



**Association of
American Medical Colleges**
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May 13, 2022

The Honorable Richard E. Neal
Chairman
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Neal:

The AAMC (Association of American Medical Colleges) greatly appreciates the opportunity to provide feedback to the committee's request for information (RFI) on the climate crisis and the health industry. The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 155 accredited U.S. and 16 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies.

Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals employed across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. In 2022, the Association of Academic Health Centers and the Association of Academic Health Centers International merged into the AAMC, broadening the AAMC's U.S. membership and expanding its reach to international academic health centers.

The responses to the RFI include the AAMC's independent work as well as efforts through partnership with other national organizations to address the impacts of climate change on the health care sector as well as decarbonization efforts across the sector. As an organization representing the medical education, patient care, medical research, and community collaboration missions of academic medicine, our organizational support for efforts to address climate change also extend beyond the operationalization of the teaching hospitals where patient care occurs, as described in our supplemental response.

The AAMC appreciates your interest in addressing climate change, its impact on patients, and the health care sector's carbon footprint. We look forward to continuing to work with you on this important issue. If you have any additional questions, please feel free to contact me directly or my colleague Christa Wagner, PhD, Manager, Government Relations at chwagner@aamc.org.

Sincerely,

A handwritten signature in black ink that reads "David J. Skorton". The signature is written in a cursive, flowing style.

David J. Skorton, M.D.
President and CEO
Association of American Medical Colleges

Climate Crisis Request for Information
Committee on Ways and Means

PART I – Overview of Association and Climate-Focused Leadership

The following questions will provide us with information about your association's leadership and the ways you dedicate organizational resources to your members to address the climate crisis.

* 1. What is the full name of your association?

Association of American Medical Colleges (AAMC)

* 2. Which of the following *best* describes your association? Select all that apply.

Health Facility Association

Professional/Accreditation Association

Manufacturer/Supply Chain Association

* 3. What type of facilities are in your association? (*Check all that apply*)

Urban Hospitals

Rural Hospitals

Teaching Hospitals

Disproportionate Share Hospitals

Special Hospital Type (e.g., Rural Referral Centers, Sole Community Hospitals, Medicare-Dependent Hospitals)

Critical Access Hospitals

Inpatient Rehabilitation Facilities or Long-Term Care Hospitals

Skilled Nursing Facilities or Nursing Facilities

Dialysis Centers

Community Health Centers

Other (please specify)

* 4. Please select all geographic regions where your facilities are located. (*Check all that apply*)

New England (CT, ME, MA, NH, RI, and VT)

Middle Atlantic (NJ, NY, and PA)

East North Central (IL, IN, MI, OH, and WI)

West North Central (IA, KS, MN, MO, NE, ND, and SD)

South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, and WV)

East South Central (AL, KY, MS, and TN)

West South Central (AR, LA, OK, and TX)

Mountain (AZ, CO, ID, MT, NV, NM, UT, and WY)

Pacific (AK, CA, HI, OR, and WA)

U.S. Territories (American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands)

Outside of the U.S.

* 5. Please indicate how often climate-related issues are topics for your board-level discussions.

Standing agenda item

Occasionally

Never

* 6. Please describe the topic areas of your board-level discussions on the following climate-related issues. For topics that are not standing agenda items, please explain why not.

(Each response limited to 500 words)

The climate crisis's impact on your members:

There is increasing conversation throughout the association and its board of directors on the topic of climate change and the many ways the academic medicine community is working to address its impact. Climate change negatively impacts health, and as a result, academic medical centers will see increased cases of respiratory and cardiovascular disease, heat-related illness, food- and water-borne illness, vector-borne diseases, threats to food and water security, and threats to mental health in the patients they serve. Moreover, historically marginalized populations in local communities will be disproportionately affected by climate change. Academic medicine systems are partnering on issues of environmental justice with the socially and economically disadvantaged groups in their communities that face the greatest risks from climate change, and many are investing in system-wide efforts to help mitigate their institutions' impact on climate change.

The impact of your members' organizations on the climate crisis:

The health care sector is responsible for approximately 8.5% of greenhouse gas emissions in the United States. Like every sector, health care in general and academic medical centers in particular recognize the critical need to reduce greenhouse gas emissions. Academic medical centers are at the forefront of utilizing various mechanisms to reduce the impact of their institutions, patient care, and research practices on the environment through:

- **Decreased energy utilization in the operating rooms.**
- **The use of renewable energy.**
- **Decentralized care and telehealth approaches.**
- **Green building design.**
- **Sustainable procurement and supply chain policies.**
- **Waste-reducing food systems.**
- **Upstream social and economic determinants of non-communicable diseases.**
- **Transportation for patients and their families, staff, and learners.**
- **Reduced water consumption; and**
- **Sustainable health care waste management.**

* 7. Does your association have any established working groups at the executive level assessing the following issues?

