

119TH CONGRESS
1ST SESSION

S. 2340

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.

IN THE SENATE OF THE UNITED STATES

JULY 17, 2025

Mr. MARKEY (for himself, Ms. BLUNT ROCHESTER, Mr. MERKLEY, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) DIRECTOR.—The term “Director” means
4 the Director of the Office.

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

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

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

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

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

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

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

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

10 (a) OFFICE OF CLIMATE CHANGE AND HEALTH EQ-
11 UITY.—

12 (1) ESTABLISHMENT.—

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

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

22 (C) DIRECTOR.—There is established the
23 position of Director of the Office, who shall be
24 the head of the Office, and who shall report to
25 the Secretary.

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

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

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

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

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

21 (E) Expand capacity for modeling and
22 forecasting health effects that may be climate-
23 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, and Indian Tribes;

23 (L) addressing the impacts of greenhouse
24 gas emissions on the health of individuals living
25 in the United States;

1 (M) tracking health care sector contribu-
 2 tions to greenhouse gas emissions and identi-
 3 fying actions to reduce those emissions;

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

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

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

16 (ii) pulmonary effects, including re-
 17 sponses to aeroallergens, infectious agents,
 18 and toxic exposures;

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

21 (iv) air pollution health effects, includ-
 22 ing heightened sensitivity to air pollution
 23 such as wildfire smoke;

24 (v) reproductive health effects, includ-
 25 ing access to reproductive health care;

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

24 (c) PERIODIC ASSESSMENT AND REVISION.—Not
 25 later than 1 year after the date of first publication of the

1 national strategic action plan, and annually thereafter, the
2 Secretary shall periodically assess, and revise as necessary,
3 the national strategic action plan, to reflect new informa-
4 tion collected, including information on—

5 (1) the status of and trends in critical environ-
6 mental health indicators and related human health
7 impacts;

8 (2) the trends in and impacts of climate change
9 on public health;

10 (3) advances in the development of strategies
11 for preparing for and responding to the impacts of
12 climate change on public health; and

13 (4) the effectiveness of the implementation of
14 the national strategic action plan in protecting
15 against climate change health threats.

16 (d) IMPLEMENTATION.—

17 (1) IMPLEMENTATION THROUGH HHS.—The
18 Secretary shall exercise the Secretary's authority
19 under this Act and other Federal statutes to achieve
20 the goals and measures of the Office and the na-
21 tional strategic action plan.

22 (2) OTHER PUBLIC HEALTH PROGRAMS AND
23 INITIATIVES.—The Secretary and Federal officials of
24 other relevant Federal agencies shall administer
25 public health programs and initiatives authorized by

1 laws other than this Act, subject to the requirements
2 of such laws, in a manner designed to achieve the
3 goals of the Office and the national strategic action
4 plan.

5 (3) HEALTH IMPACT ASSESSMENT.—

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

13 (B) ASSESSMENTS.—Not later than 2
14 years after the date of enactment of this Act,
15 the head of each relevant Federal agency
16 shall—

17 (i) assess the impacts that the pro-
18 posed and current laws, policies, and pro-
19 grams identified under subparagraph (A)
20 under their jurisdiction have or may have
21 on protection against the health threats of
22 climate change; and

23 (ii) assist State, Tribal, local, and ter-
24 ritorial governments in conducting such as-
25 sessments.

1 **SEC. 5. ADVISORY BOARD.**

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

6 (b) APPOINTMENT OF MEMBERS.—

7 (1) IN GENERAL.—The Secretary shall appoint
8 the members of the science advisory board from
9 among individuals who—

10 (A) are recommended by the President of
11 the National Academy of Sciences or the Presi-
12 dent of the National Academy of Medicine; and

13 (B) have expertise in essential public
14 health and health care services, including with
15 respect to diverse populations, climate change,
16 environmental and climate justice, and other
17 relevant disciplines.

18 (2) REQUIREMENT.—The Secretary shall en-
19 sure that the science advisory board includes mem-
20 bers with practical or lived experience with relevant
21 issues described in paragraph (1)(B).

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

23 (1) provide scientific and technical advice and
24 recommendations to the Secretary on the impacts of
25 climate change on public health and populations and
26 regions disproportionately affected by climate

1 change, and strategies and mechanisms to prepare
2 for and respond to the impacts of climate change on
3 public health;

4 (2) advise the Secretary regarding the best
5 science available for purposes of carrying out the ac-
6 tivities of the Office and issuing the national stra-
7 tegic action plan; and

8 (3) submit a report to Congress on its activities
9 and recommendations not later than 1 year after the
10 date of enactment of this Act and not less frequently
11 than every year thereafter.

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

14 **SEC. 6. CLIMATE CHANGE HEALTH PROTECTION AND PRO-**
15 **MOTION REPORTS.**

16 (a) IN GENERAL.—The Secretary shall offer to enter
17 into an agreement, including the provision of such funding
18 as may be necessary, with the National Academies of
19 Sciences, Engineering, and Medicine, under which such
20 National Academies will prepare periodic reports to aid
21 public health and health care professionals in preparing
22 for and responding to the adverse health effects of climate
23 change that—

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

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

4 (3) recommend changes to the national stra-
 5 tegic action plan.

6 (b) SUBMISSION.—The agreement under subsection
 7 (a) shall require a report to be submitted to Congress and
 8 the Secretary and made publicly available not later than
 9 1 year after the first publication of the national strategic
 10 action plan, and every 4 years thereafter.

11 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

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

16 (b) NATIONAL STRATEGIC ACTION PLAN.—There is
 17 authorized to be appropriated to the Secretary to carry
 18 out section 4(b) \$2,000,000 for fiscal year 2026, to re-
 19 main available until expended.

20 (c) ADVISORY BOARD.—There is authorized to be ap-
 21 propriated to the Secretary to carry out section 5
 22 \$500,000 for fiscal year 2026, to remain available until
 23 expended.

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