



# HEALTH CARE AND THE CLIMATE CRISIS: PREPARING AMERICA'S HEALTH CARE INFRASTRUCTURE

## IV. Discussion

*This is the fourth part of a Majority Staff Report focused on the U.S. health system and the climate crisis. [Part One](#) provides an overview of the problem, description of Chair Neal's 2022 Request for Information (RFI), and summary statistics. [Part Two](#) examines how the climate crisis and the prevalence of extreme weather events impact health care organizations – and what they are doing to respond and prepare for future events. [Part Three](#) describes how health care organizations are assessing their climate impact and working to reduce their respective carbon footprints. This part summarizes findings and provides a discussion of implications. [Part Five](#) is an appendix with survey methodology, limitations, and supplemental tables.*

### KEY TAKEAWAYS

The U.S. health care system is responsible for an estimated 10 percent of national greenhouse gas (GHG) emissions, which retain heat in the atmosphere, causing extreme weather events and contributing to worse population health outcomes. Providers, suppliers, and other actors in the health sector have a role to play in curbing emissions and ensuring they are appropriately prepared for increasing climate-related events that will inevitably disrupt operations. Ultimately, such steps have the potential to not only improve health but also provide cost-saving opportunities. A sample of 63 providers from across the country and 13 trade associations representing members across the care continuum provided insights to the Ways and Means Committee on the ways they are preparing for extreme weather events and reducing their carbon footprint to produce a healthier America.

*Extreme weather events & risk.* Due to the accelerated rate of extreme weather events across the country, a majority of respondents said they had experienced at least one such event in the last five years – with more than half experiencing five or more events in the last five years. In many cases, the cost of repairing damages from extreme weather events totaled in the millions, as some providers said they struggled to recover years later.

*Carbon footprint.* Regarding measures undertaken to address organizational carbon footprint, answers to the Ways and Means Committee RFI revealed limited uniformity in response – with some respondents having long-established and public sustainability goals; clear tools to measure their scopes 1, 2, and 3 emissions; and data showing millions of dollars in cost-savings associated with the measures. Other respondents had yet to create sustainability goals. Those who had clearly defined goals, measures, and outcomes related to curbing their respective carbon footprints provided insights in the ways targeted interventions could reduce costs. Still, even for respondents who had well-formed climate programs in place, barriers persist, from defining and accurately measuring scope 3 emissions to raising the start-up funds for capital improvement projects. In many cases, respondents pointed to the federal government's role as an arbiter, standard-setter, and convener to accelerate change.

Findings from this RFI paint a picture of a U.S. health care system only beginning to feel the damaging effects of climate-related weather events that will inevitably continue to disrupt operations across the continuum of care and exact a severe financial toll. Respondents to the RFI represented a range of perspectives – from more resource-rich health systems with a national footprint to standalone community health centers operating in areas more vulnerable to natural



disasters, such as Puerto Rico. Regardless of their role in the U.S. health care system and the population they serve, providers told a story of increasing risk that will likely only get worse as the impacts of a warming globe exacerbate extreme weather patterns.

In the case of natural disasters, communities look to their health care infrastructure as first responders – and yet, even large, multi-hospital health systems with the clearest of climate action or preparedness plans are still vulnerable to calamity totaling into the millions and requiring years of recovery. While some of this destruction is difficult to prepare for and combat, it is clear extreme weather must be considered at a federal, state, and local level as a key threat to continuous care delivery – both for those who rely on hospital systems for ongoing illness and for those requiring health services as a result of injuries sustained during extreme weather events. While many point to the emergency preparedness requirements hospitals are required to meet at the federal level to participate in Medicare and Medicaid as important standards, the increasing rate of once-in-a-century climate events requires a more holistic review of the regulatory standards in place to ensure major disruptions in care are the aberration rather than the norm.

