

116TH CONGRESS
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S. 4280

To reduce the health risks of heat by authorizing the National Integrated Heat Health Information System Interagency Committee to improve extreme heat preparedness and response, requiring a study, and establishing a grant program to address heat effects, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 22, 2020

Mr. MARKEY introduced the following bill; which was read twice and referred to the Committee on Commerce, Science, and Transportation

A BILL

To reduce the health risks of heat by authorizing the National Integrated Heat Health Information System Interagency Committee to improve extreme heat preparedness and response, requiring a study, and establishing a grant program to address heat effects, 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 “Preventing Health
5 Emergencies And Temperature-related Illness and Deaths
6 Act of 2020” or the “Preventing HEAT Illness and
7 Deaths Act of 2020”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) **EXTREME HEAT.**—The term “extreme
4 heat” means heat that exceeds local climatological
5 norms in terms of any combination of the following:

6 (A) Duration.

7 (B) Intensity.

8 (C) Seasonality.

9 (D) Frequency.

10 (2) **HEAT.**—The term “heat” means any com-
11 bination of the parameters associated with modu-
12 lating human thermoregulation and perceived tem-
13 perature, such as temperature, humidity, solar expo-
14 sure, and wind speed.

15 (3) **HEAT EVENT.**—The term “heat event”
16 means an occurrence of extreme heat that may have
17 heat-health implications.

18 (4) **HEAT-HEALTH.**—The term “heat-health”
19 means health effects to humans from heat, including
20 from vulnerability and exposure, or the risk of such
21 effects.

22 (5) **PLANNING.**—The term “planning” means
23 activities performed on multiple time scales (includ-
24 ing days, weeks, months, and years) with scenario-
25 based or probabilistic information to identify and
26 take actions to proactively mitigate heat-health risks

1 from increased heat waves and increased ambient
2 temperature.

3 (6) PREPAREDNESS.—The term “preparedness”
4 means activities performed with probabilistic or de-
5 terministic information to manage risk in advance of
6 a heat event.

7 **SEC. 3. FINDINGS.**

8 Congress makes the following findings:

9 (1) Extreme heat events have been the leading
10 cause of weather-related death in the United States
11 over the last 30 years, according to the Centers for
12 Disease Control and Prevention and the National
13 Weather Service.

14 (2) The fourth National Climate Assessment,
15 mandated by the Global Change Research Act of
16 1990 (15 U.S.C. 2921 et seq.) finds that average
17 annual temperature over the contiguous United
18 States has increased over the past century, and that
19 recent decades are the warmest of the past 1.5 mil-
20 lennia. The National Climate Assessment projects
21 that the frequency and intensity of extreme high
22 temperature events will increase in the future as
23 global temperature increases.

24 (3) Exposure to extreme heat can also cause
25 acute heat-related illnesses, such as heat stroke,

1 which result in more than 65,000 emergency room
2 visits each year and exacerbate respiratory and car-
3 diovascular illnesses.

4 (4) Heat poses the greatest health risks for
5 adults older than 65 years of age, young children,
6 low-income communities, urban communities, com-
7 munities with low air conditioning prevalence, so-
8 cially isolated individuals, people with mental or
9 physical disabilities, workers without sufficient ac-
10 cess to cooling, athletes, people with pre-existing
11 conditions, incarcerated individuals, people experi-
12 encing homelessness, and military personnel.

13 (5) Heat is a threat to the health and safety of
14 workers, particularly outdoor workers, such as con-
15 struction workers, farmworkers, and landscapers,
16 who are at an elevated risk of heat illness. Between
17 1992 and 2017, across all occupations, heat was es-
18 timated to be responsible for an average of 2,700 se-
19 rious injuries and 30 deaths per year in the United
20 States. Those figures are likely underestimated due
21 to underreporting.

22 (6) Nursing homes, mental health facilities, and
23 other locations with populations on medication are
24 especially vulnerable to extreme heat, as medications
25 can lower the threshold for heat-health incidents.

1 (7) Heat exposure is an issue of environmental
2 justice, as people living in low-income communities,
3 communities of color, and Tribal communities face a
4 number of interacting factors that render them more
5 vulnerable to extreme heat.

6 (8) The COVID–19 pandemic has led to closure
7 of many public cooling centers or rendered such cen-
8 ters inaccessible to individuals concerned about con-
9 tracting the highly contagious disease.

