

119TH CONGRESS  
2D SESSION

# S. 4356

To protect Moms and babies against climate change, and for other purposes.

---

## IN THE SENATE OF THE UNITED STATES

APRIL 21, 2026

Mr. MARKEY (for himself, Mr. BLUMENTHAL, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

## A BILL

To protect Moms and babies against climate change, 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 “Protecting Moms and  
5 Babies Against Climate Change Act”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) ADVERSE MATERNAL AND INFANT HEALTH  
9 OUTCOMES.—The term “adverse maternal and in-  
10 fant health outcomes” includes the outcomes of

1 preterm birth, low birth weight, stillbirth, infant or  
2 maternal mortality, and severe maternal morbidity.

3 (2) INSTITUTION OF HIGHER EDUCATION.—The  
4 term “institution of higher education” has the  
5 meaning given such term in section 101 of the High-  
6 er Education Act of 1965 (20 U.S.C. 1001).

7 (3) MATERNAL MORTALITY.—The term “mater-  
8 nal mortality” means a death occurring during or  
9 within a 1-year period after pregnancy, caused by  
10 pregnancy-related or childbirth complications, in-  
11 cluding a suicide, overdose, or other death resulting  
12 from a mental health or substance use disorder at-  
13 tributed to or aggravated by pregnancy-related or  
14 childbirth complications.

15 (4) MINORITY-SERVING INSTITUTION.—The  
16 term “minority-serving institution” means an entity  
17 specified in any of paragraphs (1) through (7) of  
18 section 371(a) of the Higher Education Act of 1965  
19 (20 U.S.C. 1067q(a)).

20 (5) PERINATAL HEALTH WORKER.—The term  
21 “perinatal health worker” means a nonclinical health  
22 worker focused on maternal or perinatal health, such  
23 as a doula, community health worker, peer sup-  
24 porter, lactation educator or counselor, nutritionist  
25 or dietitian, childbirth educator, social worker, home

1 visitor, patient navigator or coordinator, or language  
2 interpreter.

3 (6) RACIAL AND ETHNIC MINORITY GROUP.—  
4 The term “racial and ethnic minority group” has the  
5 meaning given such term in section 1707(g) of the  
6 Public Health Service Act (42 U.S.C. 300u–6(g)).

7 (7) RISKS ASSOCIATED WITH CLIMATE  
8 CHANGE.—The term “risks associated with climate  
9 change” includes risks associated with extreme heat,  
10 air pollution, extreme weather events, and other en-  
11 vironmental issues associated with climate change  
12 that can result in adverse maternal and infant  
13 health outcomes.

14 (8) SECRETARY.—The term “Secretary” means  
15 the Secretary of Health and Human Services.

16 (9) SEVERE MATERNAL MORBIDITY.—The term  
17 “severe maternal morbidity” means a health condi-  
18 tion, including mental health conditions and sub-  
19 stance use disorders, attributed to or aggravated by  
20 pregnancy or childbirth that results in significant  
21 short-term or long-term consequences to the health  
22 of the individual who was pregnant.

23 (10) STAKEHOLDER ORGANIZATION.—The term  
24 “stakeholder organization” means—

1 (A) a community-based organization with  
 2 expertise in providing assistance to vulnerable  
 3 individuals;

4 (B) a nonprofit organization with expertise  
 5 in—

6 (i) maternal or infant health; or

7 (ii) environmental or climate justice;

8 and

9 (C) a patient advocacy organization rep-  
 10 resenting vulnerable individuals.

11 (11) VULNERABLE INDIVIDUAL.—The term  
 12 “vulnerable individual” means—

13 (A) an individual who is pregnant;

14 (B) an individual who was pregnant during  
 15 any portion of the preceding 1-year period; and

16 (C) an individual under 3 years of age.

17 **SEC. 3. GRANT PROGRAM TO PROTECT VULNERABLE**  
 18 **MOTHERS AND BABIES FROM CLIMATE**  
 19 **CHANGE RISKS.**

20 (a) IN GENERAL.—Not later than 180 days after the  
 21 date of enactment of this Act, the Secretary shall establish  
 22 a grant program to protect vulnerable individuals from  
 23 risks associated with climate change.

1 (b) GRANT AUTHORITY.—In carrying out the Pro-  
2 gram, the Secretary may award, on a competitive basis,  
3 grants to 10 covered entities.