The types, duration, and scope of assistance providers will need to meet these challenges is not likely to be uniform – those operating along the coasts and in areas vulnerable to extreme heat, extreme cold, and flooding may need to be prioritized for these efforts. And safety net providers operating in underserved areas – like community health centers – will also need to be considered, as limited financial resources may result in preparation for the future taking a back seat to the current issues of the day, including the COVID-19 response. But one thing is obvious from the RFI respondents: [The climate crisis knows no bounds](#). All providers are vulnerable, and the time to prepare is now, rather than after operations have been compromised and residents of affected areas have nowhere to go for care. Failing to prepare health care systems and supply chains for extreme weather events has the potential to result in more death and suffering in the years ahead.

The good news, however, is that the treatment for these increasing challenges is also a cure. Estimating risk, implementing climate mitigation strategies, and setting up more resilient systems have the potential to create more sustainable 21st century processes and reduce the health system's carbon footprint – which will, in turn, begin to combat the increasing rate of climate events. RFI respondents represented the full spectrum of experience in sustainability practices. Some have spent years grappling with carbon emissions and could not only describe their programs' beneficial impacts on scope 1, 2, and even 3 emissions (see [Part One](#) for definitions) – but they could also show significant cost savings. Others, however, admitted they were unsure of how to begin. The federal government has a clear role to play in this area, providing supports that get the beginners on the road to action and help those with work underway to advance these shared objectives more quickly. The overall takeaway is that much more work must be done – by the federal government and health care facilities – to achieve the dual goals of protecting our health systems from extreme weather and reducing the harmful effects of climate change on populations across the U.S. and abroad.

In many ways, the findings from this RFI begin the conversation for those providers who feel unsupported or unable to dive into issues related to sustainability and climate risk. Given the limited standardization of efforts and nascent federal leadership in this specific space to date, it is



not surprising that the response to the climate crisis in the health sector is merely piecemeal and lacking in appropriate infrastructure for scale-up and spread. While the more advanced efforts of a few “innovators” in the space are important to document to begin to pave the road toward change, this is unlikely to be a roadmap for all providers. Ensuring health care facilities are tackling climate issues with urgency requires an understanding and appreciation of the varied starting points of these organizations. These findings clearly highlight that there is a role for the federal government as a convener, a developer, and a guide. Few RFI respondents described skepticism of the need for such de-carbonization and climate resiliency work – rather, many questioned their own ability to move forward without financial and expert supports. At the most basic level, providers need assistance in deciphering and aggregating the many existing grants and tax credits available to support their work in this space, while other providers sought more expansive help.

Despite best attempts, the RFI respondents are likely not fully representative of providers across the U.S. The Committee corresponded with a number of entities that did not wish to participate – either because they did not see the relevance of the questions being asked or they did not wish to share their lack of awareness in this space. Such anecdotal responses highlight the exact purpose of publishing the findings from this RFI: To start a national dialogue, raise awareness, and accelerate the process of preparation and change.

The onus to address the climate crisis does not lay only on health care providers – they are but one piece of the puzzle related to curbing carbon emissions in the health sector. Research clearly shows that scope 3 emissions coming largely from the supply chain have the largest impact on the climate. That is why the Committee also solicited group purchasing organizations (GPOs) to better understand the work they are doing on behalf of their members to leverage purchasing power and ultimately drive change. Findings from that RFI will be presented in subsequent parts to paint a more robust picture of the health care landscape with respect to the climate crisis – from the health care providers to the supply chain.

Health care providers’ inadvertent contributions to worsening health outcomes as a result of changing climate conditions contradict their mission to improve health conditions. Ultimately, providers’ commitment to comprehensively addressing carbon emissions and better preparing for extreme weather will align with the goals of practicing medicine and the Hippocratic Oath. Change in this space will not happen overnight – but this Majority Staff Report takes the first step in creating change through awareness, transparency, and open communication. From there, finding the roadmap for the future becomes much easier, and the pathway to change – however challenging – comes within reach.