10 (9) People in living in low-income communities,
11 communities of color, and Tribal communities are
12 affected by disproportionately high rates of under-
13 lying medical conditions, such as diabetes, asthma,
14 and hypertension, and a greater risk of contracting
15 COVID–19 or experiencing serious complications if
16 infected with COVID–19. Those medical conditions,
17 among others, can be exacerbated by extreme heat
18 and lead to more serious illness and death if not
19 treated immediately.

20 (10) The impacts of heat on human health are
21 more severe in urban areas where land surface prop-
22 erties create an “urban heat island” phenomenon,
23 particularly in neighborhoods with limited avail-
24 ability of or access to green spaces, shade, and tree

1 cover, higher density of building structures, and
2 more vehicular traffic.

3 (11) Limited availability of tree cover and high-
4 er temperatures are correlated with low-income
5 neighborhoods in urban areas. In Richmond, Vir-
6 ginia, Baltimore, Maryland, and Washington, DC,
7 researchers found that heat risk is disproportion-
8 ately distributed to communities of color in patterns
9 associated with segregation and redlining.

10 (12) Researchers have found that few commu-
11 nities in the United States have sufficient resources
12 for heat planning, preparedness, and response.

13 (13) Researchers have found that long-term,
14 scenario-based planning as well as heat early warn-
15 ing systems can result in behavior changes that
16 lower morbidity and mortality, but individuals un-
17 aware of heat risks or with low risk perception of
18 heat are less likely to take appropriate precautions.

19 (14) The risks associated with extreme heat
20 have complex interactions and impacts, and the
21 management of those risks requires an interdiscipli-
22 nary approach.

23 (15) Regions and communities that face the
24 greatest health consequences of extreme heat often
25 may experience the lowest heat risk perceptions or

1 have access to the fewest resources for responding to
2 extreme heat.

3 **SEC. 4. NATIONAL INTEGRATED HEAT HEALTH INFORMA-**
4 **TION SYSTEM INTERAGENCY COMMITTEE.**

5 (a) ESTABLISHMENT OF COMMITTEE.—There is es-
6 tablished a committee, to be known as the “National Inte-
7 grated Heat Health Information System Interagency
8 Committee” (in this section referred to as the “Com-
9 mittee”).

10 (b) FOCUS.—The Director of the Office of Science
11 and Technology Policy shall require the Committee to
12 focus on research and actions for the reduction of health
13 risks of heat over multiple time scales (including days,
14 weeks, months, and years).

15 (c) MEMBERSHIP.—

16 (1) IN GENERAL.—In order to achieve and
17 carry out the focus described in subsection (b), the
18 Committee shall include not fewer than 1 represent-
19 ative from each of the following:

20 (A) From the Department of Commerce,
21 the following:

22 (i) The National Weather Service.

23 (ii) The Office of Oceanic and Atmos-
24 pheric Research, including the Climate
25 Program Office.

1 (iii) The National Institute of Stand-
2 ards and Technology.

3 (B) From the Department of Health and
4 Human Services, the following:

5 (i) The Centers for Disease Control
6 and Prevention, including the National In-
7 stitute for Occupational Safety and Health.

8 (ii) The Office of the Assistant Sec-
9 retary of Health and Human Services for
10 Preparedness and Response.

11 (iii) The Substance Abuse and Mental
12 Health Services Administration.

13 (iv) The National Institutes of
14 Health.

15 (C) From the Department of the Interior,
16 the following:

17 (i) The Bureau of Indian Affairs.

18 (ii) The Bureau of Land Manage-
19 ment.

20 (D) From the Environmental Protection
21 Agency, the following:

22 (i) The Office of Environmental Jus-
23 tice.

1 (ii) The Office of Air and Radiation,
2 if the Administrator of the Environmental
3 Protection Agency determines appropriate.

4 (iii) The Office of Research and De-
5 velopment, if the Administrator determines
6 appropriate.

7 (E) The Federal Emergency Management
8 Agency.

9 (F) The Department of Defense.

10 (G) The Occupational Safety and Health
11 Administration.

12 (H) The Department of Agriculture.

13 (I) The Department of Housing and Urban
14 Development.

15 (J) Such other Federal agencies as the Di-
16 rector considers appropriate.