(Check all that apply)

The climate crisis's impact on your members

The impact of your members' organizations on the climate crisis

Neither

* 8. Please describe the goals and responsibilities of the executive-level climate working group(s) focused on these climate-related issues for your members.

(Response limited to 750 words)

The AAMC's Council on Teaching Hospitals and Health Systems (COTH) includes the CEOs, presidents, and other executives who lead the AAMC's nearly 400-member teaching hospitals and health systems, and the monthly convening of these leaders regularly includes dedicated time to discuss climate change. The

goals and responsibilities of the AAMC's executive-level climate working group and AAMC support staff are to:

- **Understand, track, and analyze efforts by member institutions in mitigating the effects of climate change on their institutions and with their patients and the communities they serve.**
- **Understand, track, and analyze efforts that member institutions are taking to reduce their greenhouse gas emissions and make their institutions more sustainable.**
- **Identify and provide a forum for dissemination of best practices for members to learn from each other on these climate change-related efforts.**
- **Identify and coordinate efforts across the mission areas of patient care, research, education, and community collaborations to amplify efforts.**
- **Identify educational programming and training on climate-related issues to inform and transform member's practices and actions; and**
- **Identify and coordinate AAMC's efforts to support member institutions in learning about, identifying solutions to address, and taking actions to reduce greenhouse gas emissions.**

* 9. Does your association have dedicated staff in charge of assessing the following in an ongoing capacity:
(Check all that apply)

The impact of the climate crisis on your members

The impact of your members' organizations on the climate crisis

Neither

* 10. Please describe the following for each employee at the executive or board levels dedicated (full- or parttime) to climate-related issues:

Professional background

Roles and responsibilities

Reporting Structure

When the role was established

David J. Skorton, MD

Professional Background. David J. Skorton, MD, is president and CEO of the AAMC (Association of American Medical Colleges), a not-for-profit institution that represents the nation's medical schools, teaching hospitals and health systems, and academic societies. He began his leadership of the AAMC in July 2019.

Prior to assuming the helm of the AAMC, Dr. Skorton served as the 13th secretary of the Smithsonian Institution, where he oversaw 19 museums, 21 libraries, the National Zoo, and numerous research centers and education programs. Before that, he served as president of two universities: Cornell University (2006 to 2015) and the University of Iowa (2003 to 2006), where he also served on the faculty for 26 years and specialized in the treatment of adolescents and adults with congenital heart disease. A pioneer of cardiac imaging and computer processing techniques, he was co-director and co-founder of the University of Iowa Adolescent and Adult Congenital Heart Disease Clinic.

Dr. Skorton's full bio can be found [here](#).

Roles and responsibilities. Dr. Skorton leads the AAMC, a not-for-profit association dedicated to transforming health through medical education, patient care, medical research, and community collaborations. It represents all 155 accredited U.S. and 17 accredited Canadian medical schools; more

than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. In 2022, the Association of Academic Health Centers and the Association of Academic Health Centers International merged into the AAMC, broadening the AAMC's U.S. membership and expanding its reach to international academic health centers. Shortly after his arrival, Dr. Skorton oversaw a comprehensive strategic planning process that established a new mission and vision for the AAMC. It also introduced [10 bold action plans](#) to tackle the nation's most intractable challenges in health and make academic medicine more diverse, equitable, and inclusive.

Dr. Skorton serves on the steering committee for the National Academy of Medicine's [Action Collaborative on Decarbonizing the U.S. Health Sector](#), and also co-leads its Health Professional Education and Communication Working Group, with partnership from Dr. Alison Whelan, the AAMC's chief academic officer. This is a public-private partnership of leaders from across the health system committed to addressing the sector's environmental impact while strengthening its sustainability and resilience.

Alison J. Whelan, MD

Professional Background. Alison J. Whelan, MD, became the AAMC's chief academic officer in January 2021 after joining the AAMC as chief medical education officer in 2016. Prior to joining the association, she served as a professor of medicine and pediatrics at Washington University School of Medicine in St. Louis (WUSTL School of Medicine). She held multiple education roles during her tenure, including course director, clerkship director, curriculum dean, and the inaugural senior associate dean for education. In this role, she oversaw the continuum of medical education from medical school admissions through continuing medical education.

Dr. Whelan's full bio can be found [here](#).

