

119TH CONGRESS
1ST SESSION

S. RES. 318

Recognizing that climate change poses a growing threat to public health and necessitates coordinated action to mitigate its impacts and safeguard the health and well-being of all people in the United States.

IN THE SENATE OF THE UNITED STATES

JULY 10, 2025

Mr. MARKEY (for himself, Ms. BLUNT ROCHESTER, Mr. MERKLEY, Mr. VAN HOLLEN, and Mr. BOOKER) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions

RESOLUTION

Recognizing that climate change poses a growing threat to public health and necessitates coordinated action to mitigate its impacts and safeguard the health and well-being of all people in the United States.

Whereas climate change is the most significant threat to human health in the 21st century, as affirmed by a broad scientific consensus, including more than 200 medical journals;

Whereas climate change is driving illness, injury, displacement, and death across the United States, including—

(1) by worsening respiratory and allergy-related illnesses and contributing to an increase in cancer risks through climate change fueled-increases in air pollution,

longer pollen seasons, and increased exposure to wildfire smoke, ground-level ozone, and fine particulate matter that threaten the health of over 150,000,000 people in the United States living in areas with unhealthy air;

(2) by increasing the risk of cardiovascular disease, heart attacks, and strokes, often worsened by extreme heat waves;

(3) by increasing direct and indirect behavioral and mental health complications, including pre-disaster anxiety, post-traumatic stress disorder, depression, substance use disorder, domestic violence, and suicidality, linked to climate-driven disasters with children, pregnant individuals, people living in high-risk zones, communities of color, and low-income communities bearing the brunt of long-term psychological and emotional harm;

(4) by disproportionately increasing the rates of homelessness and displacement among infants and young children, who face the highest risk of homelessness from climate disasters when living in substandard housing or high-risk zones;

(5) by increasing the prevalence of food-, insect-, and water-borne diseases, as climate change expands the range and seasonality of vectors, while flooding and warming accelerate microbial contamination of food and drinking water;

(6) by increasing water-borne pathogens, which already cause over 7,000,000 illnesses, 118,000 hospitalizations, and 6,600 deaths annually in the United States, a burden that is expected to rise as climate-driven extreme weather and warming destabilize water and sanitation systems;

(7) by heightening the risk of pregnancy-related complications, including still birth and preterm birth,

which studies show can increase by 1 to 2 percent for each additional day of extreme heat exposure and mounting death and disability resulting from extreme weather events that continue to displace and endanger millions of people in the United States annually; and

(8) by increasing the prevalence of extreme weather events, which cause death and injuries and displace and endanger millions of people in the United States annually;

Whereas people with disabilities are 2 to 4 times more likely to die or be injured during climate-related disasters, including heatwaves, hurricanes, and floods, due to evacuation barriers, medical equipment failures, and lack of accessible emergency infrastructure;

Whereas historically underserved communities, including post-industrial regions, rural areas, Tribal nations, low-income and working-class neighborhoods, communities of color, and people with disabilities and pre-existing comorbidities, face disproportionate health risks from climate hazards, such as extreme heat, severe storms, drought, and air and water pollution, often due to decades of systemic underinvestment and environmental injustice;

Whereas workers, including those in agriculture, construction, delivery, manufacturing, and warehouse settings, face growing health and safety risks from climate change-related hazards, such as extreme heat, poor air quality, and extreme weather, and require stronger protections, standards, and workplace rights to safeguard their well-being;

Whereas climate change costs the United States economy billions of dollars a year through its wide-ranging harms, including property damage, lost labor productivity, and

increased rates of climate-related illness and mental health issues that strain the health care system of the United States;

Whereas, in 2024 alone, the United States experienced 27 separate billion-dollar climate disasters, each compounding both financial and public health burdens on the people of the United States;

Whereas resilient health care organizations that are equipped to remain operational during disasters are essential to their communities' health, safety, recovery, and well-being;

Whereas the health care sector is responsible for approximately 8.5 percent of carbon emissions in the United States, exacerbating the climate crisis and health-related emergencies;

Whereas many emergency preparedness investments, such as improving energy efficiency, upgrading infrastructure, and installing onsite renewable energy and battery storage systems, bring health and sustainability benefits and yield significant operational savings for health care organizations;

Whereas health care organizations, providers, and frontline health workers require sustained Federal support, clear climate adaptation guidance that addresses both physical infrastructure and psychological resilience, and reliable, consistently accessible, and locally relevant data in order to assess local climate risks, identify strengths, resources, support networks, and other key protective factors, prepare for and respond to climate change-related health threats, equitably serve at-risk populations and patients,

and expand access and protections for temporarily and permanently displaced populations following a disaster;