17 (2) SELECTION OF REPRESENTATIVES.—The
18 head of an agency specified in paragraph (1) shall,
19 in appointing representatives of the agency to the
20 Committee, select representatives—

21 (A) from components of the agency that
22 are most relevant to the responsibilities of the
23 Committee; or

24 (B) who have expertise in areas relevant to
25 such responsibilities, such as weather and cli-

1 mate prediction, health impacts, environmental
2 justice, behavioral science, public health hazard
3 preparedness and response, or mental health
4 services.

5 (3) CO-CHAIRS.—

6 (A) IN GENERAL.—The members of the
7 Committee shall select 2 members to serve as
8 co-chairs of the Committee, subject to the ap-
9 proval of the Director.

10 (B) TERMS.—Each co-chair shall serve for
11 a term of not more than 3 years.

12 (C) SELECTION.—One co-chair shall be
13 from the National Oceanic and Atmospheric
14 Administration, and one co-chair shall be from
15 the Centers for Disease Control and Prevention.

16 (D) RESPONSIBILITIES OF CO-CHAIRS.—
17 The co-chairs of the Committee shall—

18 (i) determine the agenda of the Com-
19 mittee, in consultation with other members
20 of the Committee;

21 (ii) direct the work of the Committee;

22 (iii) convene meetings of the Com-
23 mittee not less frequently than once each
24 fiscal quarter; and

1 (iv) if necessary, establish a coordina-
2 tion office for the Committee within the
3 National Oceanic and Atmospheric Admin-
4 istration.

5 (d) ADMINISTRATIVE SUPPORT.—The National Oee-
6 anic and Atmospheric Administration shall provide tech-
7 nical and administrative support to the Committee, using
8 amounts authorized to be appropriated to the Administra-
9 tion before the date of the enactment of this Act and avail-
10 able for obligation as of such date.

11 (e) CONSULTATION.—

12 (1) IN GENERAL.—The Committee shall consult
13 with relevant regional, State, Tribal, and local gov-
14 ernment agencies, research institutions, nongovern-
15 mental organizations, and medical experts with ex-
16 pertise in emergency response, environmental health,
17 or community engagement.

18 (2) ADVISORY COUNCIL.—Such consultation
19 may occur through an advisory council established
20 by the Committee that convenes regularly.

21 (f) RESPONSIBILITIES.—In carrying out the focus de-
22 scribed in subsection (b), the Committee shall, in consulta-
23 tion with the entities described in subsection (e)(1), pro-
24 mote an integrated, Federal Government-wide approach to
25 reducing health risks and impacts of heat, including by—

1 (1) identifying and harmonizing existing agency
2 capabilities related to understanding heat risk, pre-
3 diction, information, warnings, planning, prepared-
4 ness, and response (including common communica-
5 tion mechanisms for coordinated Federal informa-
6 tion needed to manage and reduce health risks from
7 heat);

8 (2) building and sustaining networks across cli-
9 mate, health, medical, and related disciplines and
10 decision makers—

11 (A) that support continuous engagement
12 with Federal, State, local, and Tribal govern-
13 ments to identify decision-maker and informa-
14 tion needs, take action, and evaluate effective-
15 ness; and

16 (B) that support engagement with inter-
17 national government and nongovernmental or-
18 ganizations and other partners to harmonize re-
19 search and information and knowledge produc-
20 tion and enhance effective action;

21 (3) enhancing actionable information to reduce
22 health-related heat risks on multiple time scales
23 by—

1 (A) enhancing heat-health risk manage-
 2 ment forecasts and information based on user
 3 needs and epidemiological requirements;

4 (B) providing seamless, integrated heat-
 5 health heat projections and predictions on all
 6 time scales; and

7 (C) building capacity across climate, public
 8 health, medical, and related communities to de-
 9 fine and deliver research, observations, pre-
 10 diction, vulnerability assessments, health sur-
 11 veillance, and other information needed to sup-
 12 port planning and preparedness on heat-health;

13 (4) enhancing understanding of heat-related
 14 health risks, vulnerabilities, and risk reduction
 15 through—

16 (A) supporting improved understanding of
 17 the role of drivers of climate variability and
 18 change in extreme heat;

19 (B) building mechanistic understanding of
 20 heat-health, from epidemiological, physiological,
 21 economical, and sociological disciplines; and

