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U.S. House of Representatives
COMMITTEE ON WAYS AND MEANS
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January 27, 2022

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

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Climate Crisis Solicitation in Proposed HHS Notice of Benefit and Payment Parameters for 2023

Dear Secretary Becerra and Administrator Brooks-LaSure:

I write to commend you for your solicitation of comments on health equity, climate health, and qualified health plans (QHPs) that you included in the proposed Notice of Benefit and Payment Parameters for 2023 ("Proposed NBPP"), published in the *Federal Register* on January 5, 2022.[1] As I discussed in my April 2021 letter to Secretary Becerra, the impact of the climate crisis on health is well documented – from increasing rates of asthma in vulnerable communities, to an increase in deaths from extreme weather events, heat, infectious and vector-borne diseases, and compromised food supplies. Yet, less attention has been paid to the fact that

[1] Department of Health and Human Services, Centers for Medicare and Medicaid Services, Proposed Rule, Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023, 87 Fed. Reg. 584 (Jan. 5, 2022), https://www.federalregister.gov/documents/2022/01/05/2021-28317/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2023.

the health care industry as a whole is responsible for an estimated 10 percent of greenhouse gas emissions in the U.S. and more than four percent of worldwide greenhouse gas emissions. [2, 3] I am pleased the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) are examining how QHPs can address the climate crisis and mitigate its exacerbation of existing health care inequities. This solicitation is just the first step in many that must be taken to incentivize health care stakeholders to recognize their role in the climate crisis and hold them accountable for action.

With U.S. greenhouse gas emissions rising by an estimated six percent between 2012 and 2018, it is clear that all actors in the health care system must address their respective roles in perpetuating the climate crisis.[4] QHPs are a good place to start, and I applaud the important questions you have posed in this request for input. It will be vital for HHS and CMS to explore the ways QHPs are pushing their providers and facilities to be accountable in meeting pre-specified climate targets through their own actions as well as their contracts with supply chains. As in other areas relevant to health care outcomes and quality, HHS and CMS should use the feedback from this request to begin developing a rating system for plans as it pertains specifically to action on the climate crisis.

Beyond incentivizing QHPs, I encourage CMS to also explore ways to directly incentivize providers and suppliers to examine their responsibility, as health care facilities are both directly responsible for emissions as well as indirectly responsible for the emissions attributable to the goods and services they use. Hospitals represent the second-most energy-intensive commercial buildings in the country (behind food services buildings), attributable to a number of factors, including their heating, cool, and ventilation systems as well as their medical and laboratory equipment use.[5] According to a study that used data from 2013, the largest proportion of greenhouse gas emissions in the health care sector came from hospital care (36 percent), physician and clinical services (12 percent), and prescription drugs (10 percent).[6] Thus, beyond developing a rating system for plans, CMS must turn its attention to establishing criteria and metrics for providers and suppliers, which should begin with having providers measure carbon footprint, develop plans to mitigate these impacts, and ultimately meet targets to achieve neutrality at a minimum. It is inconsistent to say a health care provider or plan is working to improve health without also being cognizant of and taking steps to mitigate its overall climate impact.

It is time that we move beyond our reliance on corporate social responsibility reporting and disclosures and regulatorily hold health care organizations responsible for tracking and controlling their environmental impacts. While the necessary changes to quality reporting and incentive structures may appear challenging, change is possible: The United Kingdom's National Health System (NHS) reduced carbon emissions by 18.5 percent (2007-2017) and water usage by

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[2] Maya I. Ragavan et al., *Climate Change as a Social Determinant of Health*, 145:5 PEDIATRICS PERSPECTIVES (2020).
[3] Mathew J. Eckelman et al., *Health Care Pollution and Public Health Damage in The United States: An Update*, 39:12 HEALTH AFFAIRS (2020), https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01247.
[4] *Id.*
[5] Matthew Eckelman & Jodi Sherman, *Environmental Impacts of the U.S. Health Care System and Effects on Public Health*, 11:6 PLOS ONE at table 1 (2016), https://dx.doi.org/10.1371%2Fjournal.pone.0157014.
[6] *Id.*

21 percent (2010-2017).[7] And in the U.S., Kaiser Permanente reduced its greenhouse gas emissions by 29 percent between 2008 and 2018.[8]

I look forward to continuing to work with you on addressing these critical shifts in the health care system. 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,

Richard E. Neal
Chairman
Committee on Ways and Means

[7] Martin Hensher & Forbes McGain, *Health Care Sustainability Metrics: Building A Safer, Low-Carbon Health System*, 39:12 HEALTH AFFAIRS (2020), healthaffairs.org/doi/10.1377/hlthaff.2020.01103.
[8] *Id.*