

COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

April 9, 2021

Xavier Becerra
Secretary
U.S. Department of Health and Human Services (HHS)
200 Independence Avenue, SW
Washington, DC 20201

Re: HHS Strategies for Resilience and Sustainability in Response to Climate Change

Dear Secretary Becerra:

I am pleased the President has rejoined the Paris Agreement and positioned the United States (U.S.) to work with our allies across the world to combat climate change. The U.S. can and should lead the world on tackling climate change and promoting sustainability. We have a responsibility across all facets of the federal government to pursue policy and regulatory changes to meet this challenge. HHS is uniquely positioned to help our nation proactively meet climate change targets ahead of the prescribed dates. It is my hope that we can work together to ensure HHS is prepared to guide the health care industry in navigating the challenges created by this crisis.

Many Americans are familiar with how climate change can affect health – from extreme weather events to declining air and water quality that most severely impacts elderly, minority, and low-income populations. Yet less attention has been paid to the way the health care sector directly affects and contributes to climate change. Data show that hospitals rank high among the most energy-intensive commercial buildings, and the health care industry as a whole is responsible for 10 percent of greenhouse gas emissions in the United States.¹ The nation's recommitment to the Paris Agreement carries a mandate for us to examine carbon reduction and also offers opportunities to make health infrastructure more efficient and resilient.²

HHS can address climate change by using its role over federal payment and standard setting to demand rapid change in the industry itself. For instance, HHS sets program participation and quality standards for hospitals, nursing homes, outpatient clinics, and a myriad of other health providers, in addition to pharmaceutical, lab, and medical device and supply companies. Like many in other industries, these entities consume significant amounts of energy and engage in manufacturing, packaging, and transportation practices that contribute to pollution, waste, and other undesirable effects on the environment. HHS should examine ways to use the available tools to drive down carbon emissions and reduce other byproducts of the health care system that harm the environment.

¹ Maya I. Ragavan et al., *Climate Change as a Social Determinant of Health*, 145:5 PEDIATRICS PERSPECTIVES (2020).

² Arefeh Mousavi et al., *Health System Plan for Implementation of Paris Agreement on Climate change (COP 22): a qualitative study in Iran*, 20:1388 BMC PUBLIC HEALTH (2020).

We ask that you identify ways the Department can use administrative avenues to drive meaningful change toward business practices that promote sustainability. It is critical that we understand the regulatory levers the Department can exercise so that we can better understand what additional legislative initiatives are necessary to ensure our nation not only meets, but exceeds, the targets in the Paris Agreement. The Committee looks forward to getting to work alongside the Department to better inform the task before us. Therefore, I request a briefing for Committee staff on the following topics:

1. What regulatory levers does HHS have to set performance targets for providers and facilities for sustainability within the health system in areas such as: (1) physical plant adaptations and sustainable energy use; (2) waste management; and (3) supply chain?
2. To what extent do existing Conditions of Participation (COPs) for providers and suppliers, provider enrollment requirements, and quality measurement programs address issues related to sustainability?
3. Health care services are often delivered in leased facilities, and this can make it more difficult to determine the most efficient and equitable way to develop standards to encourage the transition to more sustainable practices. To what extent can HHS use existing contract and financial management practices to help address this issue? Are there impediments in the law that Congress should assess?
4. What programs does HHS have today that would help to disseminate best practices for sustainability across the health sector in short order?
5. How does HHS leverage the expertise available through the Department of Agriculture (USDA), the Department of Commerce (DOC), the Department of Transportation (DOT), the Department of Energy (DOE), the Environmental Protection Agency (EPA), and the National Institute of Standards and Technology (NIST) to inform its standards for sustainability and resilience in HHS programs? Are there opportunities for Congress to provide additional authority or support for this collaboration?

Thank you for your attention to this important matter. For follow-up and additional questions, please contact Amy Hall of the Committee on Ways and Means Majority staff at (202) 225-3625.

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard E. Neal".

Richard E. Neal
Chairman
Committee on Ways and Means

Cc: Secretary Jennifer Granholm, Department of Energy
Secretary Tom Vilsack, Department of Agriculture
Secretary Pete Buttigieg, Department of Transportation
Ms. Jane Nishida, Acting Administrator, Environmental Protection Agency

Ms. Elizabeth Richter, Acting Administrator, CMS

Dr. James K. Olthoff, Acting Under Secretary for Standards and Technology, Department
of Commerce