22 (C) enhancing understanding of the im-
 23 pacts of and risk management actions for ex-
 24 treme heat events across multiple time scales,

1 including the modeling of future risk of extreme
2 heat;

3 (5) developing timely, locally relevant, and ac-
4 cessible communication tools to inform preparedness
5 and adaptation, including heat early-warning sys-
6 tems and heat-health action plans that include plan-
7 ning and preparedness on multiple time scales;

8 (6) providing a suite of decision support serv-
9 ices for the reduction of heat-related illness and
10 mitigation of other effects of extreme heat;

11 (7) identifying, coordinating, and disseminating
12 Federal grants and other funding opportunities for
13 non-Federal entities—

14 (A) to improve climate, weather, and
15 health research and analytics to improve heat
16 preparedness and response for vulnerable and
17 disadvantaged communities; and

18 (B) to support longer-term sustained en-
19 gagement of multisector and interdisciplinary
20 networks to conduct research and co-produce
21 knowledge and actionable information;

22 (8) promoting principles of environmental jus-
23 tice, including providing guidance for projects and
24 programs that benefit historically disadvantaged

1 communities or communities with significant heat
2 disparities associated with race or income; and

3 (9) carrying out such other activities as the
4 Committee considers appropriate.

5 (g) STRATEGIC PLAN.—

6 (1) IN GENERAL.—Not later than 1 year after
7 the date of the enactment of this Act, the Committee
8 shall submit to Congress a 3-year integrated stra-
9 tegic plan that outlines the goals and projects of the
10 Committee, including how the Committee will—

11 (A) improve and coordinate interagency
12 Federal actions to address health risks of heat;

13 (B) conduct the study required by section
14 5(a)(1); and

15 (C) administer the grant program de-
16 scribed in section 6.

17 (2) UPDATES.—Not later than 3 years after the
18 submission of the strategic plan required by para-
19 graph (1), and every 3 years thereafter, the Com-
20 mittee shall submit to Congress an update of the
21 plan, which shall include progress made toward goals
22 in the plan and new priorities that emerge.

23 (3) PUBLIC AVAILABILITY.—The Committee
24 shall make the strategic plan required by paragraph
25 (1) and updates to the plan required by paragraph

1 (2) available to the public on an internet website of
 2 the National Oceanic and Atmospheric Administra-
 3 tion, with clear visuals indicating progress toward
 4 goals.

5 **SEC. 5. EXAMINATION OF EXTREME HEAT INFORMATION**
 6 **AND RESPONSE.**

7 (a) STUDY.—

8 (1) IN GENERAL.—Not later than 1 year after
 9 the date of the enactment of this Act, and after con-
 10 sultation with the entities described in section
 11 4(e)(1), the National Integrated Heat Health Infor-
 12 mation System Interagency Committee (in this sec-
 13 tion referred to as the “Committee”) shall complete
 14 a study on opportunities for improving data collec-
 15 tion, warning communications, resilience of vulner-
 16 able populations, and response capacity for current
 17 and future heat-affected communities.

18 (2) ELEMENTS.—The study required by para-
 19 graph (1) shall—

20 (A) identify policy and research gaps, such
 21 as—

22 (i) regions of the United States with
 23 the largest gaps between awareness, pre-
 24 paredness, and capacity to address extreme
 25 heat;

1 (ii) heat-related gaps in data, such
2 as—

3 (I) the number of schools, pris-
4 ons, and other public facilities that
5 lack air conditioning;

6 (II) the number of energy black-
7 outs that occur in the United States
8 as a result of extreme heat; and

9 (III) the demographic breakdown
10 of people affected by heat events, in-
11 cluding by race, age, gender, occupa-
12 tion, and income;

13 (B) consider the feasibility of enhancing
14 existing nationwide data collection on heat-re-
15 lated illnesses and mortalities to improve and
16 ensure consistent collection of national-level
17 heat illness data across all 50 States, terri-
18 tories, and local jurisdictions;

19 (C) evaluate mechanisms for financing
20 heat preparedness;

21 (D) evaluate the effectiveness of county- or
22 local-level heat awareness and communication
23 tools, preparedness plans, or mitigation; and

24 (E) consider such other subjects as the
25 Committee finds appropriate.