Roles and responsibilities. In her role, Dr. Whelan oversees efforts that prepare and assist deans, faculty leaders, educators, and future physicians for the challenges of 21st century academic medicine. She leads a staff that addresses critical medical school data, administrative, and operational issues; explores new models of successful mission alignment; focuses on key student and faculty issues; transforms current models of education and workforce preparation across the full continuum of medical education; and supports medical school accreditation activities. Dr. Whelan also serves on Health Professional Education and Communication Working Group with Dr. Skorton, as part of the National Academy of Medicine's [Action Collaborative on Decarbonizing the U.S. Health Sector](#).

Reporting structure: This role reports to the AAMC's Office of the President.

Janis Orlowski, MD

Professional Background. Janis Orlowski, MD, became the AAMC's chief health care officer in 2013. Prior to joining the association, as the chief operating officer and chief medical officer of MedStar Washington Hospital Center in Washington, D.C. From 2004 to 2013, she oversaw the center's medical staff, clinical care, quality, patient safety, medical risk, perioperative services, ambulatory care, and medical education programs.

Prior to MedStar Washington, Dr. Orlowski served as associate vice president and executive dean of Rush Medical College of Rush University Medical Center in Chicago. She earned her bachelor's degree in biomedical engineering from Marquette University and her medical degree from the Medical College of Wisconsin.

Dr. Orlowski's full bio can be found [here](#).

Roles and Responsibilities. As chief health care officer, Janis M. Orlowski, MD, MACP, focuses on the interface between the health care delivery system and academic medicine, especially regarding how academic medical centers can leverage their expertise in research and innovation to support emerging reforms. She leads several AAMC constituent groups, including the Council of Teaching Hospitals and Health Systems, which represents the interests of approximately 400 major teaching hospitals and health systems, including Department of Veterans Affairs medical centers. Dr. Orlowski regularly leads these constituent groups in dialogue regarding member institutions' work to address climate change.

Reporting structure: This role reports to the AAMC's Office of the President.

William T. Mallon, EdD

Professional background. William T. Mallon, Ed.D., senior director, strategy and innovation development, is a strategist and innovator with 20 years of experience working with academic medical centers across mission areas. He received his doctorate in administration, planning, and social policy from Harvard University. Dr. Mallon is responsible for strategy development, organizational performance metrics and analytics, and organizational innovation. Dr. Mallon has also led the development of best-practices research and solutions for academic medical centers to improve organizational leadership and effectiveness. He is a member of Practice Greenhealth, the Association for Managers of Innovation, and the Association of Climate Change Officers.

Roles and responsibilities: The Senior Director, Strategy and Innovation Development works with the CEO, Leadership Team, Board of Directors, cluster chiefs and senior staff to develop, refine, implement, and assess the impact of the AAMC's strategy on the major issues confronting academic medicine, including climate change. The Senior Director works across the organization on the development, execution, and metrics and analytics of its strategy in multiple areas, including climate change, in order to maintain organizational focus on strategic priorities, to create a culture of innovation, and to evaluate and refine organizational progress in meeting priorities. The Senior Director helps the organization anticipate/meet needs of the future, including those needs related to climate change. He convenes and leads the AAMC's executive-level working group on climate change.

Reporting structure: This role reports to the AAMC's Office of the President.

The role was established in 2012.

* 11. Does your association have formal plans to dedicate new or additional expert staff to ongoing assessment of the following: *(Check all that apply):*

The impact of the climate crisis on your members

The impact of your members on the climate crisis

None of the above

Climate Crisis: Request for Information

PART II – Impact of the Climate Crisis on Your Members' Organizations

Impacts of the climate crisis – from the increase in wildfires, to excessive heat and severe drought, to other cataclysmic weather events – have negatively affected many communities and businesses, interrupting operations, saddling organizations with unexpected costs or operational challenges, and otherwise harming mission-critical work. The following questions explore the impact of the climate crisis on your members and your association's response.

* 12. Please estimate the percentage of your members that have been affected by any disruptive climate related weather events (e.g., fires, hurricanes, heat waves, etc.) in the last *five* years.

Do Not Track - 100

Approximately 65%.

* 13. Please provide specific examples of the top five climate-related weather events affecting your members in the past five years and the support your association provided. If none, please respond "None" in one of the boxes below.