4 (c) APPLICATIONS.—To be eligible for a grant under  
5 the Program, a covered entity shall submit to the Sec-  
6 retary an application at such time, in such form, and con-  
7 taining such information as the Secretary may require,  
8 which shall include, at a minimum, a description of the  
9 following:

10 (1) Plans for the use of grant funds awarded  
11 under the Program and how patients and stake-  
12 holder organizations were involved in the develop-  
13 ment of such plans.

14 (2) How such grant funds will be targeted to  
15 geographic areas that have disproportionately high  
16 levels of risks associated with climate change for vul-  
17 nerable individuals.

18 (3) How such grant funds will be used to ad-  
19 dress racial and ethnic disparities in—

20 (A) adverse maternal and infant health  
21 outcomes; and

22 (B) exposure to risks associated with cli-  
23 mate change for vulnerable individuals.

24 (4) Strategies to prevent an initiative assisted  
25 with such grant funds from causing—

- 1 (A) adverse environmental impacts;
- 2 (B) displacement of residents and busi-
- 3 nesses;
- 4 (C) rent and housing price increases; or
- 5 (D) disproportionate adverse impacts on
- 6 racial and ethnic minority groups and other un-
- 7 derserved populations.

8 (d) SELECTION OF GRANT RECIPIENTS.—

9 (1) TIMING.—Not later than 270 days after the  
10 date of enactment of this Act, the Secretary shall se-  
11 lect the recipients of grants under the Program.

12 (2) CONSULTATION.—In selecting covered enti-  
13 ties for grants under the Program, the Secretary  
14 shall consult with—

15 (A) representatives of stakeholder organi-  
16 zations;

17 (B) the Administrator of the Environ-  
18 mental Protection Agency;

19 (C) the Administrator of the National Oce-  
20 anic and Atmospheric Administration; and

21 (D) from the Department of Health and  
22 Human Services—

23 (i) the Deputy Assistant Secretary for  
24 Minority Health;

- 1 (ii) the Administrator of the Centers
- 2 for Medicare & Medicaid Services;
- 3 (iii) the Administrator of the Health
- 4 Resources and Services Administration;
- 5 (iv) the Director of the National Insti-
- 6 tutes of Health; and
- 7 (v) the Director of the Centers for
- 8 Disease Control and Prevention.

9 (3) PRIORITY.—In selecting grantees under the  
 10 Program, the Secretary shall give priority to covered  
 11 entities that serve a county or locality—

12 (A) designated, or located in an area des-  
 13 igned, as a nonattainment area pursuant to  
 14 section 107 of the Clean Air Act (42 U.S.C.  
 15 7407) for any air pollutant for which air quality  
 16 criteria have been issued under section 108(a)  
 17 of such Act (42 U.S.C. 7408(a));

18 (B) with a level of vulnerability of mod-  
 19 erate-to-high or higher, according to the Social  
 20 Vulnerability Index of the Centers for Disease  
 21 Control and Prevention, or a similar rating of  
 22 social vulnerability according to related Federal  
 23 mapping tools;

24 (C) with temperatures that pose a risk to  
 25 human health, as determined by the Secretary,

1 in consultation with the Administrator of the  
2 National Oceanic and Atmospheric Administra-  
3 tion and the Chair of the United States Global  
4 Change Research Program, based on the best  
5 available science;

6 (D) with elevated rates of maternal mor-  
7 tality, severe maternal morbidity, maternal  
8 health disparities, or other adverse perinatal or  
9 childbirth outcomes;

10 (E) with a rating of very high or relatively  
11 high risk according to the National Risk Index  
12 for Natural Hazards of the Federal Emergency  
13 Management Agency; or

14 (F) with other climate-sensitive hazards  
15 with associations to adverse maternal or infant  
16 health outcomes, as determined by the Sec-  
17 retary.

18 (4) LIMITATION.—A recipient of grant funds  
19 under the Program may not use such grant funds to  
20 serve a county or locality that is served by any other  
21 recipient of a grant under the Program.

