

119TH CONGRESS
2D SESSION

H. R. 10209

To provide for green and resilient health care infrastructure, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 1, 2026

Ms. JAYAPAL introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To provide for green and resilient health care infrastructure,
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 “Granting Resources
5 for Eliminating Emissions Now in Hospitals Act” or the
6 “GREEN Hospitals Act”.

7 **SEC. 2. GREEN HILL-BURTON FUNDS FOR CLIMATE-READY**
8 **MEDICAL FACILITIES.**

9 (a) GRANTS FOR CONSTRUCTION OR MODERNIZA-
10 TION PROJECTS.—

1 (1) IN GENERAL.—Section 1610(a) of the Pub-
2 lic Health Service Act (42 U.S.C. 300r(a)) is
3 amended—

4 (A) in paragraph (1)(A)—

5 (i) in clause (i), by striking “, or” at
6 the end and inserting a semicolon;

7 (ii) in clause (ii), by striking the pe-
8 riod at the end and inserting “; or”; and

9 (iii) by adding at the end the fol-
10 lowing:

11 “(iii) increase capacity to provide essential
12 health care and update medical facilities to become
13 more resilient to climate disasters and public health
14 crises to ensure access and availability of quality
15 health care for communities in need.”; and

16 (B) by striking paragraph (3) and insert-
17 ing the following:

18 “(3) PRIORITY.—In awarding grants under this sub-
19 section, the Secretary shall give priority to applicants
20 whose projects will include, by design, resilience against
21 natural disasters, climate change mitigation, or other nec-
22 essary predisaster adaptations to ensure continuous health
23 care access and combat health risks due to climate change,
24 such as—

1 “(A) installation of onsite distributed genera-
2 tion that combines energy-efficient devices, energy
3 storage, and renewable energy in accordance with
4 modern electrical safety standards for medical facili-
5 ties to allow the medical facility to access essential
6 energy during power outages and optimize use of on-
7 site and offsite energy sources for emissions reduc-
8 tions;

9 “(B) improving air conditioning, monitoring,
10 and purifying through installation of high-efficiency
11 heat pumps that provide both cooling and heating,
12 air purifiers, air filtration systems, and air quality
13 monitoring systems integrated with energy systems
14 and energy efficiency considerations in preparation
15 for future natural hazards and public health crises,
16 such as wildfire, smog, extreme heat events, and
17 pandemics;

18 “(C) installation and maintenance of wetlands,
19 drainage ponds, stormwater drainage, and any other
20 green infrastructure to protect the medical facility
21 from projected severe effects with respect to extreme
22 weather, natural disasters, or climate change-related
23 events, including sea-level rise, flooding, and in-
24 creased risk of wildfire;

1 “(D) green rooftops, walls, and indoor plant-
2 ings, particularly those that can provide publicly ac-
3 cessible temperature management and air quality
4 improvements;

5 “(E) tree planting and other green infrastruc-
6 ture to create publicly accessible cool space to ad-
7 dress urban heat islands;

8 “(F) infrastructure upgrades that protect ac-
9 cess routes to the medical facility, such as long-term
10 flood, wildfire, and other disaster mitigation for the
11 roads, sidewalks, and public transit infrastructure
12 that service the medical facility;

13 “(G) the long-term maintenance of
14 decarbonization and zero-emissions infrastructure in-
15 stalled using funds made available pursuant to para-
16 graph (4) or other funds; and

17 “(H) any other type of plan or project the Sec-
18 retary determines will increase the sustainability and
19 resiliency of a medical facility, protect patient health
20 and community access during extreme weather, and
21 advance environmental justice.

22 “(4) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this sub-
24 section \$100,000,000,000 for fiscal year 2026, to remain
25 available until expended.”.

1 (2) TECHNICAL AMENDMENT.—Section 1610(b)
2 of the Public Health Service Act (42 U.S.C.
3 300r(b)) is amended by striking paragraph (3).