(Each response limited to 500 words)

Event 1 – Hurricane Maria (September 2017, impacting Puerto Rico)

Event 2 – Hurricane Harvey (August 2017, impacting Texas and Louisiana)

Event 3 – Winter Storm Uri (February 2021, impacting Texas)

Event 4 – Wildfires in the western U.S. (several instances)

Event 5 – Tornadoes in midwestern U.S. (several instances)

14. Please upload any additional information here.

Based on AAMC staff estimates, approximately 65% of academic medical centers have been affected by disruptive climate-related weather events over the past five years, with an estimated 17% impacted in the last year alone. The AAMC has a tiered approach to respond to each natural disaster affecting its member medical schools and teaching hospitals, to ensure that the institutions are supported, and that learners, trainees, faculty, and patients are safe. When a natural disaster strikes an area in which a member institution is located, the AAMC will engage the medical school and teaching hospital leadership to provide assistance as requested.

Depending on the complexity and magnitude of the disaster, the AAMC will convene its internal Rapid Response Team (RRT) for as long and frequent a duration as is necessary to support the needed response. The RRT includes representation from across the AAMC mission areas with the goals of sustaining the medical education, patient care, and research missions and ensuring continuity of member services. The RRT also ensures appropriate sharing of communications between the association, affected member institutions, and the federal government if necessary.

For an example of specific support that the AAMC can provide to members, when Hurricane Maria struck Puerto Rico, the AAMC assisted medical students by connecting them to new clinical rotation opportunities outside of the island, and also supported fourth year medical students in completing their residency applications for the Match.

* 15. What are the three biggest concerns your association has (on behalf of your members) about the future impact of climate-related disasters on operations in the coming years?

(Each response limited to 500 words)

1. **Physical infrastructure.** As the frequency and intensity of U.S. extreme weather events continues to increase, academic medical centers need to have the systems and infrastructure in place to “weather the storm,” including the ability to keep emergency departments and other clinical services open and running, minimize supply chain disruptions and price increases, and maintain clinical demand and revenues. Additionally, academic medical centers have to be able to maintain research infrastructure as not to lose research animals and organisms and research data. To train the next generation of physicians and other health professionals, continuity of operations is critical for the education pathways and progress of learners. Academic medical centers and their physician faculty are often the only safety-net providers in their communities; while AAMC-member teaching hospitals comprise only 5% of all U.S. hospitals, they operate 98% of comprehensive cancer centers; 67% of burn unit beds; 66% of level-one trauma centers; and 63% of pediatric ICU beds. They rely on the support of policymakers at all levels of government to ensure continuity of these critical services during extreme weather events.
2. **Economic, social, and health inequities on historically marginalized communities.** Climate-related weather disasters do not impact all people and communities equally. As anchor institutions, academic medical centers are deeply embedded in their communities and community infrastructure, serving the most vulnerable populations. In order to serve and care for their communities during extreme weather events, academic medical centers need additional financial and infrastructure resources and support to effectively partner with their communities, regional emergency preparedness services, local and state governments, and others, to ensure the health of the public before, during, and after climate-related weather events. Academic medical centers need access to data on climate hazards and community climate vulnerabilities, and the tools and resources to plan, mitigate, and respond.
3. **Adequate support to understand, analyze, and identify solutions, and mitigate the impacts of severe weather events on health.** The impacts of climate change-related weather events on human health are far-reaching: severe weather will bring more injuries, fatalities, and mental health impacts. The after-effects on water and food supply can contribute to malnutrition and diarrheal disease; poor water quality can lead to cholera, leptospirosis, and harmful algal blooms; extreme heat contributes to heat-related illness and death; and overall environmental degradation will cause forced migration, civil unrest, and mental health crises. All of these impacts on human health need to be further studied and understood, and the researchers at academic medical centers can take up this need with adequate support from federal, state, local, and foundation partners. Public health infrastructure, including that at academic medical centers and their communities, needs to be adequately funded to take on these challenges.

* 16. Has your association provided any written guidance to help your members respond to climate-related weather events that disrupt the delivery of care?

Yes

No

PART III – Impact of your Members' Operations on the Climate Crisis

These questions examine the extent to which your members understand their respective impact on the climate and the steps you have taken to aid them in mitigating those effects.

* 17. Has your association produced guidelines on sustainability targets to guide member operations in reducing their carbon footprint?

Yes

No

* 18. Does your association have future plans (within the next two to three years) to adopt new or additional guidelines on sustainability targeted to guide your members' operations?

Yes

No

* 19. Please describe why you do not have plans to adopt new or additional sustainability targets for your members, including any specific challenges for your association when creating these guidelines.

(Response limited to 500 words)

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 155 accredited U.S. and 16 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. In 2022, the Association of Academic Health Centers (AAHC) and the Association of Academic Health Centers International (AAHCI) merged into the AAMC, broadening the AAMC's U.S. membership and expanding its reach to international academic health centers.

