
4 deployment of Federal efforts to ensure that public  
5 health and health care systems are prepared for and  
6 can respond to the impacts of climate change on  
7 health in the United States.

8 (2) CONSULTATION.—In developing or making  
9 any revision to the national strategic action plan, the  
10 Secretary shall—

11 (A) consult with the Director, the Adminis-  
12 trator of the Environmental Protection Agency,  
13 the Under Secretary of Commerce for Oceans  
14 and Atmosphere, the Administrator of the Na-  
15 tional Aeronautics and Space Administration,  
16 the Director of the Indian Health Service, the  
17 Secretary of Labor, the Secretary of Defense,  
18 the Secretary of State, the Secretary of Vet-  
19 erans Affairs, and the heads of other appro-  
20 priate Federal agencies, Tribal governments,  
21 and State and local government officials; and

22 (B) provide meaningful opportunity for en-  
23 gagement, comment, and consultation with rel-  
24 evant public stakeholders, particularly rep-  
25 resentatives of populations disproportionately

1 affected by climate change, including environ-  
2 mental justice communities, medically under-  
3 served communities, Tribal communities, health  
4 care providers, public health organizations, and  
5 scientists.

6 (3) NATIONAL STRATEGIC ACTION PLAN COM-  
7 PONENTS.—The national strategic action plan shall  
8 include an assessment of, and strategies to improve,  
9 the health sector capacity of the United States to  
10 address the impacts of climate change, including—

11 (A) identifying, prioritizing, and engaging  
12 communities and populations who are dis-  
13 proportionately affected by, or at greatest risk  
14 for, exposures to climate hazards;

15 (B) addressing mental and physical health  
16 disparities exacerbated by climate impacts to  
17 enhance community health resilience;

18 (C) identifying the link between environ-  
19 mental injustice and vulnerability to the im-  
20 pacts of climate change and prioritizing those  
21 who have been harmed by environmental and  
22 climate injustice;

23 (D) providing outreach and communication  
24 aimed at public health and health care profes-

1           sionals and the public to promote preparedness  
2           and response strategies;

3           (E) tracking and assessing programs  
4           across Federal agencies to advance research re-  
5           lated to the impacts of climate change on  
6           health;

7           (F) identifying and assessing existing pre-  
8           paredness and response strategies for the health  
9           impacts of climate change;

10          (G) prioritizing critical public health and  
11          health care infrastructure projects;

12          (H) providing modeling and forecasting  
13          tools of climate change health impacts, includ-  
14          ing local impacts, where feasible;

15          (I) establishing academic and regional cen-  
16          ters of excellence;

17          (J) recommending models for maintaining  
18          access to health care during extreme weather;

19          (K) providing technical assistance and sup-  
20          port for preparedness and response plans for  
21          the health threats of climate change in States,  
22          municipalities, territories, Indian Tribes, and  
23          developing countries;

1 (L) addressing the impacts of greenhouse  
2 gas emissions on the health of individuals living  
3 in the United States;

4 (M) tracking health care sector contribu-  
5 tions to greenhouse gas emissions and identi-  
6 fying actions to reduce those emissions;

7 (N) recommending new regulations or poli-  
8 cies to address identified gaps in the health sys-  
9 tem capacity to effectively reduce emissions, re-  
10 duce environmental impact, and address climate  
11 change; and

12 (O) developing, improving, integrating, and  
13 maintaining disease surveillance systems and  
14 monitoring capacity to respond to health-related  
15 impacts of climate change, including on topics  
16 addressing—

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

19 (ii) pulmonary effects, including re-  
20 sponses to aeroallergens, infectious agents,  
21 and toxic exposures;

22 (iii) cardiovascular effects, including  
23 impacts of temperature extremes;

- 1 (iv) air pollution health effects, includ-  
2 ing heightened sensitivity to air pollution  
3 such as wildfire smoke;
- 4 (v) reproductive health effects, includ-  
5 ing access to reproductive health care;
- 6 (vi) harmful algal blooms;
- 7 (vii) mental and behavioral health im-  
8 pacts of climate change;
- 9 (viii) the health of migrants, refugees,  
10 displaced persons, environmental justice  
11 communities, medically underserved com-  
12 munities, and other communities dis-  
13 proportionately affected by climate change;
- 14 (ix) the implications for communities  
15 and populations vulnerable to the health  
16 effects of climate change, as well as strate-  
17 gies for responding to climate change with-  
18 in such communities;
- 19 (x) Tribal, local, and community-  
20 based health interventions for climate-re-  
21 lated health impacts;
- 22 (xi) extreme heat and weather events;
- 23 (xii) decreased nutritional value of  
24 crops; and

1                   (xiii) disruptions in access to routine  
2                   and acute medical care, public health pro-  
3                   grams, and other supportive services for  
4                   maintaining health.