Whereas frontline health care workers and providers, particularly those in underserved and resource-limited settings, face increased physical, mental, and psychosocial health risks from climate change-related events, including extreme heat, poor air quality, infectious disease outbreaks, and disaster response demands, and must be equipped with the training, protections, and support necessary to continue delivering safe and equitable care; and

Whereas delivering such support and guidance requires collaboration and coordination across the public health, data infrastructure, health insurance, quality improvement, workforce development, environmental health, and emergency preparedness and response functions across the Department of Health and Human Services and relevant Federal agencies: Now, therefore, be it

1 *Resolved*, That it is the sense of the Senate that—

2 (1) the Department of Health and Human
3 Services should use all practicable means and meas-
4 ures to increase the health sector’s climate readiness
5 and response, including increasing the ability to
6 withstand and maintain operations during extreme
7 weather events, strengthening the climate resilience
8 of health infrastructure and supply chains, and low-
9 ering the sector’s environmental impact;

10 (2) funding appropriated by Congress to facili-
11 tate energy efficiency retrofits, investments in clean
12 vehicles and onsite renewable energy and storage,

1 and planning for climate resilience projects by health
2 care organizations and community-based organiza-
3 tions should be distributed without delay and with
4 particular attention to historically underserved com-
5 munities and organizations by the responsible Fed-
6 eral agencies;

7 (3) the Department of Health and Human
8 Services should prioritize technical assistance, capac-
9 ity building, and equitable access to funding for
10 Tribal health systems, rural hospitals and clinics,
11 and historically underresourced health care providers
12 to support climate adaptation and preparedness;

13 (4) Federal agencies with responsibilities for
14 public health, health care, and environmental data,
15 including the Department of Health and Human
16 Services, should orchestrate and support efforts to
17 close information gaps and synthesize data on the
18 health impacts of climate change, including mitiga-
19 tion and adaptation strategies, and use that infor-
20 mation to develop timely, targeted, accessible, and
21 evidence-based education and communication tools
22 on climate-related health threats;

23 (5) the Department of Health and Human
24 Services should fully reinstate the Office of Climate
25 Change and Health Equity and the Office of Envi-

1 ronmental Justice with the staffing and resources
2 necessary to lead and coordinate departmental ef-
3 forts, guide equitable implementation, and use all
4 available levers to address the health impacts of cli-
5 mate change for all people in the United States, and
6 particularly for those most at risk;

7 (6) critical agencies, staff, and programmatic
8 functions necessary to support the goal of reducing
9 the health impacts of climate change should be fully
10 funded, reinstated, and supported, including—

11 (A) those within the Administration for
12 Children and Families;

13 (B) the Administration for Strategic Pre-
14 paredness and Response;

15 (C) the Agency for Healthcare Research
16 and Quality;

17 (D) the Indian Health Service;

18 (E) those within the Centers for Disease
19 Control and Prevention, such as the National
20 Center for Environmental Health, the Agency
21 for Toxic Substances and Disease Registry, and
22 the National Institute for Occupational Safety
23 and Health; and

1 (F) those within the National Institutes of
2 Health, including the Climate Change and
3 Health Initiative;

4 (7) investments in climate resilience and health
5 infrastructure should include support for—

6 (A) workforce training, job quality stand-
7 ards, and equitable access to careers in public
8 health;

9 (B) emergency preparedness and energy
10 and environmental response, particularly for
11 workers from historically underserved commu-
12 nities; and

13 (C) community-led mental wellness and re-
14 silience building initiatives and mutual aid net-
15 works;

16 (8) relevant Federal agencies, including the De-
17 partment of Health and Human Services, should en-
18 sure community-based organizations, Tribal govern-
19 ments, and environmental justice groups are mean-
20 ingfully engaged in climate-health decision-making
21 processes, and are provided with the resources and
22 authority necessary to lead and support local resil-
23 ience efforts, including public health preparedness,
24 infrastructure adaptation, emergency response plan-
25 ning, support for psychological and emotional well-

1 being, and efforts to address climate-related health
2 disparities;

3 (9) the Department of Labor, through the Oc-
4 cupational Safety and Health Administration, should
5 promulgate a worker heat protection standard that,
6 in accordance with the best available evidence, estab-
7 lishes the maximum protective program of measures
8 an employer shall implement to regulate employees'
9 exposure to heat stress and prevent heat-related ill-
10 ness and injury that attains the highest degree of
11 health and safety protection to the extent feasible;
12 and

13 (10) the Department of Health and Human
14 Services and other relevant Federal agencies should
15 provide annual progress reports to Congress and the
16 public on climate resilience investments, measurable
17 health outcomes, and equitable distribution of re-
18 sources to vulnerable populations and regions.

○