

119TH CONGRESS
2D SESSION

H. R. 8397

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 21, 2026

Ms. UNDERWOOD (for herself, Mrs. McIVER, Ms. TLAIB, Ms. NORTON, Ms. MOORE of Wisconsin, Mrs. WATSON COLEMAN, Ms. KAMLAGER-DOVE, Mr. JOHNSON of Georgia, Ms. PRESSLEY, Mr. IVEY, Mr. KRISHNAMOORTHY, Mr. MENEFEY, Mr. BELL, Mr. MOULTON, Ms. CLARKE of New York, Ms. DELBENE, Mr. GARAMENDI, Mr. COHEN, Ms. STANSBURY, Mrs. DINGELL, Ms. JACOBS, Mr. FIGURES, Mr. HORSFORD, Mr. GARCÍA of Illinois, Mr. VEASEY, Mrs. BEATTY, Mr. SMITH of Washington, Ms. SEWELL, Ms. WILSON of Florida, Mr. JACKSON of Illinois, Mr. CONAWAY, Mr. SCOTT of Virginia, Mrs. HAYES, Ms. CRAIG, Mr. MCGARVEY, Mrs. GRIJALVA, Mr. CARSON, Mrs. MCBATH, Mr. LATIMER, Ms. JOHNSON of Texas, Mr. SOTO, Ms. ADAMS, and Ms. POU) 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”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) **ADVERSE MATERNAL AND INFANT HEALTH**
4 **OUTCOMES.**—The term “adverse maternal and in-
5 fant health outcomes” includes the outcomes of
6 preterm birth, low birth weight, stillbirth, infant or
7 maternal mortality, and severe maternal morbidity.

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

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

20 (4) **MINORITY-SERVING INSTITUTION.**—The
21 term “minority-serving institution” means an entity
22 specified in any of paragraphs (1) through (7) of
23 section 371(a) of the Higher Education Act of 1965
24 (20 U.S.C. 1067q(a)).

25 (5) **PERINATAL HEALTH WORKER.**—The term
26 “perinatal health worker” means a nonclinical health

1 worker focused on maternal or perinatal health, such
2 as a doula, community health worker, peer sup-
3 porter, lactation educator or counselor, nutritionist
4 or dietitian, childbirth educator, social worker, home
5 visitor, patient navigator or coordinator, or language
6 interpreter.

7 (6) RACIAL AND ETHNIC MINORITY GROUP.—
8 The term “racial and ethnic minority group” has the
9 meaning given such term in section 1707(g)(1) of
10 the Public Health Service Act (42 U.S.C. 300u–
11 6(g)).

12 (7) RISKS ASSOCIATED WITH CLIMATE
13 CHANGE.—The term “risks associated with climate
14 change” includes risks associated with extreme heat,
15 air pollution, extreme weather events, and other en-
16 vironmental issues associated with climate change
17 that can result in adverse maternal and infant
18 health outcomes.

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

21 (9) SEVERE MATERNAL MORBIDITY.—The term
22 “severe maternal morbidity” means a health condi-
23 tion, including mental health conditions and sub-
24 stance use disorders, attributed to or aggravated by
25 pregnancy or childbirth that results in significant

1 short-term or long-term consequences to the health
 2 of the individual who was pregnant.

3 (10) STAKEHOLDER ORGANIZATION.—The term
 4 “stakeholder organization” means—

5 (A) a community-based organization with
 6 expertise in providing assistance to vulnerable
 7 individuals;

8 (B) a nonprofit organization with expertise
 9 in—

10 (i) maternal or infant health; or

11 (ii) environmental or climate justice;

12 and

13 (C) a patient advocacy organization rep-
 14 resenting vulnerable individuals.

15 (11) VULNERABLE INDIVIDUAL.—The term
 16 “vulnerable individual” means—

17 (A) an individual who is pregnant;

18 (B) an individual who was pregnant during
 19 any portion of the preceding 1-year period; and

20 (C) an individual under 3 years of age.

21 **SEC. 3. GRANT PROGRAM TO PROTECT VULNERABLE**
 22 **MOTHERS AND BABIES FROM CLIMATE**
 23 **CHANGE RISKS.**

24 (a) IN GENERAL.—Not later than 180 days after the
 25 date of the enactment of this Act, the Secretary shall es-

1 establish a grant program to protect vulnerable individuals
2 from risks associated with climate change.