4 (b) MEDICAL FACILITY PROJECT APPLICATIONS.—

5 (1) IN GENERAL.—Section 1621(b)(1) of the
6 Public Health Service Act (42 U.S.C. 300s–1(b)(1))
7 is amended—

8 (A) in subparagraph (J), by striking “and”
9 at the end;

10 (B) in subparagraph (K), by striking the
11 period at the end and inserting a semicolon;
12 and

13 (C) by adding at the end the following:

14 “(L) reasonable assurance that the facility will
15 have adequate staffing to fulfill the community serv-
16 ice obligation; and

17 “(M) reasonable assurance that the facility—

18 “(i) has a collective bargaining agreement
19 with 1 or more labor organizations representing
20 employees at the facility; or

21 “(ii) has an explicit policy not to interfere
22 with the rights of employees of the facility
23 under section 7 of the National Labor Relations
24 Act.”.

1 (2) APPLICATION FOR PLANNING GRANTS.—

2 Section 1621 of the Public Health Service Act (42
3 U.S.C. 300s–1) is amended by adding at the end the
4 following:

5 “(c) APPLICATION FOR PLANNING GRANTS.—An ap-
6 plication for a project submitted under part A or B shall
7 be deemed to be complete for purposes of section 3(d)(2)
8 of the Granting Resources for Eliminating Emissions Now
9 in Hospitals Act, and the application shall be deemed to
10 have been submitted for purposes of consideration for a
11 planning grant under that section.”.

12 **SEC. 3. PLANNING AND EVALUATION GRANT PROGRAM.**

13 (a) DEFINITIONS.—In this section:

14 (1) MEDICAL FACILITY.—The term “medical
15 facility” means a hospital, public health center, out-
16 patient medical facility, rehabilitation facility, facil-
17 ity for long-term care, or other facility (as may be
18 designated by the Secretary) for the provision of
19 health care to ambulatory patients.

20 (2) PROPOSED PROJECT.—The term “proposed
21 project” means a construction or modernization
22 project proposed by an eligible entity in a sustain-
23 ability and resiliency plan.

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

1 (4) SUSTAINABILITY AND RESILIENCY PLAN.—

2 The term “sustainability and resiliency plan” means
3 a plan, including comprehensive preproject evalua-
4 tion, for a construction or modernization project
5 that would, in order to protect patient health and
6 community access, enhance—

7 (A) the sustainability of a medical facility
8 and infrastructure surrounding the medical fa-
9 cility; and

10 (B) the resiliency of that medical facility
11 and infrastructure surrounding the medical fa-
12 cility to climate change and public health crises.

13 (b) ESTABLISHMENT.—The Secretary shall establish
14 a grant program, to be known as the “Planning and Eval-
15 uation Grant Program”, under which the Secretary shall
16 make planning grants to eligible entities to develop sus-
17 tainability and resiliency plans for medical facilities owned
18 or operated by the eligible entity and infrastructure sur-
19 rounding the medical facilities.

20 (c) ELIGIBLE ENTITIES.—To be eligible to receive a
21 planning grant under subsection (b), an applicant shall
22 be—

23 (1) a State, Tribal government, or political sub-
24 division of a State or Tribal government, including

1 any city, town, county, borough, hospital district au-
2 thority, or public or quasi-public corporation; or

3 (2) a nonprofit private entity.

4 (d) APPLICATIONS.—

5 (1) IN GENERAL.—Except as provided in para-
6 graph (2), an eligible entity seeking a planning
7 grant under subsection (b) shall submit to the Sec-
8 retary an application at such time, in such manner,
9 and containing such information as the Secretary
10 may by regulation prescribe, including—

11 (A) a description of the proposed project;

12 (B) a summary and breakdown of the de-
13 mographics of the patient population served or
14 potentially served by the medical facility under
15 the proposed project, including information
16 on—

17 (i) whether the medical facility is a fa-
18 cility for which a majority of the revenue
19 the facility receives for patient care is from
20 reimbursements for medical care furnished
21 to Medicare and Medicaid beneficiaries
22 under titles XVIII and XIX of the Social
23 Security Act (42 U.S.C. 1395 et seq. and
24 1396 et seq.); and

1 (ii) other indications that individuals
2 vulnerable to climate change are served or
3 potentially served by the medical facility;