22 (e) USE OF FUNDS.—A covered entity awarded grant  
23 funds under the Program may only use such grant funds  
24 for the following:

1           (1) Initiatives to identify risks associated with  
2           climate change for vulnerable individuals and to pro-  
3           vide services and support to such individuals that  
4           address such risks, which may include—

5                   (A) training for health care providers,  
6                   perinatal health workers, and other employees  
7                   in hospitals, birth centers, midwifery practices,  
8                   and other health care practices that provide  
9                   prenatal or labor and delivery services to vul-  
10                  nerable individuals on the identification of, and  
11                  patient counseling relating to, risks associated  
12                  with climate change for vulnerable individuals;

13                  (B) hiring, training, or providing resources  
14                  to perinatal health workers who can help iden-  
15                  tify risks associated with climate change for  
16                  vulnerable individuals, provide patient coun-  
17                  seling about such risks, and carry out the dis-  
18                  tribution of relevant services and support;

19                  (C) enhancing the monitoring of risks as-  
20                  sociated with climate change for vulnerable in-  
21                  dividuals, including by—

22                          (i) collecting data on such risks in  
23                          specific census tracts, neighborhoods, or  
24                          other geographic areas; and

1 (ii) sharing such data with local  
 2 health care providers, perinatal health  
 3 workers, and other employees in hospitals,  
 4 birth centers, midwifery practices, and  
 5 other health care practices that provide  
 6 prenatal or labor and delivery services to  
 7 local vulnerable individuals; and

8 (D) providing vulnerable individuals—

9 (i) air conditioning units, residential  
 10 weatherization support, filtration systems,  
 11 household appliances, or related items;

12 (ii) direct financial assistance; and

13 (iii) services and support, including  
 14 housing assistance, evacuation assistance,  
 15 transportation assistance, access to cooling  
 16 shelters, and mental health counseling, to  
 17 prepare for or recover from extreme weath-  
 18 er events, which may include floods, hurri-  
 19 canes, wildfires, droughts, and related  
 20 events.

21 (2) Initiatives to mitigate levels of and exposure  
 22 to risks associated with climate change for vulner-  
 23 able individuals, which shall be based on the best  
 24 available science and which may include initiatives  
 25 to—

1 (A) develop, maintain, or expand urban or  
2 community forestry initiatives and tree canopy  
3 coverage initiatives;

4 (B) improve infrastructure, such as build-  
5 ings and paved surfaces;

6 (C) develop or improve community out-  
7 reach networks to provide culturally and lin-  
8 guistically appropriate information and notifica-  
9 tions about risks associated with climate change  
10 for vulnerable individuals; and

11 (D) provide enhanced services to racial and  
12 ethnic minority groups and other underserved  
13 populations.

14 (f) LENGTH OF AWARD.—A grant under this section  
15 shall be disbursed over 4 fiscal years.

16 (g) TECHNICAL ASSISTANCE.—The Secretary shall  
17 provide technical assistance to a covered entity awarded  
18 a grant under the Program to support the development,  
19 implementation, and evaluation of activities funded with  
20 such grant.

21 (h) REPORTS TO SECRETARY.—

22 (1) ANNUAL REPORT.—For each fiscal year  
23 during which a covered entity is disbursed grant  
24 funds under the Program, such covered entity shall  
25 submit to the Secretary a report that summarizes

1 the activities carried out by such covered entity with  
2 such grant funds during such fiscal year, which shall  
3 include a description of the following:

4 (A) The involvement of stakeholder organi-  
5 zations in the implementation of initiatives as-  
6 sisted with such grant funds.

7 (B) Relevant health and environmental  
8 data, disaggregated, to the extent practicable,  
9 by race, ethnicity, primary language, socio-  
10 economic status, geography, insurance type,  
11 pregnancy status, and other relevant demo-  
12 graphic information.

13 (C) Qualitative feedback received from vul-  
14 nerable individuals with respect to initiatives  
15 assisted with such grant funds.

16 (D) Criteria used in selecting the geo-  
17 graphic areas assisted with such grant funds.

18 (E) Efforts to address racial and ethnic  
19 disparities in adverse maternal and infant  
20 health outcomes and in exposure to risks associ-  
21 ated with climate change for vulnerable individ-  
22 uals.

23 (F) Any negative and unintended impacts  
24 of initiatives assisted with such grant funds, in-  
25 cluding—

- 1 (i) adverse environmental impacts;
- 2 (ii) displacement of residents and
- 3 businesses;
- 4 (iii) rent and housing price increases;
- 5 and
- 6 (iv) disproportionate adverse impacts
- 7 on racial and ethnic minority groups and
- 8 other underserved populations.