As an association representing the four primary and diverse missions of academic medicine, our organizational support for efforts to address climate change extend beyond the operationalization of the hospitals where patient care occurs. The AAMC thus far has worked in partnership with other national organizations with a specific focus on decarbonization of the health care sector to support our members' efforts to commit to and achieve sustainability targets for their physical infrastructure. In addition, with the merger between the AAMC and AAHC, including the AAHCI, both domestic and international health system leaders have been discussing the critical role of climate change on health and health care, as well as the importance of decarbonizing the health sector. The AAMC will work to extend these existing conversations around necessary impact and action to the broader AAMC membership, and most recently conducted outreach to encourage member institutions to sign the Biden Administration's pledge for health care stakeholders to commit to tackling the climate crisis through reducing emissions across the health care sector.

Regarding AAMC's work in partnership with other external organizations, two members of the AAMC leadership team are centrally involved in the National Academy of Medicine's [Action Collaborative on Decarbonizing the U.S. Health Sector](#). The Climate Collaborative provides a neutral platform for its participants to align around collective goals and actions for decarbonization, based on evidence, shared solutions, and a commitment to improve health equity. The Climate Collaborative's work focuses on health care supply chain and infrastructure; health care delivery; health professional education and communication (which AAMC President and CEO David Skorton, MD, co-leads); and policy, financing, and metrics. In addition, the Climate Collaborative members have agreed, through the Collaborative, to

encourage our member hospitals and health systems to sign on to the government's pledge to reduce emissions in the health care sector.

Finally, other health care membership organizations work with academic medical centers and other health facilities to recommend and track sustainability targets. AAMC senior leadership is an active member of Practice Greenhealth, a health care membership organization including hospitals and health care systems, health care providers, manufacturers and service providers, architectural, engineering and design firms, group purchasing organizations, and affiliated nonprofit organizations. Practice Greenhealth is a recognized and respected source for information, tools, data, resources, and expert technical support on sustainability initiatives that help its members meet their goals. Practice Greenhealth indicates that more than one in three hospitals is part of its network, and many AAMC member institutions have received Practice Greenhealth awards for their sustainability efforts.

* 20. Do you have a central repository to collect and monitor your members' facility- and system-level greenhouse gas emissions?

Yes

No

* 21. Please list the three most significant challenges your members face when considering opportunities to reduce their respective carbon footprints. If none, please respond "None" in one of the boxes below.

(Each response limited to 500 words)

Challenge 1: The primary challenge facing AAMC members in initiating efforts to reduce their carbon footprints are the upfront financial investments required to make significant changes. Investing in sustainable, climate-resilient improvements, such as energy efficient equipment and alternative forms of energy, requires hospitals to spend significant capital. The financial stress of the COVID-19 pandemic, layered on top of previous financial pressures and narrow margins, led many hospitals to delay or cancel their improvement and modernization projects, despite a growing need for investment.

Challenge 2: Prioritization of the commitment to addressing climate change is not consistent across state and local governments and communities. AAMC members also face various levels of support for decarbonization efforts from their state and local governments. Not only do some academic medical centers not have adequate incentives from state and local policymakers to mitigate the effects of climate change, some even face disincentives to change the status quo and adopt more sustainable operations.

Challenge 3: Another challenge for AAMC members are regulatory burdens that impact the health care and research missions. Aside from regulations that are in place for safety purposes, one example of an opportunity to facilitate reduced emissions through federal policy changes would be to maintain the telehealth flexibilities established in response to COVID-19. Absent a permanent extension of the existing telehealth waivers, the existing regulatory requirements disallow sustained and significant use of telehealth, and we appreciate and support Congress' ongoing bipartisan efforts to maintain and make permanent the current flexibilities. These efforts would allow AAMC members and other health care providers to provide more services via telehealth, thus reducing greenhouse gas emissions.

* 22. Is your association aware of any programs (public or private) that assist in meeting climate-related goals by offering resources, guidance, or economic incentives to help your members transition to renewable electricity, invest in building and vehicle electrification, or otherwise aid in efforts to reduce their carbon footprint?

Yes

No

* 23. What is your association doing to make your members aware of any of these federal, state, or local assistance programs aimed to reduce their carbon footprint?