4 (C) a description of the ways in which the
5 proposed project—

6 (i) will carry out 1 or more activities
7 described in subsection (g);

8 (ii) meet the needs of the community
9 the medical facility serves, especially the
10 needs of vulnerable populations; and

11 (iii) meet the sustainability and resil-
12 iency needs of the medical facility due to
13 climate risks and hazards;

14 (D) a description of whether the commu-
15 nity served by the medical facility is an environ-
16 mental justice community;

17 (E) a description of the ways in which the
18 planning grant would be used to carry out 1 or
19 more planning and evaluation activities de-
20 scribed in subsection (f);

21 (F) reasonable assurance that all laborers
22 and mechanics employed by contractors or sub-
23 contractors in the performance of work on a
24 project will be paid wages at rates not less than
25 those prevailing on similar work in the locality

1 as determined by the Secretary of Labor in ac-
2 cordance with subchapter IV of chapter 31 of
3 part A of subtitle II of title 40, United States
4 Code (commonly referred to as the “Davis-
5 Bacon Act”), and the Secretary of Labor shall
6 have with respect to such labor standards the
7 authority and functions set forth in Reorganiza-
8 tion Plan Numbered 14 of 1950 (64 Stat.
9 1267; 5 U.S.C. App.) and section 3145 of title
10 40, United States Code; and

11 (G) reasonable assurance that the facil-
12 ity—

13 (i) has a collective bargaining agree-
14 ment with 1 or more labor organizations
15 representing employees at the facility; or

16 (ii) has an explicit policy not to inter-
17 fere with the rights of employees at the fa-
18 cility under section 7 of the National
19 Labor Relations Act (29 U.S.C. 157).

20 (2) ADDITIONAL APPLICATIONS.—An applica-
21 tion submitted under part A or B of title XVI of the
22 Public Health Service Act (42 U.S.C. 300q et seq.
23 and 42 U.S.C. 300r) shall be deemed to be a com-
24 plete application submitted for purposes of consider-
25 ation for a planning grant under subsection (b).

1 (e) SELECTION.—The Secretary shall—

2 (1) in coordination with the Secretary of En-
3 ergy and the Administrator of the Environmental
4 Protection Agency, if necessary, develop metrics to
5 evaluate applications for planning grants under sub-
6 section (b); and

7 (2) give priority to applications that focus on
8 improving a medical facility—

9 (A) for which—

10 (i) a majority of the revenue the facil-
11 ity receives for patient care is from reim-
12 bursements for medical care furnished to
13 Medicare and Medicaid beneficiaries under
14 titles XVIII and XIX of the Social Secu-
15 rity Act (42 U.S.C. 1395 et seq. and 1396
16 et seq.); or

17 (ii) a high proportion of patients is
18 uninsured, as determined by the Secretary;
19 and

20 (B) that is located in a neighborhood or
21 serves a patient population that—

22 (i) experiences low-air quality;

23 (ii) lacks green space;

24 (iii) bears higher cumulative pollution
25 burdens; or

1 (iv) is at disproportionate risk of ex-
2 perience the adverse effects of climate
3 change.

4 (f) PLANNING ACTIVITIES.—Planning and evaluation
5 activities carried out by an eligible entity using grant
6 funds received under subsection (b) shall include 1 or
7 more of the following:

8 (1) Performing project planning, community
9 outreach and engagement, feasibility studies, and
10 needs assessments of the local community and pa-
11 tient populations.

12 (2) Performing engineering and climate-risk as-
13 sessments of the medical facility infrastructure and
14 the access routes to the medical facility.

15 (3) Providing management and operational as-
16 sistance for developing and receiving funding for the
17 proposed project.

18 (4) Other planning and evaluation activities and
19 assessments as the Secretary determines appro-
20 priate.