3 (b) GRANT AUTHORITY.—In carrying out the Pro-
4 gram, the Secretary may award, on a competitive basis,
5 grants to 10 covered entities.

6 (c) APPLICATIONS.—To be eligible for a grant under
7 the Program, a covered entity shall submit to the Sec-
8 retary an application at such time, in such form, and con-
9 taining such information as the Secretary may require,
10 which shall include, at a minimum, a description of the
11 following:

12 (1) Plans for the use of grant funds awarded
13 under the Program and how patients and stake-
14 holder organizations were involved in the develop-
15 ment of such plans.

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

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

22 (A) adverse maternal and infant health
23 outcomes; and

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

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

3 (A) adverse environmental impacts;

4 (B) displacement of residents and busi-
5 nesses;

6 (C) rent and housing price increases; or

7 (D) disproportionate adverse impacts on
8 racial and ethnic minority groups and other un-
9 derserved populations.

10 (d) SELECTION OF GRANT RECIPIENTS.—

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

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

17 (A) representatives of stakeholder organi-
18 zations;

19 (B) the Administrator of the Environ-
20 mental Protection Agency;

21 (C) the Administrator of the National Oce-
22 anic and Atmospheric Administration; and

23 (D) from the Department of Health and
24 Human Services—

- 1 (i) the Deputy Assistant Secretary for
2 Minority Health;
- 3 (ii) the Administrator of the Centers
4 for Medicare & Medicaid Services;
- 5 (iii) the Administrator of the Health
6 Resources and Services Administration;
- 7 (iv) the Director of the National Insti-
8 tutes of Health; and
- 9 (v) the Director of the Centers for
10 Disease Control and Prevention.

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

14 (A) designated, or located in an area des-
15 ignated, as a nonattainment area pursuant to
16 section 107 of the Clean Air Act (42 U.S.C.
17 7407) for any air pollutant for which air quality
18 criteria have been issued under section 108(a)
19 of such Act (42 U.S.C. 7408(a));

20 (B) with a level of vulnerability of mod-
21 erate-to-high or higher, according to the Social
22 Vulnerability Index of the Centers for Disease
23 Control and Prevention, or a similar rating of
24 social vulnerability according to related Federal
25 mapping tools;

1 (C) with temperatures that pose a risk to
2 human health, as determined by the Secretary,
3 in consultation with the Administrator of the
4 National Oceanic and Atmospheric Administra-
5 tion and the Chair of the United States Global
6 Change Research Program, based on the best
7 available science;

8 (D) with elevated rates of maternal mor-
9 tality, severe maternal morbidity, maternal
10 health disparities, or other adverse perinatal or
11 childbirth outcomes;

12 (E) with a rating of very high or relatively
13 high risk according to the National Risk Index
14 for Natural Hazards of the Federal Emergency
15 Management Agency; or

16 (F) with other climate-sensitive hazards
17 with associations to adverse maternal or infant
18 health outcomes, as determined by the Sec-
19 retary.

20 (4) LIMITATION.—A recipient of grant funds
21 under the Program may not use such grant funds to
22 serve a county or locality that is served by any other
23 recipient of a grant under the Program.

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

4 (1) Initiatives to identify risks associated with
5 climate change for vulnerable individuals and to pro-
6 vide services and support to such individuals that
7 address such risks, which may include—

8 (A) training for health care providers,
9 perinatal health workers, and other employees
10 in hospitals, birth centers, midwifery practices,
11 and other health care practices that provide
12 prenatal or labor and delivery services to vul-
13 nerable individuals on the identification of, and
14 patient counseling relating to, risks associated
15 with climate change for vulnerable individuals;

16 (B) hiring, training, or providing resources
17 to perinatal health workers who can help iden-
18 tify risks associated with climate change for
19 vulnerable individuals, provide patient coun-
20 seling about such risks, and carry out the dis-
21 tribution of relevant services and support;

22 (C) enhancing the monitoring of risks as-
23 sociated with climate change for vulnerable in-
24 dividuals, including by—

1 (i) collecting data on such risks in
2 specific census tracts, neighborhoods, or
3 other geographic areas; and

4 (ii) sharing such data with local
5 health care providers, perinatal health
6 workers, and other employees in hospitals,
7 birth centers, midwifery practices, and
8 other health care practices that provide
9 prenatal or labor and delivery services to
10 local vulnerable individuals; and

11 (D) providing vulnerable individuals—

12 (i) air conditioning units, residential
13 weatherization support, filtration systems,
14 household appliances, or related items;

15 (ii) direct financial assistance; and

16 (iii) services and support, including
17 housing assistance, evacuation assistance,
18 transportation assistance, access to cooling
19 shelters, and mental health counseling, to
20 prepare for or recover from extreme weath-
21 er events, which may include floods, hurri-
22 canes, wildfires, droughts, and related
23 events.