(Response limited to 500 words)

The AAMC is actively pursuing partnerships and collaborations with organizations with missions to create sustainability in the health care sector and to deliver solutions to hospitals and health systems to reduce greenhouse gas emissions (see answer above for further detail). In addition, the AAMC convenes nearly 25 [affinity groups](#) to provide individuals at its member institutions with access to professional growth, leadership development, networking, and collaboration opportunities. These affinity groups provide opportunities to share best practices and disseminate knowledge relevant to the interest of the individual groups, including a stage for leadership from member institutions to describe their efforts to mitigate their campus's impact on carbon emissions. Additional detail on AAMC's affinity groups is provided in the supplemental attachment.

* 24. Please list and describe any federal, state, or local assistance programs or incentives your members have used. Please provide a count of type (e.g., tax, grant, technical assistance) and amount (dollar value) at each level (i.e., federal, state, and local). If none, please respond "None."

(Response limited to 750 words)

Do not know – we have not surveyed our members on this topic.

The following questions will examine your association's use of outside tools and resources to assist with your efforts to mitigate your membership's impact on the climate crisis.

* 25. Please describe cost savings your members have achieved from using any of these programs or incentives (e.g., lower energy bills, reduced transportation costs). If none or you do not know, please respond "None" or "Do not know."

(Response limited to 500 words)

Do not know – we have not surveyed our members on this topic.

* 26. Please list the biggest challenges for your association in assisting your members in accessing federal, state, and local assistance programs (e.g., lack of awareness of programs or lack of central repository of information). If none, please respond "None."

(Response limited to 500 words)

None – we have not yet engaged in this work.

* 27. Please list any obstacles your members have reported in accessing federal, state, or local assistance programs aimed to reduce their carbon footprint (e.g., lack of awareness of programs or lack of central repository of information). If none, please respond "None."

(Response limited to 500 words)

None – we have not surveyed our members on this topic.

* 28. Has your association recommended any verifiable, industry-standard tools or resources (e.g., The Environmental Protection Agency (EPA)'s Energy Star Program, The Greenhouse Gas (GHG) Protocol Corporate Accounting and Reporting Standard or Science-Based Targets) to help your members measure their carbon footprint?

Yes

No

Climate Crisis: Request for Information

PART IV – Workforce Impact on Carbon Footprint

These questions address your association's efforts to reduce the carbon footprint of your members' respective workforces.

* 29. Do you work with your members to provide guidance or recommendations to address the carbon footprint of their workforces (e.g., public transportation subsidies or bike share memberships)?

Yes

No

* 30. What are the three most significant barriers your members report in reducing the carbon footprint of their workforces? If none, please respond "None" in one of the boxes below.

(Each response limited to 500 words)

Barrier 1 None – we have not surveyed our members on this topic.

Barrier 2

Barrier 3

Climate Crisis: Request for Information

Part V: Cost Impacts of Climate-Related Weather Events

The next set of questions address the relationship between costs of the climate crisis on your members and the ways your association is helping mitigate your members' impact on the climate crisis.

* 31. Has your association compared the cost impacts of weather-related climate incidents on your members' operations relative to the outlays and savings (real or estimated) associated with mitigating your members' impact on the climate crisis?

Yes

No

Climate Crisis: Request for Information
PART VI: Final Thoughts

These questions will address any other information you may want to provide to the Committee on Ways and Means, including proposed policy solutions to help assist with climate-related issues.

* 32. Please describe any additional federal, state, and/or local policies that would assist your members in responding to and/or mitigating their impacts on the climate crisis.
(Each response limited to 500 words)

Federal

Both the growing physical infrastructure and financial threats that hospitals face posed by the changing climate underscore the urgent need to protect against power failures and flood damage, among other vulnerabilities. When disasters strike, teaching hospitals and their physician faculty often define the front lines of response, leaving little margin of error to ensure that their facilities are equipped to support large influxes of patients and provide aid to their communities, no matter the hazard. The financial stress of the COVID-19 pandemic, coupled with continued financial pressures and narrow margins, led many hospitals to delay or cancel their capital improvement and modernization projects, despite a growing need for investment. As hospitals are called upon to modernize their infrastructure to meet the needs of a growing and aging population, they are also working to address their impact on the environment and climate.

AAMC member institutions are striving to become more energy efficient and address the impacts of climate change on health and their communities, but this requires significant and substantial investment. Amidst aging hospital and health care delivery infrastructure and ongoing financial recovery from the pandemic, the AAMC recommends that Congress provide additional capital and/or other resources to help offset the high cost of these infrastructure projects. Given that ensuring disaster readiness is more cost effective than rebuilding in the wake of an event, the AAMC believes that federal investments in the physical infrastructure of hospitals are critical as they work to modernize their facilities, respond to climate-based concerns, and ensure patient access to care.