21 (g) PROPOSED PROJECTS.—Construction and mod-
22 ernization activities carried out by a proposed project
23 under a sustainability and resiliency plan developed pursu-
24 ant to a planning grant received under subsection (b) may
25 include—

1 (1) improvements to the infrastructure, build-
2 ings, and grounds of the medical facility, includ-
3 ing—

4 (A) installation of onsite distributed gen-
5 eration that combines energy-efficient devices,
6 energy storage, and renewable energy in accord-
7 ance with modern electrical safety standards for
8 medical facilities to allow the medical facility to
9 access essential energy during power outages
10 and optimize use of onsite and offsite energy
11 sources for emissions reductions; and

12 (B) improving air conditioning, monitoring,
13 and purifying through installation of high-effi-
14 ciency heat pumps that provide both cooling
15 and heating, air purifiers, air filtration systems,
16 and air quality monitoring systems integrated
17 with energy systems and energy efficiency con-
18 siderations in preparation for future natural
19 hazards and public health crises such as wild-
20 fire, smog, extreme heat events, and pandemics;

21 (2) green infrastructure projects, such as—

22 (A) installation and maintenance of wet-
23 lands, drainage ponds, and any other green in-
24 frastructure that would protect the medical fa-
25 cility from projected severe effects with respect

1 to extreme weather, natural disasters, or cli-
2 mate change-related events, including sea-level
3 rise, flooding, and increased risk of wildfire;
4 and

5 (B) green rooftops, walls, and indoor
6 plantings, particularly those that can provide
7 publicly accessible temperature management
8 and air quality improvements;

9 (3) resiliency projects to secure local accessi-
10 bility to the medical facility by protecting the access
11 routes to the medical facility, such as—

12 (A) infrastructure upgrades that protect
13 access routes to the medical facility, such as
14 long-term flood, wildfire, and other disaster
15 mitigation for the roads, sidewalks, and public
16 transit infrastructure that service the medical
17 facility; and

18 (B) the long-term maintenance of
19 decarbonization and zero-emissions infrastruc-
20 ture; and

21 (4) any other type of activity the Secretary de-
22 termines will increase the sustainability and resil-
23 iency of a medical facility and protect patient health
24 and community access during extreme weather.

1 (h) AMOUNT OF GRANT.—The total amount of a
2 grant under subsection (b) shall not exceed \$500,000.

3 (i) TECHNICAL ASSISTANCE.—The Secretary, in co-
4 ordination with the Secretary of Energy, the Adminis-
5 trator of the Environmental Protection Agency, and the
6 Secretary of Transportation, if necessary, directly or
7 through partnerships with States, Tribal governments,
8 and nonprofit organizations, shall provide technical assist-
9 ance to eligible entities interested in carrying out proposed
10 projects that—

11 (1) serve environmental justice communities or
12 medically underserved communities;

13 (2) demonstrate a commitment to provide job
14 training, apprenticeship programs, and contracting
15 opportunities to residents and small businesses
16 owned by residents of the community that the med-
17 ical facility serves;

18 (3) identify and further community priority ac-
19 tions and conduct robust community engagement;
20 and

21 (4) employ nature-based solutions that focus on
22 protection, restoration, or management of ecological
23 systems to safeguard public health, provide clean air
24 and water, increase natural hazard resilience, and
25 sequester carbon.

1 (j) PROHIBITION ON TRAINING REPAYMENT.—As a
2 condition of receiving a grant or technical assistance under
3 this section, an eligible entity shall certify that the eligible
4 entity does not use, and if the eligible entity contracts with
5 any staffing agency or training provider, that such agency
6 or provider does not use, any provision in employment
7 agreements, job training agreements, or apprenticeship
8 program agreements that would require an employee or
9 training or apprenticeship program participant to pay a
10 debt if the employee or training or apprenticeship program
11 participant’s employment or work relationship or training
12 period with a specified employer or business entity is ter-
13 minated.

14 (k) ENVIRONMENTAL JUSTICE COMMUNITIES.—The
15 Secretary shall ensure that not less than 50 percent of
16 grant funds awarded under subsection (b) are used for
17 sustainability and resiliency plans for proposed projects lo-
18 cated in environmental justice communities.

19 (l) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to the Secretary to carry
21 out this section \$5,000,000,000 for fiscal year 2026, to
22 remain available until expended.

○