1 (3) POLICY RECOMMENDATIONS.—

2 (A) IN GENERAL.—The study required by
3 paragraph (1) shall include policy recommenda-
4 tions for communicating warnings to and pro-
5 moting resilience of populations vulnerable to
6 extreme heat.

7 (B) STRATEGIES.—The recommendations
8 required by subparagraph (A) may include
9 strategies for—

10 (i) effectively distributing extreme
11 heat warnings, including to individuals
12 with limited English proficiency and indi-
13 viduals who are socially isolated or with
14 other established barriers to such informa-
15 tion;

16 (ii) implementing alternatives to pub-
17 lic cooling centers given concerns related to
18 COVID–19 and spread of disease in indoor
19 spaces;

20 (iii) designing such warnings to con-
21 vey the urgency and severity of heat events
22 and achieve behavior changes that reduce
23 the mortality and morbidity of extreme
24 heat effects, without creating warning fa-

1 tigue or confusion with other types of
2 weather disaster warnings;

3 (iv) addressing data gaps identified
4 under paragraph (2)(A)(ii);

5 (v) promoting community resilience to
6 heat events and incorporating principles of
7 environmental justice in community re-
8 sponse to heat waves;

9 (vi) regulating against utility compa-
10 nies shutting off power during heat waves;
11 and

12 (vii) establishing labor and other
13 standards for workers and heat.

14 (b) REPORT.—Not later than 90 days after com-
15 pleting the study required by subsection (a)(1), the Com-
16 mittee shall—

17 (1) make available to the public on an internet
18 website of the National Oceanic and Atmospheric
19 Administration a report on the findings and conclu-
20 sions of the study; and

21 (2) submit the report to—

22 (A) the Committee on Commerce, Science,
23 and Transportation of the Senate;

24 (B) the Committee on Health, Education,
25 Labor, and Pensions of the Senate;

1 (C) the Committee on Science, Space, and
 2 Technology of the House of Representatives;

3 (D) the Committee on Energy and Com-
 4 merce of the House of Representatives; and

5 (E) the Committee on Education and
 6 Labor of the House of Representatives.

7 **SEC. 6. FEDERAL ASSISTANCE GRANTS TO ADDRESS EX-**
 8 **TREME HEAT AND HEALTH RISKS.**

9 (a) ESTABLISHMENT.—Not later than 180 days after
 10 the date of the enactment of this Act, the National Inte-
 11 grated Heat Health Information System Interagency
 12 Committee (in this section referred to as the “Com-
 13 mittee”) shall establish and administer a community heat
 14 resilience grant program to provide Federal grants to ame-
 15 liorate human health impacts of extreme heat events.

16 (b) ELIGIBLE PROJECTS.—Projects eligible to receive
 17 a grant under this section may include the following:

18 (1) Projects for cool roofs, cool pavements,
 19 urban forestry or tree plantings, the provision of
 20 shade, cooling centers that abide by applicable
 21 guidelines of the Centers for Disease Control and
 22 Prevention relating to COVID–19, building retro-
 23 fitting for cooling, and high-efficiency air condi-
 24 tioning acquisitions or upgrades.

25 (2) Projects—

1 (A) to expand public awareness of heat
2 risks;

3 (B) to communicate risks and warnings to
4 isolated communities; and

5 (C) to educate such communities about
6 how to respond to extreme heat events.

7 (3) Other projects that the Committee deter-
8 mines will achieve a significant reduction in heat ex-
9 posure or resilience to extreme heat events.

10 (c) PROJECT PROPOSALS.—To be eligible to receive
11 a grant under this section, an entity shall—

12 (1) demonstrate that the entity has any permits
13 or other authorizations from local, State, Federal,
14 and Tribal government agencies necessary to carry
15 out the project or provide evidence demonstrating
16 general support from such agencies;

17 (2) demonstrate community engagement and
18 partnerships;

19 (3) provide to the Committee environmental
20 and demographic information, using EJSCREEN
21 data or a similar environmental justice mapping and
22 screening tool, for the community in which the
23 project is located; and

24 (4) provide to the Committee any other infor-
25 mation the Committee determines appropriate.

1 (d) PROJECT SELECTION.—

2 (1) DEVELOPMENT OF CRITERIA.—

3 (A) IN GENERAL.—The Committee shall
4 develop criteria for the selection of entities to
5 receive grants under this section for proposed
6 projects.