As a national organization, the AAMC focuses primarily on federal policies and regulations. However, the majority of existing opportunities for academic medical centers to receive assistance for their sustainability efforts come from state and local entities. Most AAMC member institutions are not-for-profit, and as such, express frustration that many existing incentives to invest in sustainable infrastructure are based on tax exemptions, which non-profit entities cannot take part in. Financial support, whether direct support or through a grant mechanism that is not restricted to for-profit entities would assist academic medical centers in the initial capital investments for sustainability and resiliency projects.

As mentioned above and in the attached supplemental information, the AAMC continues to work toward developing additional suggestions and goals through its work on the National Academy of Medicine's Action Collaborative on Decarbonizing the U.S. Health Sector, as a member of Practice Greenhealth, and in partnership with federal agencies, and would be happy to provide additional feedback in the future.

* 54. Is there anything else you would like us to know about your association's work to address the climate crisis?
(Response limited to 500 words)

The AAMC greatly appreciates the opportunity to provide feedback to the committee's request for information (RFI) on the climate crisis and the health industry. The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical

research, and community collaborations. Its members comprise all 155 accredited U.S. and 16 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and the millions of individuals employed across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. In 2022, the Association of Academic Health Centers and the Association of Academic Health Centers International merged into the AAMC, broadening the AAMC’s U.S. membership and expanding its reach to international academic health centers. Learn more at [aamc.org](https://www.aamc.org).

As an organization representing the medical education, patient care, medical research, and community collaboration missions of academic medicine, our organizational support for efforts to address climate change extend beyond the operationalization of the teaching hospitals where patient care occurs. The attached document includes several additional examples of ways the AAMC leads and serves its members to address climate change through the lenses of health equity, the work of its member affinity groups, medical education, and the organizational commitment to sustainability.

55. Please upload any other information that you would like to share with the Committee related to the climate crisis.

Additional AAMC Information for the House Ways and Means Committee RFI Response on the Climate Crisis and Health Industry

Below are several additional examples of ways the AAMC leads and serves its members to address climate change. In addition, with the merger between the AAMC and Association of Academic Health Centers (AAHC), including the Association of Academic Health Centers International (AAHCI), both domestic and international health system leaders have been discussing the critical role of climate change on health and health care, as well as the importance of decarbonizing the health sector. The AAMC will work to extend these existing conversations around necessary impact and action to the broader AAMC membership.

AAMC's Commitment to Sustainability

The AAMC headquarters in Washington, D.C. earned LEED Gold status in November 2015, following its opening in June 2014. The years-long design effort to build a “green” headquarters resulted in several key sustainability measures, including an estimated 35% reduction in interior lighting energy use, reduction in potable water use by over 35% compared to baseline requirements, and filtration and air exchange rate properties that support our LEED certification that exceed COVID safety requirements established by the American Society of Heating, Refrigerating and Air-Conditioning Engineers, the Centers for Disease Control and Prevention, and other regulatory bodies. The building’s operating parameters allow for maintaining an EnergyStar certification.

More detail on the building is available [here](#).

Health Equity

The AAMC and the [AAMC Center for Health Justice](#) believe that efforts addressing the climate crisis must also tackle current and historic environmental injustice. This is a goal that reaches far beyond the medical and health care ecosystem and requires addressing the roots of systemic racial, social, and economic injustice through implementation of regulations, policies, and practices oriented toward equity. The AAMC Center for Health Justice, established in 2021, partners with other organizations, sectors, and community members to build a case for health justice, ensuring that all communities have an opportunity to thrive.

One area of paramount concern is the intersection of various factors, determinants, and health outcomes with climate change and environmental justice. The Center is also committed to the development of tools and strategic mechanisms (e.g., community consultation, financial assistance) to *build, support, and sustain* meaningful partnerships with vested communities that are most impacted by environmental injustice and inequity. Through the Center’s work on [trustworthiness](#), [maternal health equity](#), and [data for health equity](#), the need for a more comprehensive understanding of the key factors that create or exacerbate climate-related health inequities (e.g., environmental, social, behavioral) have become critically apparent. For example, there is a growing body of research that associates air pollution and heat exposure to adverse pregnancy and birth outcomes (*see* Bruce Bekkar, MD et al. [Association of Air Pollution and Heat Exposure with Preterm Birth, Low Birthweight, and Stillbirth in the US: A Systematic Review](#); JAMA; 2020).