24 (2) Initiatives to mitigate levels of and exposure
25 to risks associated with climate change for vulner-

1 able individuals, which shall be based on the best
2 available science and which may include initiatives
3 to—

4 (A) develop, maintain, or expand urban or
5 community forestry initiatives and tree canopy
6 coverage initiatives;

7 (B) improve infrastructure, such as build-
8 ings and paved surfaces;

9 (C) develop or improve community out-
10 reach networks to provide culturally and lin-
11 guistically appropriate information and notifica-
12 tions about risks associated with climate change
13 for vulnerable individuals; and

14 (D) provide enhanced services to racial and
15 ethnic minority groups and other underserved
16 populations.

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

19 (g) TECHNICAL ASSISTANCE.—The Secretary shall
20 provide technical assistance to a covered entity awarded
21 a grant under the Program to support the development,
22 implementation, and evaluation of activities funded with
23 such grant.

24 (h) REPORTS TO SECRETARY.—

1 (1) ANNUAL REPORT.—For each fiscal year
2 during which a covered entity is disbursed grant
3 funds under the Program, such covered entity shall
4 submit to the Secretary a report that summarizes
5 the activities carried out by such covered entity with
6 such grant funds during such fiscal year, which shall
7 include a description of the following:

8 (A) The involvement of stakeholder organi-
9 zations in the implementation of initiatives as-
10 sisted with such grant funds.

11 (B) Relevant health and environmental
12 data, disaggregated, to the extent practicable,
13 by race, ethnicity, primary language, socio-
14 economic status, geography, insurance type,
15 pregnancy status, and other relevant demo-
16 graphic information.

17 (C) Qualitative feedback received from vul-
18 nerable individuals with respect to initiatives
19 assisted with such grant funds.

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

22 (E) Efforts to address racial and ethnic
23 disparities in adverse maternal and infant
24 health outcomes and in exposure to risks associ-

1 ated with climate change for vulnerable individ-
2 uals.

3 (F) Any negative and unintended impacts
4 of initiatives assisted with such grant funds, in-
5 cluding—

6 (i) adverse environmental impacts;

7 (ii) displacement of residents and
8 businesses;

9 (iii) rent and housing price increases;

10 and

11 (iv) disproportionate adverse impacts
12 on racial and ethnic minority groups and
13 other underserved populations.

14 (G) How the covered entity will address
15 and prevent any impacts described in subpara-
16 graph (F).

17 (2) PUBLICATION.—Not later than 30 days
18 after the date on which a report is submitted under
19 paragraph (1), the Secretary shall publish such re-
20 port on a public website of the Department of
21 Health and Human Services.

22 (i) REPORT TO CONGRESS.—Not later than the date
23 that is 5 years after the date on which the Program is
24 established, the Secretary shall submit to Congress and
25 publish on a public website of the Department of Health

1 and Human Services a report on the results of the Pro-
2 gram, including the following:

3 (1) Summaries of the annual reports submitted
4 under subsection (h).

5 (2) Evaluations of the initiatives assisted with
6 grant funds under the Program.

7 (3) An assessment of the effectiveness of the
8 Program in—

9 (A) identifying risks associated with cli-
10 mate change for vulnerable individuals;

11 (B) providing services and support to such
12 individuals;

13 (C) mitigating levels of and exposure to
14 such risks; and

15 (D) addressing racial and ethnic disparities
16 in adverse maternal and infant health outcomes
17 and in exposure to such risks.

18 (4) A description of how the Program could be
19 expanded, including—

20 (A) monitoring efforts or data collection
21 that would be required to identify areas with
22 high levels of risks associated with climate
23 change for vulnerable individuals;

1 (B) how such areas could be identified
2 using the strategy developed under section 6;
3 and

4 (C) recommendations for additional fund-
5 ing.