7 (B) CONSIDERATIONS.—In developing cri-
8 teria under subparagraph (A), the Committee
9 shall take into account the following:

10 (i) Extent of heat risk reduction, in-
11 cluding temperature difference or number
12 of people affected.

13 (ii) Risk reduction for the most vul-
14 nerable groups, including low-income com-
15 munities, communities of color, Tribal
16 communities, elderly individuals, and indi-
17 viduals on medications.

18 (iii) Cost-effectiveness.

19 (iv) Efforts to ensure that projects do
20 not contribute to gentrification.

21 (v) Equitable distribution of heat
22 mitigation benefits.

23 (vi) Co-benefits such as other climate,
24 health, or environmental benefits such as

1 air quality improvement, energy efficiency,
2 or reduced energy use.

3 (2) PRIORITIES.—In selecting entities to receive
4 grants under this section, the Committee shall
5 prioritize projects that provide the following:

6 (A) Benefits for historically disadvantaged
7 communities and communities with significant
8 heat disparities associated with race or income.

9 (B) Benefits to regions identified in the
10 study under section 5(a)(2)(A)(i) as having
11 large preparedness gaps.

12 (e) USE OF FUNDS.—A grant awarded under this
13 section to an entity to carry out a project may be used
14 by the entity only—

15 (1) to carry out the project, including adminis-
16 tration, design, permitting, entry into negotiated in-
17 direct cost rate agreements, and construction; and

18 (2) to monitor, collect, and report data on the
19 performance (including performance over time) of
20 the project.

21 (f) COST-SHARING.—

22 (1) IN GENERAL.—Except as provided in para-
23 graph (2), an entity that receives a grant under this
24 section to carry out a project shall provide, from
25 non-Federal sources, funds or other resources (such

as in-kind matching from private entities) valued at not less than 25 percent of the total cost, including administrative costs, of the project.

(2) REDUCED MATCHING REQUIREMENT FOR CERTAIN COMMUNITIES.—The Committee may reduce or waive the matching requirement under paragraph (1) for an entity representing a community or nonprofit organization if—

(A) the entity submits to the Committee in writing—

(i) a request for such a reduction or waiver and, in the case of a request for a reduction, the amount of the reduction; and

(ii) a justification for why the entity cannot meet the matching requirement; and

(B) the Committee agrees with the justification.

(g) LIMITATION ON GRANT QUANTITY AND SIZE.—

In carrying out this section, the Committee may not award to an entity—

(1) more than 1 grant for which the entity is the lead applicant; or

1 (2) a grant that is in an amount that is more
2 than \$2,500,000.

3 (h) REPORTING.—The Committee shall require each
4 entity receiving a grant under this section to, not later
5 than 1 year after the date on which the entity receives
6 the grant, and annually thereafter until the completion of
7 the project, submit to the Committee a report on—

8 (1) the activities carried out under the project;
9 and

10 (2) the effectiveness of the project in reducing
11 heat risk or promoting heat awareness and response.

12 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

13 (a) NATIONAL INTEGRATED HEAT HEALTH INFOR-
14 MATION SYSTEM INTERAGENCY COMMITTEE; EXAMINA-
15 TION OF EXTREME HEAT INFORMATION AND RE-
16 SPONSE.—There are authorized to be appropriated to the
17 National Oceanic and Atmospheric Administration to
18 carry out sections 4 and 5, including for any administra-
19 tive costs for the National Integrated Heat Health Infor-
20 mation System Interagency Committee, the following:

21 (1) For fiscal year 2021, \$20,000,000.

22 (2) For fiscal year 2022, \$20,000,000.

23 (3) For fiscal year 2023, \$18,000,000.

24 (4) For fiscal year 2024, \$18,000,000.

25 (5) For fiscal year 2025, \$18,000,000.

1 (b) FEDERAL ASSISTANCE GRANTS TO ADDRESS EX-
2 TREME HEAT AND HEALTH RISKS.—There are authorized
3 to be appropriated to the National Oceanic and Atmos-
4 pheric Administration to carry out section 6 the following:

- 5 (1) For fiscal year 2021, \$10,000,000.
6 (2) For fiscal year 2022, \$10,000,000.
7 (3) For fiscal year 2023, \$20,000,000.
8 (4) For fiscal year 2024, \$30,000,000.
9 (5) For fiscal year 2025, \$30,000,000.

○