



June 10, 2025

The Honorable Dr. Mehmet Oz
 Administrator
 Centers for Medicare & Medicaid Services
 Department of Health and Human Services
 7500 Security Blvd
 Baltimore, MD 21244

RE: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes; Docket # - CMS-1833-P

Dear Administrator Oz:

The undersigned public health, medical and nursing organizations oppose the proposed plan to remove the Decarbonization and Resilience Initiative from the Transforming Episode Accountability Model (TEAM). Our organizations work to ensure that our patients and our communities are healthy and safe. The voluntary Decarbonization and Resilience Initiative will give hospitals the critical tools they need to prepare for emergencies, reduce healthcare costs and save lives. We urge you to maintain and implement this initiative.

Extreme weather events and other changes are already harming health and causing loss of life. According to the National Oceanic and Atmospheric Administration, 27 billion-dollar disasters struck the U.S. in 2024.¹ 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 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 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 2024 was 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 2025 "State of the Air" report, using data from 2021-2023, showed that 125.2 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

Extreme weather events are also a stress factor for mental health. Excessive heat, wildfires, floods and other disasters can cause post-traumatic stress and increased anxiety.⁵ Coupled together with the physical impacts, it is clear that a response to climate-driven events must incorporate the health perspective. Hospitals and health care systems are on the frontlines of these disasters, as they are treating patients suffering the health impacts.

Engaging the healthcare sector also serves another purpose. The healthcare sector is responsible for 8.5% of U.S. greenhouse gas emissions.⁶ That means that as the healthcare sector is responding to the health impacts stemming from climate-fueled disasters by treating patients, they are also a major contributor to the problem and further increasing the gap between demand for care and the capacity to deliver care.

The Decarbonization and Resilience Initiative 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 implemented:

- **Direct Public Health Benefits.** In addition to helping to mitigate the health harms from severe weather events detailed above, reducing emissions from participating CMS hospitals will have additional, immediate benefits of reducing local air pollution. Hospitals can reduce emissions that contribute to particulate matter (soot) and ozone (smog) as well as other cancer-causing pollution.⁷
- **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.
- **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.

- **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 to enhance resilience. The data and case studies that come out of this initiative will help inform future strategies that could have even greater impact.

Health organizations recognize the grave threat posed by climate-driven disasters. The voluntary Decarbonization and Resilience Initiative will help hospitals respond to emergencies, reduce costs, and protect people's health. We urge the Department of Health and Human Services to implement the initiative.

Signed,

Alliance of Nurses for Healthy Environments
 American College of Chest Physicians
 American College of Physicians
 American Lung Association
 American Public Health Association
 American Thoracic Society
 Climate Psychiatry Alliance
 Health Care Without Harm
 Medical Society Consortium on Climate and Health
 Medical Students for a Sustainable Future (MS4SF)
 National Association of Pediatric Nurse Practitioners
 OUCH-Int'l (Oncology Advocates United for Climate and Health)

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 2024, published online January 2025, retrieved on June 3, 2025 from <https://www.ncei.noaa.gov/access/monitoring/monthly-report/global/202413/2024-year-to-date-temperatures-versus-previous-years>

⁴ American Lung Association. State of the Air 2025. Key Findings: Ozone Pollution Trends. www.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 Dzau, V. J., Levine, R., Barrett, G., & Witty, A. (2021). Decarbonizing the U.S. Health Sector - A Call to Action. The New England journal of medicine, 385(23), 2117–2119. <https://doi.org/10.1056/NEJMp2115675>

⁷ 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>