6 (j) DEFINITIONS.—In this section:

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

9 (A) shall include a community-based orga-
10 nization; and

11 (B) may include—

12 (i) another stakeholder organization;

13 (ii) the government of such county;

14 (iii) the governments of one or more
15 municipalities within such county;

16 (iv) a State or local public health de-
17 partment or emergency management agen-
18 cy;

19 (v) a local health care practice, which
20 may include a licensed and accredited hos-
21 pital, birth center, midwifery practice, or
22 other health care practice that provides
23 prenatal or labor and delivery services to
24 vulnerable individuals;

1 (vi) an Indian tribe or Tribal organi-
2 zation (as such terms are defined in sec-
3 tion 4 of the Indian Self-Determination
4 and Education Assistance Act (25 U.S.C.
5 5304));

6 (vii) an Urban Indian organization (as
7 defined in section 4 of the Indian Health
8 Care Improvement Act (25 U.S.C. 1603));
9 and

10 (viii) an institution of higher edu-
11 cation.

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

14 (k) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 \$100,000,000 for the period of fiscal years 2027 through
17 2030.

18 **SEC. 4. GRANT PROGRAM FOR EDUCATION AND TRAINING**

19 **AT HEALTH PROFESSION SCHOOLS.**

20 (a) IN GENERAL.—Not later than 1 year after the
21 date of the enactment of this Act, the Secretary of Health
22 and Human Services shall establish a grant program to
23 provide funds to health profession schools to support the
24 development and integration of education and training

1 programs for identifying and addressing risks associated
2 with climate change for vulnerable individuals.

3 (b) GRANT AUTHORITY.—In carrying out the Pro-
4 gram, the Secretary may award, on a competitive basis,
5 grants to health profession schools.

6 (c) APPLICATION.—To be eligible for a grant under
7 the Program, a health profession school shall submit to
8 the Secretary an application at such time, in such form,
9 and containing such information as the Secretary may re-
10 quire, which shall include, at a minimum, a description
11 of the following:

12 (1) How such health profession school will en-
13 gage with vulnerable individuals, and stakeholder or-
14 ganizations representing such individuals, in devel-
15 oping and implementing the education and training
16 programs supported by grant funds awarded under
17 the Program.

18 (2) How such health profession school will en-
19 sure that such education and training programs will
20 address racial and ethnic disparities in exposure to,
21 and the effects of, risks associated with climate
22 change for vulnerable individuals.

23 (d) USE OF FUNDS.—A health profession school
24 awarded a grant under the Program shall use the grant
25 funds to develop, and integrate into the curriculum and

1 continuing education of such health profession school, edu-
2 cation and training on each of the following:

3 (1) Identifying risks associated with climate
4 change for vulnerable individuals and individuals
5 with the intent to become pregnant.

6 (2) How risks associated with climate change
7 affect vulnerable individuals and individuals with the
8 intent to become pregnant.

9 (3) Racial and ethnic disparities in exposure to,
10 and the effects of, risks associated with climate
11 change for vulnerable individuals and individuals
12 with the intent to become pregnant.

13 (4) Patient counseling and mitigation strategies
14 relating to risks associated with climate change for
15 vulnerable individuals.

16 (5) Relevant services and support for vulnerable
17 individuals relating to risks associated with climate
18 change and strategies for ensuring vulnerable indi-
19 viduals have access to such services and support.

20 (6) Implicit and explicit bias, racism, and dis-
21 crimination.

22 (7) Related topics identified by such health pro-
23 fession school based on the engagement of such
24 health profession school with vulnerable individuals

1 and stakeholder organizations representing such in-
2 dividuals.

3 (e) PARTNERSHIPS.—In carrying out activities with
4 grant funds, a health profession school awarded a grant
5 under the Program may partner with one or more of the
6 following:

7 (1) A State or local public health department.

8 (2) A health care professional membership or-
9 ganization.

10 (3) A stakeholder organization.

11 (4) A health profession school.

12 (5) An institution of higher education.

13 (f) REPORTS TO SECRETARY.—

14 (1) ANNUAL REPORT.—For each fiscal year
15 during which a health profession school is disbursed
16 grant funds under the Program, such health profes-
17 sion school shall submit to the Secretary a report
18 that describes the activities carried out with such
19 grant funds during such fiscal year.

20 (2) FINAL REPORT.—Not later than the date
21 that is 1 year after the end of the last fiscal year
22 during which a health profession school is disbursed
23 grant funds under the Program, the health profes-
24 sion school shall submit to the Secretary a final re-

1 port that summarizes the activities carried out with
2 such grant funds.

