



Asthma and Allergy Foundation of America



The Medical Society Consortium on CLIMATE & HEALTH



National Association of Pediatric Nurse Practitioners



National Medical Association



June 10, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244

**RE: Medicare and Medicaid Programs and the Children’s Health Insurance Program:
Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long
Term Care Hospital Prospective Payment System, etc.
Attention: CMS–1808–P**

Dear Administrator Brooks-LaSure:

The undersigned public health, medical and nursing organizations support the proposed plan for the Transforming Episode Accountability Model (TEAM) Decarbonization and Resilience Initiative. Our organizations have a long history of urging action on climate change in order to protect human health. We are pleased that the Department of Health and Human Services has taken steps to incorporate climate change into its work across the department and support the proposed plan for further action within the Centers for Medicare and Medicaid Services.

Climate change is a health emergency. According to the National Oceanic and Atmospheric Administration, an unprecedented 28 billion-dollar disasters struck the U.S. in 2023.¹ The Fifth National Climate Assessment underscored that climate change threatens the health of every person in this country, and painted a grim picture for public health and the ability of health systems to respond to climate change absent drastic emissions reductions.² Millions of people across the U.S. are subject to increasingly frequent and severe weather events such as excessive heat, intense rainfall, drought and wildfires.

These events cause more than just one-time disruptions. Disasters like floods and wildfires not only drive increased illness, they also impact access to healthcare and essential services, which could result in longer-lasting impacts on a patient’s care. The loss of life, property and community are unfortunately not unusual impacts of these events, and climate-fueled disasters have long-term consequences for health. From the development of mold post-flood to long-term

lung harm due to air pollution from wildfires that can cause long-term lung harm, human health can be harmed long after the immediate disaster has passed.

The 10 warmest years since 1850 have all occurred in the last decade and 2023 was by far the warmest year on record.³ Extreme heat can be deadly, and it also leads to formation of more air pollution, further worsening air quality. The American Lung Association's 2024 "State of the Air" report, using data from 2020-2022, showed that more than 100 million people live in areas with unhealthy levels of ground-level ozone pollution, a widespread and dangerous pollutant formed when pollution from vehicles, power plants or oil and gas wells interact with sunlight.⁴

Climate change is also a stress factor for mental health. Extreme weather events can cause post-traumatic stress and there have also been measurements of increased anxiety due to climate change.⁵ Coupled together with the physical impacts, it is clear that a response to climate change must incorporate the health perspective. Hospitals and health care systems are on the front lines of the climate crisis, as they are treating patients suffering climate-related health impacts.

Engaging the healthcare sector also serves another purpose. As this proposal notes, the healthcare sector is responsible for 8.5% of U.S. greenhouse gas emissions. That means that as the healthcare sector is responding to the health impacts stemming from climate change by treating patients, they are also a major contributor the problem and further increasing the gap between demand for care and the capacity to deliver the care.

This proposal is innovative and positions the U.S. to be a leader in healthcare sustainability. Our organizations wanted to highlight a few of the strong benefits this initiative will have if finalized:

- **Direct Public Health Benefits.** In addition to helping to mitigate the health harms from climate change detailed above, reducing emissions from participating CMS hospitals will have co-benefits of reducing local air pollution. Hospitals can reduce emissions that contribute to criteria air pollution including particulate matter (soot) and ozone (smog) as well as other cancer-causing pollution.⁶
- **Improved Data Collection.** Accurately accounting for emissions from major sources is necessary to provide efficient, targeted solutions. This voluntary emissions reporting program can help identify areas where emissions levels are undermining progress on health outcomes. Laying a foundation of data can help identify trends and provide opportunities for new analysis and strategies.
- **Cost Savings.** This data-driven approach has the potential for saving costs, not just by running more efficient operations and upgrading systems, but also by delivering long-term healthcare savings compared to a future without these actions. Improvements in air quality and impacts of climate change avoided have both large monetized impacts and result in healthcare savings. Preventing disease will help reduce healthcare costs.
- **Individuality and Continuation of Care.** This initiative is voluntary and responsive to the individual needs of each participating hospital. We hope that the initiative can lay the groundwork for other healthcare systems to see the benefits and follow suit. We also recognize that the healthcare system's top priority is continuation of care. We believe that this initiative offers the opportunity to continue providing essential services, medical devices and supplies while also examining the improvements that can be made from a climate perspective. The data and case studies that come out of this initiative will help inform future strategies that could have even greater impact.

Health organizations will continue to advocate for bold solutions to the climate crisis. The inclusion of climate mitigation in the HHS Strategic Plan FY 2022-2026 underscores the urgency of treating the climate crisis as a health emergency. We support the proposed voluntary TEAM Decarbonization and Resilience Initiative. We urge its finalization and look forward to it becoming a starting point for future action that engages the whole of the healthcare sector to dramatically reduce emissions.

Signed,

Allergy & Asthma Network
Alliance of Nurses for Healthy Environments
American College of Physicians
American Lung Association
Asthma and Allergy Foundation of America
Health Care Without Harm
Medical Society Consortium on Climate and Health
Medical Students for a Sustainable Future (MS4SF)
National Association of Pediatric Nurse Practitioners
National Medical Association
Oncology Advocates United for Climate and Health (OUCH)
Physicians for Social Responsibility

¹ NOAA National Centers for Environmental Information (NCEI) U.S. Billion-Dollar Weather and Climate Disasters

(2024). <https://www.ncei.noaa.gov/access/billions/>, DOI: 10.25921/stkw-7w73

² USGCRP, 2023: Fifth National Climate Assessment. Crimmins, A.R., C.W. Avery, D.R. Easterling, K.E. Kunkel, B.C.

Stewart, and T.K. Maycock, Eds. U.S. Global Change Research Program, Washington, DC, USA.

<https://doi.org/10.7930/NCA5.2023>

³ NOAA National Centers for Environmental Information, Monthly Global Climate Report for Annual 2023, published online January 2024, retrieved on March 13, 2024 from

<https://www.ncei.noaa.gov/access/monitoring/monthly-report/global/202313>

⁴ American Lung Association. State of the Air 2024. Key Findings: Ozone Trends (April 2024) lung.org/sota

⁵ Walinski A, Sander J, Gerlinger G, Clemens V, Meyer-Lindenberg A, Heinz A. The Effects of Climate Change on Mental Health. *Dtsch Arztebl Int.* 2023 Feb 24;120(8):117-124. doi: 10.3238/arztebl.m2022.0403. PMID: 36647584; PMCID: PMC10154789.

⁶ Eckelman MJ, Sherman J (2016) Environmental Impacts of the U.S. Health Care System and Effects on Public Health. *PLoS ONE* 11(6): e0157014. <https://doi.org/10.1371/journal.pone.0157014>