5           (c) PERIODIC ASSESSMENT AND REVISION.—Not  
6 later than 1 year after the date of first publication of the  
7 national strategic action plan, and annually thereafter, the  
8 Secretary shall periodically assess, and revise as necessary,  
9 the national strategic action plan, to reflect new informa-  
10 tion collected, including information on—

11                   (1) the status of and trends in critical environ-  
12                   mental health indicators and related human health  
13                   impacts;

14                   (2) the trends in and impacts of climate change  
15                   on public health;

16                   (3) advances in the development of strategies  
17                   for preparing for and responding to the impacts of  
18                   climate change on public health; and

19                   (4) the effectiveness of the implementation of  
20                   the national strategic action plan in protecting  
21                   against climate change health threats.

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 Office and the na-  
2 tional strategic action plan.

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 Office and the national strategic action  
10 plan.

11 (3) HEALTH IMPACT ASSESSMENT.—

12 (A) IN GENERAL.—Not later than 180  
13 days after the date of enactment of this Act,  
14 the Secretary shall identify proposed and cur-  
15 rent laws, policies, and programs that are of  
16 particular interest for their impact in contrib-  
17 uting to or alleviating health burdens and the  
18 health impacts of climate change.

19 (B) ASSESSMENTS.—Not later than 2  
20 years after the date of enactment of this Act,  
21 the head of each relevant Federal agency  
22 shall—

23 (i) assess the impacts that the pro-  
24 posed and current laws, policies, and pro-  
25 grams identified under subparagraph (A)

1 under their jurisdiction have or may have  
2 on protection against the health threats of  
3 climate change; and

4 (ii) assist State, Tribal, local, and ter-  
5 ritorial governments in conducting such as-  
6 sessments.

7 **SEC. 5. ADVISORY BOARD.**

8 (a) ESTABLISHMENT.—The Secretary shall, pursuant  
9 to chapter 10 of title 5, United States Code, establish a  
10 permanent science advisory board to be composed of not  
11 less than 10 and not more than 20 members.

12 (b) APPOINTMENT OF MEMBERS.—

13 (1) IN GENERAL.—The Secretary shall appoint  
14 the members of the science advisory board from  
15 among individuals who—

16 (A) are recommended by the President of  
17 the National Academy of Sciences or the Presi-  
18 dent of the National Academy of Medicine; and

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

24 (2) REQUIREMENT.—The Secretary shall en-  
25 sure that the science advisory board includes mem-



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

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

8 (2) evaluate the measurable impacts of activi-  
9 ties undertaken at the directive of the national stra-  
10 tegic action plan; and

11 (3) recommend changes to the national stra-  
12 tegic action plan.

13 (b) SUBMISSION.—The agreement under subsection  
14 (a) shall require a report to be submitted to Congress and  
15 the Secretary and made publicly available not later than  
16 1 year after the first publication of the national strategic  
17 action plan, and every 4 years thereafter.

18 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

19 (a) OFFICE OF CLIMATE CHANGE AND HEALTH EQ-  
20 UITY.—There is authorized to be appropriated to the Sec-  
21 retary to carry out section 4(a) \$10,000,000 for each of  
22 fiscal years 2026 through 2031.

23 (b) NATIONAL STRATEGIC ACTION PLAN.—There is  
24 authorized to be appropriated to the Secretary to carry

1 out section 4(b) \$2,000,000 for fiscal year 2026, to re-  
2 main available until expended.

3 (c) ADVISORY BOARD.—There is authorized to be ap-  
4 propriated to the Secretary to carry out section 5  
5 \$500,000 for fiscal year 2026, to remain available until  
6 expended.

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