9 (G) How the covered entity will address  
10 and prevent any impacts described in subpara-  
11 graph (F).

12 (2) PUBLICATION.—Not later than 30 days  
13 after the date on which a report is submitted under  
14 paragraph (1), the Secretary shall publish such re-  
15 port on a public website of the Department of  
16 Health and Human Services.

17 (i) REPORT TO CONGRESS.—Not later than the date  
18 that is 5 years after the date on which the Program is  
19 established, the Secretary shall submit to Congress and  
20 publish on a public website of the Department of Health  
21 and Human Services a report on the results of the Pro-  
22 gram, including the following:

- 23 (1) Summaries of the annual reports submitted
- 24 under subsection (h).

1           (2) Evaluations of the initiatives assisted with  
2           grant funds under the Program.

3           (3) An assessment of the effectiveness of the  
4           Program in—

5                 (A) identifying risks associated with cli-  
6                 mate change for vulnerable individuals;

7                 (B) providing services and support to such  
8                 individuals;

9                 (C) mitigating levels of and exposure to  
10                such risks; and

11                (D) addressing racial and ethnic disparities  
12                in adverse maternal and infant health outcomes  
13                and in exposure to such risks.

14           (4) A description of how the Program could be  
15           expanded, including—

16                 (A) monitoring efforts or data collection  
17                 that would be required to identify areas with  
18                 high levels of risks associated with climate  
19                 change for vulnerable individuals;

20                 (B) how such areas could be identified  
21                 using the strategy developed under section 6;  
22                 and

23                 (C) recommendations for additional fund-  
24                 ing.

25           (j) DEFINITIONS.—In this section:

1           (1) The term “covered entity” means a consor-  
2       tium of organizations serving a county that—

3           (A) shall include a community-based orga-  
4       nization; and

5           (B) may include—

6           (i) another stakeholder organization;

7           (ii) the government of such county;

8           (iii) the governments of 1 or more  
9       municipalities within such county;

10          (iv) a State or local public health de-  
11       partment or emergency management agen-  
12       cy;

13          (v) a local health care practice, which  
14       may include a licensed and accredited hos-  
15       pital, birth center, midwifery practice, or  
16       other health care practice that provides  
17       prenatal or labor and delivery services to  
18       vulnerable individuals;

19          (vi) an Indian tribe or Tribal organi-  
20       zation (as such terms are defined in sec-  
21       tion 4 of the Indian Self-Determination  
22       and Education Assistance Act (25 U.S.C.  
23       5304));

24          (vii) an Urban Indian organization (as  
25       defined in section 4 of the Indian Health

1 Care Improvement Act (25 U.S.C. 1603));  
2 and  
3 (viii) an institution of higher edu-  
4 cation.

5 (2) The term “Program” means the grant pro-  
6 gram under this section.

7 (k) AUTHORIZATION OF APPROPRIATIONS.—There is  
8 authorized to be appropriated to carry out this section  
9 \$100,000,000 for the period of fiscal years 2027 through  
10 2030.

11 **SEC. 4. GRANT PROGRAM FOR EDUCATION AND TRAINING**  
12 **AT HEALTH PROFESSION SCHOOLS.**

13 (a) IN GENERAL.—Not later than 1 year after the  
14 date of enactment of this Act, the Secretary shall establish  
15 a grant program to provide funds to health profession  
16 schools to support the development and integration of edu-  
17 cation and training programs for identifying and address-  
18 ing risks associated with climate change for vulnerable in-  
19 dividuals.

20 (b) GRANT AUTHORITY.—In carrying out the Pro-  
21 gram, the Secretary may award, on a competitive basis,  
22 grants to health profession schools.

23 (c) APPLICATION.—To be eligible for a grant under  
24 the Program, a health profession school shall submit to  
25 the Secretary an application at such time, in such form,

1 and containing such information as the Secretary may re-  
2 quire, which shall include, at a minimum, a description  
3 of the following:

4           (1) How such health profession school will en-  
5           gage with vulnerable individuals, and stakeholder or-  
6           ganizations representing such individuals, in devel-  
7           oping and implementing the education and training  
8           programs supported by grant funds awarded under  
9           the Program.