3 (g) REPORT TO CONGRESS.—Not later than the date
4 that is 6 years after the date on which the Program is
5 established, the Secretary shall submit to Congress and
6 publish on a public website of the Department of Health
7 and Human Services a report that includes the following:

8 (1) A summary of the reports submitted under
9 subsection (f).

10 (2) Recommendations to improve education and
11 training programs at health profession schools with
12 respect to identifying and addressing risks associ-
13 ated with climate change for vulnerable individuals.

14 (h) DEFINITIONS.—In this section:

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

17 (A) medical school;

18 (B) school of nursing;

19 (C) midwifery program;

20 (D) physician assistant education program;

21 (E) teaching hospital;

22 (F) residency or fellowship program; or

23 (G) other school or program determined
24 appropriate by the Secretary.

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

3 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to carry out this section
5 \$5,000,000 for the period of fiscal years 2027 through
6 2030.

7 **SEC. 5. NIH CONSORTIUM ON BIRTH AND CLIMATE CHANGE**
8 **RESEARCH.**

9 (a) ESTABLISHMENT.—Not later than one year after
10 the date of the enactment of this Act, the Director of the
11 National Institutes of Health shall establish the Consor-
12 tium on Birth and Climate Change Research (in this sec-
13 tion referred to as the “Consortium”).

14 (b) DUTIES.—

15 (1) IN GENERAL.—The Consortium shall co-
16 ordinate, across the institutes, centers, and offices of
17 the National Institutes of Health, research on the
18 risks associated with climate change for vulnerable
19 individuals.

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

22 (A) establish research priorities, including
23 by prioritizing research that—

24 (i) identifies the risks associated with
25 climate change for vulnerable individuals

1 with a particular focus on disparities in
2 such risks among racial and ethnic minor-
3 ity groups and other underserved popu-
4 lations; and

5 (ii) identifies strategies to reduce lev-
6 els of, and exposure to, such risks, with a
7 particular focus on risks among racial and
8 ethnic minority groups and other under-
9 served populations;

10 (B) identify gaps in available data related
11 to such risks;

12 (C) identify gaps in, and opportunities for,
13 research collaborations;

14 (D) identify funding opportunities for com-
15 munity-based organizations and researchers
16 from racially, ethnically, and geographically di-
17 verse backgrounds;

18 (E) identify opportunities to increase pub-
19 lic awareness related to risks associated with
20 climate change for vulnerable individuals; and

21 (F) publish annual reports on the work
22 and findings of the Consortium on a public
23 website of the National Institutes of Health.

24 (c) MEMBERSHIP.—The Director shall appoint to the
25 Consortium representatives of such institutes, centers, and

1 offices of the National Institutes of Health as the Director
2 considers appropriate, including, at a minimum, rep-
3 resentatives of—

4 (1) the National Institute of Environmental
5 Health Sciences;

6 (2) the National Institute on Minority Health
7 and Health Disparities;

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

10 (4) the National Institute of Mental Health;

11 (5) the National Institute of Nursing Research;

12 and

13 (6) the Office of Research on Women's Health.

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

17 (e) CONSULTATION.—In carrying out the duties de-
18 scribed in subsection (b), the Consortium shall consult
19 with—

20 (1) the heads of relevant Federal agencies, in-
21 cluding—

22 (A) the Environmental Protection Agency;

23 (B) the National Oceanic and Atmospheric
24 Administration;

1 (C) the Occupational Safety and Health
2 Administration; and

3 (D) from the Department of Health and
4 Human Services—

5 (i) the Office of Minority Health in
6 the Office of the Secretary;

7 (ii) the Centers for Medicare & Med-
8 icaid Services;

9 (iii) the Health Resources and Serv-
10 ices Administration;

11 (iv) the Centers for Disease Control
12 and Prevention;

13 (v) the Indian Health Service; and

14 (vi) the Administration for Children
15 and Families; and

16 (2) representatives of—

17 (A) stakeholder organizations;

18 (B) health care providers and professional
19 membership organizations with expertise in ma-
20 ternal health or environmental justice;

21 (C) State and local public health depart-
22 ments;

23 (D) licensed and accredited hospitals, birth
24 centers, midwifery practices, or other health
25 care practices that provide prenatal or labor

1 and delivery services to vulnerable individuals;
2 and
3 (E) institutions of higher education, in-
4 cluding such institutions that are minority-serv-
5 ing institutions or have expertise in maternal
6 health or environmental justice.