The Center for Health Justice is also leveraging the expertise of the academic research community and its multi-sector partner groups (e.g., *Collaborative for Health Equity: Act, Research, Generate Evidence* or [CHARGE](#)), to identify ways to advance environmental justice. We are also proactively engaged in various federal efforts, including meetings for the Environmental Protection Agency, National Environmental Justice Advisory Council, White House Environmental Justice Advisory Council, and implementation of the Biden Administration’s government-wide “Justice 40 Initiative,” established to deliver 40% of federal investments to disadvantaged communities.

In addition, the AAMC is currently reviewing the recently released “Request for Information (RFI): Climate Change Impacts on Outcomes, Care, and Health Equity,” issued by the Centers for Medicare & Medicaid Services (CMS) as part of the [FY 2023 Inpatient Prospective Payment System notice of proposed rulemaking](#). The CMS RFI seeks comments on how to better prepare for harmful impacts of climate change and how CMS can support hospitals. The RFI includes questions in the following three areas: how hospitals determine likely climate impacts on patients (both immediate impacts and long-term chronic disease implications) and developing plans to mitigate those impacts; how hospitals evaluate and plan for the threat of climate emergencies on continuous facility operations; and better understand on how hospital think about and track progress on reducing emissions. The AAMC is currently working with its members to gather information to respond to the RFI by the June 17 deadline.

Hosting Forums for Information Sharing for Representatives from AAMC Member Institutions

The AAMC convenes nearly 25 [affinity groups](#) to provide individuals at its member institutions with access to professional growth, leadership development, networking, and collaboration opportunities. These affinity groups provide opportunities to share best practices and disseminate knowledge relevant to the interest of the individual groups, including a stage for leadership from member institutions to describe their efforts to mitigate their campus’s impact on carbon emissions.

In 2019, AAMC staff co-convened an institutional resiliency symposium in partnership with three affinity groups — the Group on Institutional Planning (GIP), Group on Business Affairs (GBA) and Group on Research Advancement and Development (GRAND). The agenda from that symposium is attached separately to this response.

In 2018, the GIP [sponsored a webinar](#) titled Emergency Management and Organizational Resilience in Higher Education: Surviving and Thriving in the Face of Adversity. The webinar focused on an overview of emergency management in a higher education environment and highlighted the disaster phases: response, continuity, recovery, mitigation, and preparedness. It did so by highlighting the results of a national 2016 needs assessment of emergency management programs at institutions of higher education (IHEs) in the United States. The findings were based on information collected from a survey of emergency management practitioners at IHEs, targeted interviews, and case studies. The findings identified five key themes related to emergency management program needs: institutional engagement, training and exercises, plans and operational continuity, staffing and resources, and partnerships and assistance. The session also looked at the core elements of organizational resilience and 13 key indicators to assess your institution's resilience.

In addition, the AAMC hosts individuals from its member institutions each November in an annual meeting: Learn, Serve, Lead. This is the largest convening of our members, with more than 4,000 yearly attendees. For the 2022 annual meeting, the planning committee is considering several opportunities through plenary and concurrent sessions to highlight the impacts of climate change on our members, and our members efforts to address climate change.

Medical Education

The AAMC, in partnership with the American Dental Education Association, publishes *MedEdPORTAL*, a MEDLINE-indexed, open-access journal of teaching and learning resources in the health professions. *MedEdPORTAL* publications are stand-alone, complete teaching or learning modules that have been implemented and evaluated with medical or dental trainees or practitioners. Each submission is reviewed by editorial staff and external peer reviewers.

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The vision of *MedEdPORTAL* is to be the premier source of innovative, high-quality, peer-reviewed educational resources across the health professions, facilitate access to scholarship and collaboration for health professions educators and learners, and lead as a journal in its commitment to and responsibility for supporting equity, diversity, and inclusion.

The mission of *MedEdPORTAL* is to promote the scholarship of innovation in health professions education that addresses critical clinical, educational, and societal needs, foster dissemination and equitable access to high-quality educational resources for content, expertise, and educational approaches that may otherwise not be readily available, and support author development that creates avenues of access to diverse scholars, including trainees and faculty historically excluded from medicine.

MedEdPORTAL recently issued a call for submissions related to climate change and health, noting the already apparent, pervasive, and growing adverse effects of climate change and the resulting complex challenges to human health and health systems globally. Due to the acute and chronic health harms to patients, especially communities made vulnerable by systemic factors that bear the brunt of impacts resulting in the widening existing health disparities, *MedEdPORTAL* seeks curricular and assessment activities for inclusion in a new collection on climate change and health. More information on this call for submissions is available [here](#).

We would be happy to provide additional information about any of the AAMC's current work as it pertains to the committee's efforts on the climate crisis.