10           (2) How such health profession school will en-  
11           sure that such education and training programs will  
12           address racial and ethnic disparities in exposure to,  
13           and the effects of, risks associated with climate  
14           change for vulnerable individuals.

15           (d) USE OF FUNDS.—A health profession school  
16 awarded a grant under the Program shall use the grant  
17 funds to develop, and integrate into the curriculum and  
18 continuing education of such health profession school, edu-  
19 cation and training on each of the following:

20           (1) Identifying risks associated with climate  
21           change for vulnerable individuals and individuals  
22           with the intent to become pregnant.

23           (2) How risks associated with climate change  
24           affect vulnerable individuals and individuals with the  
25           intent to become pregnant.

1           (3) Racial and ethnic disparities in exposure to,  
 2           and the effects of, risks associated with climate  
 3           change for vulnerable individuals and individuals  
 4           with the intent to become pregnant.

5           (4) Patient counseling and mitigation strategies  
 6           relating to risks associated with climate change for  
 7           vulnerable individuals.

8           (5) Relevant services and support for vulnerable  
 9           individuals relating to risks associated with climate  
 10          change and strategies for ensuring vulnerable indi-  
 11          viduals have access to such services and support.

12          (6) Implicit and explicit bias, racism, and dis-  
 13          crimination.

14          (7) Related topics identified by such health pro-  
 15          fession school based on the engagement of such  
 16          health profession school with vulnerable individuals  
 17          and stakeholder organizations representing such in-  
 18          dividuals.

19          (e) PARTNERSHIPS.—In carrying out activities with  
 20          grant funds, a health profession school awarded a grant  
 21          under the Program may partner with 1 or more of the  
 22          following:

23               (1) A State or local public health department.

24               (2) A health care professional membership or-  
 25          ganization.

1           (3) A stakeholder organization.

2           (4) A health profession school.

3           (5) An institution of higher education.

4       (f) REPORTS TO SECRETARY.—

5           (1) ANNUAL REPORT.—For each fiscal year  
6       during which a health profession school is disbursed  
7       grant funds under the Program, such health profes-  
8       sion school shall submit to the Secretary a report  
9       that describes the activities carried out with such  
10      grant funds during such fiscal year.

11          (2) FINAL REPORT.—Not later than the date  
12      that is 1 year after the end of the last fiscal year  
13      during which a health profession school is disbursed  
14      grant funds under the Program, the health profes-  
15      sion school shall submit to the Secretary a final re-  
16      port that summarizes the activities carried out with  
17      such grant funds.

18      (g) REPORT TO CONGRESS.—Not later than the date  
19      that is 6 years after the date on which the Program is  
20      established, the Secretary shall submit to Congress and  
21      publish on a public website of the Department of Health  
22      and Human Services a report that includes the following:

23           (1) A summary of the reports submitted under  
24      subsection (f).

1           (2) Recommendations to improve education and  
 2           training programs at health profession schools with  
 3           respect to identifying and addressing risks associ-  
 4           ated with climate change for vulnerable individuals.

5           (h) DEFINITIONS.—In this section:

6           (1) The term “health profession school” means  
 7           an accredited—

8                   (A) medical school;

9                   (B) school of nursing;

10                  (C) midwifery program;

11                  (D) physician assistant education program;

12                  (E) teaching hospital;

13                  (F) residency or fellowship program; or

14                  (G) other school or program determined  
 15           appropriate by the Secretary.

16           (2) The term “Program” means the grant pro-  
 17           gram under this section.

18           (i) AUTHORIZATION OF APPROPRIATIONS.—There is  
 19           authorized to be appropriated to carry out this section  
 20           \$5,000,000 for the period of fiscal years 2027 through  
 21           2030.

22           **SEC. 5. NIH CONSORTIUM ON BIRTH AND CLIMATE CHANGE**  
 23           **RESEARCH.**

24           (a) ESTABLISHMENT.—Not later than 1 year after  
 25           the date of enactment of this Act, the Director of the Na-

1 tional Institutes of Health shall establish the Consortium  
2 on Birth and Climate Change Research (in this section  
3 referred to as the “Consortium”).

4 (b) DUTIES.—

5 (1) IN GENERAL.—The Consortium shall co-  
6 ordinate, across the institutes, centers, and offices of  
7 the National Institutes of Health, research on the  
8 risks associated with climate change for vulnerable  
9 individuals.