7 **SEC. 6. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**
8 **RISK ZONES FOR VULNERABLE MOTHERS**
9 **AND BABIES.**

10 (a) IN GENERAL.—The Secretary of Health and
11 Human Services, acting through the Director of the Cen-
12 ters for Disease Control and Prevention, shall develop a
13 strategy (in this section referred to as the “Strategy”) for
14 designating areas that the Secretary determines to have
15 a high risk of adverse maternal and infant health out-
16 comes among vulnerable individuals as a result of risks
17 associated with climate change.

18 (b) STRATEGY REQUIREMENTS.—

19 (1) IN GENERAL.—In developing the Strategy,
20 the Secretary shall establish a process to identify
21 areas where vulnerable individuals are exposed to a
22 high risk of adverse maternal and infant health out-
23 comes as a result of risks associated with climate
24 change in conjunction with other factors that can
25 impact such health outcomes, including—

1 (A) the incidence of diseases associated
2 with air pollution, extreme heat, and other envi-
3 ronmental factors;

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

6 (C) English-language proficiency among
7 women of reproductive age;

8 (D) the health insurance status of women
9 of reproductive age;

10 (E) the number of women of reproductive
11 age who are members of racial or ethnic groups
12 with disproportionately high rates of adverse
13 maternal and infant health outcomes;

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

16 (i) poverty;

17 (ii) unemployment;

18 (iii) household income; and

19 (iv) educational attainment; and

20 (G) access to quality housing, transpor-
21 tation, and nutrition.

22 (2) RESOURCES.—In developing the Strategy,
23 the Secretary shall identify, and incorporate a de-
24 scription of, the following:

1 (A) Existing mapping tools or Federal pro-
2 grams that identify—

3 (i) risks associated with climate
4 change for vulnerable individuals; and

5 (ii) other factors that can influence
6 maternal and infant health outcomes, in-
7 cluding the factors described in paragraph
8 (1).

9 (B) Environmental, health, socioeconomic,
10 and demographic data relevant to identifying
11 risks associated with climate change for vulner-
12 able individuals.

13 (C) Existing monitoring networks that col-
14 lect data described in subparagraph (B), and
15 any gaps in such networks.

16 (D) Federal, State, and local stakeholders
17 involved in maintaining monitoring networks
18 identified under subparagraph (C), and how
19 such stakeholders are coordinating their moni-
20 toring efforts.

21 (E) Additional monitoring networks, and
22 enhancements to existing monitoring networks,
23 that would be required to address gaps identi-
24 fied under subparagraph (C), including at the
25 subcounty and census tract level.

1 (F) Funding amounts required to establish
2 the monitoring networks identified under sub-
3 paragraph (E) and recommendations for Fed-
4 eral, State, and local coordination with respect
5 to such networks.

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

11 (H) Other information the Secretary con-
12 sider relevant for the development of the Strat-
13 egy.

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

16 (1) coordinate with the Administrator of the
17 Environmental Protection Agency and the Adminis-
18 trator of the National Oceanic and Atmospheric Ad-
19 ministration; and

20 (2) consult with—

21 (A) stakeholder organizations;

22 (B) health care providers and professional
23 membership organizations with expertise in ma-
24 ternal health or environmental justice;

1 (C) State and local public health depart-
2 ments;

3 (D) licensed and accredited hospitals, birth
4 centers, midwifery practices, or other health
5 care providers that provide prenatal or labor
6 and delivery services to vulnerable individuals;
7 and

8 (E) institutions of higher education, in-
9 cluding such institutions that are minority-serv-
10 ing institutions or have expertise in maternal
11 health or environmental justice.

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

15 (1) notice of the Strategy on a public website
16 of the Department of Health and Human Services;
17 and

18 (2) an opportunity for public comment of at
19 least 90 days.

20 (e) PUBLICATION.—Not later than 18 months after
21 the date of the enactment of this Act, the Secretary shall
22 publish on a public website of the Department of Health
23 and Human Services—

24 (1) the Strategy;

- 1 (2) the public comments received under sub-
- 2 section (d); and
- 3 (3) the responses of the Secretary to such pub-
- 4 lic comments.

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