10 (2) REQUIRED ACTIVITIES.—In carrying out  
11 paragraph (1), the Consortium shall—

12 (A) establish research priorities, including  
13 by prioritizing research that—

14 (i) identifies the risks associated with  
15 climate change for vulnerable individuals  
16 with a particular focus on disparities in  
17 such risks among racial and ethnic minor-  
18 ity groups and other underserved popu-  
19 lations; and

20 (ii) identifies strategies to reduce lev-  
21 els of, and exposure to, such risks, with a  
22 particular focus on risks among racial and  
23 ethnic minority groups and other under-  
24 served populations;

1 (B) identify gaps in available data related  
2 to such risks;

3 (C) identify gaps in, and opportunities for,  
4 research collaborations;

5 (D) identify funding opportunities for com-  
6 munity-based organizations and researchers  
7 from racially, ethnically, and geographically di-  
8 verse backgrounds;

9 (E) identify opportunities to increase pub-  
10 lic awareness related to risks associated with  
11 climate change for vulnerable individuals; and

12 (F) publish annual reports on the work  
13 and findings of the Consortium on a public  
14 website of the National Institutes of Health.

15 (c) MEMBERSHIP.—The Director shall appoint to the  
16 Consortium representatives of such institutes, centers, and  
17 offices of the National Institutes of Health as the Director  
18 considers appropriate, including, at a minimum, rep-  
19 resentatives of—

20 (1) the National Institute of Environmental  
21 Health Sciences;

22 (2) the National Institute on Minority Health  
23 and Health Disparities;

24 (3) the Eunice Kennedy Shriver National Insti-  
25 tute of Child Health and Human Development;

- 1           (4) the National Institute of Mental Health;
- 2           (5) the National Institute of Nursing Research;
- 3       and
- 4           (6) the Office of Research on Women's Health.

5       (d) CHAIRPERSON.—The Chairperson of the Consor-  
6       tium shall be designated by the Director and selected from  
7       among the representatives appointed under subsection (c).

8       (e) CONSULTATION.—In carrying out the duties de-  
9       scribed in subsection (b), the Consortium shall consult  
10      with—

- 11           (1) the heads of relevant Federal agencies, in-  
12      cluding—

- 13           (A) the Environmental Protection Agency;

- 14           (B) the National Oceanic and Atmospheric  
15      Administration;

- 16           (C) the Occupational Safety and Health  
17      Administration; and

- 18           (D) from the Department of Health and  
19      Human Services—

- 20           (i) the Office of Minority Health in  
21      the Office of the Secretary;

- 22           (ii) the Centers for Medicare & Med-  
23      icaid Services;

- 24           (iii) the Health Resources and Serv-  
25      ices Administration;

- 1 (iv) the Centers for Disease Control  
2 and Prevention;
- 3 (v) the Indian Health Service; and
- 4 (vi) the Administration for Children  
5 and Families; and
- 6 (2) representatives of—
- 7 (A) stakeholder organizations;
- 8 (B) health care providers and professional  
9 membership organizations with expertise in ma-  
10 ternal health or environmental justice;
- 11 (C) State and local public health depart-  
12 ments;
- 13 (D) licensed and accredited hospitals, birth  
14 centers, midwifery practices, or other health  
15 care practices that provide prenatal or labor  
16 and delivery services to vulnerable individuals;  
17 and
- 18 (E) institutions of higher education, in-  
19 cluding such institutions that are minority-serv-  
20 ing institutions or have expertise in maternal  
21 health or environmental justice.

1 **SEC. 6. STRATEGY FOR IDENTIFYING CLIMATE CHANGE**  
2 **RISK ZONES FOR VULNERABLE MOTHERS**  
3 **AND BABIES.**

4 (a) IN GENERAL.—The Secretary, acting through the  
5 Director of the Centers for Disease Control and Preven-  
6 tion, shall develop a strategy (in this section referred to  
7 as the “Strategy”) for designating areas that the Sec-  
8 retary determines to have a high risk of adverse maternal  
9 and infant health outcomes among vulnerable individuals  
10 as a result of risks associated with climate change.

11 (b) STRATEGY REQUIREMENTS.—

12 (1) IN GENERAL.—In developing the Strategy,  
13 the Secretary shall establish a process to identify  
14 areas where vulnerable individuals are exposed to a  
15 high risk of adverse maternal and infant health out-  
16 comes as a result of risks associated with climate  
17 change in conjunction with other factors that can  
18 impact such health outcomes, including—

19 (A) the incidence of diseases associated  
20 with air pollution, extreme heat, and other envi-  
21 ronmental factors;

22 (B) the availability and accessibility of ma-  
23 ternal and infant health care providers;

24 (C) English-language proficiency among  
25 women of reproductive age;

1 (D) the health insurance status of women  
2 of reproductive age;

3 (E) the number of women of reproductive  
4 age who are members of racial or ethnic groups  
5 with disproportionately high rates of adverse  
6 maternal and infant health outcomes;

7 (F) the socioeconomic status of women of  
8 reproductive age, including with respect to—

9 (i) poverty;

10 (ii) unemployment;

11 (iii) household income; and

12 (iv) educational attainment; and

13 (G) access to quality housing, transpor-  
14 tation, and nutrition.

15 (2) RESOURCES.—In developing the Strategy,  
16 the Secretary shall identify, and incorporate a de-  
17 scription of, the following:

18 (A) Existing mapping tools or Federal pro-  
19 grams that identify—

20 (i) risks associated with climate  
21 change for vulnerable individuals; and

22 (ii) other factors that can influence  
23 maternal and infant health outcomes, in-  
24 cluding the factors described in paragraph  
25 (1).

1 (B) Environmental, health, socioeconomic,  
2 and demographic data relevant to identifying  
3 risks associated with climate change for vulner-  
4 able individuals.

5 (C) Existing monitoring networks that col-  
6 lect data described in subparagraph (B), and  
7 any gaps in such networks.

8 (D) Federal, State, and local stakeholders  
9 involved in maintaining monitoring networks  
10 identified under subparagraph (C), and how  
11 such stakeholders are coordinating their moni-  
12 toring efforts.

13 (E) Additional monitoring networks, and  
14 enhancements to existing monitoring networks,  
15 that would be required to address gaps identi-  
16 fied under subparagraph (C), including at the  
17 subcounty and census tract level.

18 (F) Funding amounts required to establish  
19 the monitoring networks identified under sub-  
20 paragraph (E) and recommendations for Fed-  
21 eral, State, and local coordination with respect  
22 to such networks.

23 (G) Potential uses for data collected and  
24 generated as a result of the Strategy, including  
25 how such data may be used in determining re-

1            cipients of grants under the program estab-  
 2            lished by section 3 or other similar programs.

3            (H) Other information the Secretary con-  
 4            siders relevant for the development of the Strat-  
 5            egy.

6            (c) COORDINATION AND CONSULTATION.—In devel-  
 7            oping the Strategy, the Secretary shall—

8            (1) coordinate with the Administrator of the  
 9            Environmental Protection Agency and the Adminis-  
 10          trator of the National Oceanic and Atmospheric Ad-  
 11          ministration; and

12          (2) consult with—

13            (A) stakeholder organizations;

14            (B) health care providers and professional  
 15            membership organizations with expertise in ma-  
 16            ternal health or environmental justice;

17            (C) State and local public health depart-  
 18            ments;

19            (D) licensed and accredited hospitals, birth  
 20            centers, midwifery practices, or other health  
 21            care providers that provide prenatal or labor  
 22            and delivery services to vulnerable individuals;  
 23            and

24            (E) institutions of higher education, in-  
 25            cluding such institutions that are minority-serv-

1           ing institutions or have expertise in maternal  
2           health or environmental justice.

3           (d) NOTICE AND COMMENT.—At least 240 days be-  
4 fore the date on which the Strategy is published in accord-  
5 ance with subsection (e), the Secretary shall provide—

6           (1) notice of the Strategy on a public website  
7           of the Department of Health and Human Services;  
8           and

9           (2) an opportunity for public comment of at  
10          least 90 days.

11          (e) PUBLICATION.—Not later than 18 months after  
12 the date of enactment of this Act, the Secretary shall pub-  
13 lish on a public website of the Department of Health and  
14 Human Services—

15           (1) the Strategy;

16           (2) the public comments received under sub-  
17          section (d); and

18           (3) the responses of the Secretary to such pub-  
19          lic comments.

○