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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To reduce the health risks of heat by establishing the National Integrated Heat Health Information System Program within the National Oceanic and Atmospheric Administration and the National Integrated Heat Health Information System Interagency Committee to improve extreme heat preparedness, planning, and response, requiring a study, and establishing financial assistance programs to address heat effects, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. CRIST introduced the following bill; which was referred to the Committee
on _____

A BILL

To reduce the health risks of heat by establishing the National Integrated Heat Health Information System Program within the National Oceanic and Atmospheric Administration and the National Integrated Heat Health Information System Interagency Committee to improve extreme heat preparedness, planning, and response, requiring a study, and establishing financial assistance programs 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Preventing Health
3 Emergencies And Temperature-related Illness and Deaths
4 Act of 2021” or the “Preventing HEAT Illness and
5 Deaths Act of 2021”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) ENVIRONMENTAL JUSTICE COMMUNITY.—

9 The term “environmental justice community” means
10 a community with significant representation of com-
11 munities of color, low-income communities, or Tribal
12 and indigenous communities, that experiences, or is
13 at risk of experiencing, higher or more adverse
14 human health or environmental effects, as compared
15 to other communities.

16 (2) EXTREME HEAT.—The term “extreme
17 heat” means heat that exceeds local climatological
18 norms in terms of any combination of the following:

19 (A) Duration.

20 (B) Intensity.

21 (C) Season length.

22 (D) Frequency.

23 (3) HEAT.—The term “heat” means any com-
24 bination of the parameters associated with modu-
25 lating human thermal regulation, such as air tem-
26 perature, humidity, solar exposure, and wind speed.

1 (4) HEAT EVENT.—The term “heat event”
2 means an occurrence of extreme heat that may have
3 heat-health implications.

4 (5) HEAT-HEALTH.—The term “heat-health”
5 means health effects to humans from heat, during or
6 outside of heat events, including from vulnerability
7 and exposure, or the risk of such effects.

8 (6) PLANNING.—The term “planning” means
9 activities performed across timescales (including
10 days, weeks, months, years, and decades) with sce-
11 nario-based, probabilistic or deterministic informa-
12 tion to identify and take actions to proactively miti-
13 gate heat-health risks from increased frequency and
14 intensity of heat waves and increased ambient tem-
15 perature.

16 (7) PREPAREDNESS.—The term “preparedness”
17 means activities performed across timescales (includ-
18 ing days, weeks, months, years, and decades) with
19 probabilistic or deterministic information to manage
20 risk in advance of a heat event.

21 (8) URBAN HEAT ISLAND.—The term “urban
22 heat island” means the phenomenon observed in ur-
23 banized areas in which heat is more extreme than in
24 the surrounding exurban areas and heat is hetero-

1 geneously distributed within urbanized areas, due to
2 factors including—

3 (A) low albedo and impervious surfaces;

4 (B) low vegetation coverage; and

5 (C) waste heat produced in urban areas.

6 **SEC. 3. FINDINGS.**

7 Congress makes the following findings:

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

13 (2) The fourth National Climate Assessment,
14 mandated by the Global Change Research Act of
15 1990 (15 U.S.C. 2921 et seq.), finds that during the
16 next few decades, annual average temperature over
17 the contiguous United States is projected to increase
18 by a further 2.2°F relative to current temperatures,
19 regardless of future scenarios. The National Climate
20 Assessment projects that the frequency and intensity
21 of extreme heat events will increase in the future as
22 global temperature increases.

23 (3) Exposure to extreme heat can cause acute
24 heat-related illnesses, such as heat stroke, which re-
25 sult in more than 65,000 emergency room visits

1 each year and exacerbate respiratory and cardio-
2 vascular illnesses.

3 (4) Heat poses the greatest health risks for
4 adults older than 65 years of age, pregnant people,
5 young children, low-income communities, urban com-
6 munities, communities with low air conditioning
7 prevalence, socially isolated individuals, people with
8 mental or physical disabilities, people with under-
9 lying medical conditions, agricultural or other out-
10 door workers, workers without sufficient access to
11 cooling, athletes, incarcerated individuals, people ex-
12 periencing homelessness, and military personnel.

13 (5) Increasingly common environmental expo-
14 sures exacerbated by climate change, such as ex-
15 treme heat, are significantly associated with serious
16 adverse pregnancy outcomes across the United
17 States. Those adverse pregnancy outcomes dis-
18 proportionately impact Black mothers.

19 (6) Heat exposure is an issue of environmental
20 justice, as people living in low-income communities,
21 communities of color, and Tribal communities face a
22 number of interacting factors that render them more
23 vulnerable to extreme heat.

24 (7) The impacts of heat on human health are
25 more severe in urban areas where land surface prop-

1 erties create an urban heat island, particularly in
2 neighborhoods with limited availability of or access
3 to green spaces, shade, and tree cover, higher den-
4 sity of building structures, and more vehicular traf-
5 fic.

6 (8) Limited availability of tree cover and higher
7 temperatures are correlated with low-income neigh-
8 borhoods in urban areas. In Richmond, Virginia,
9 Baltimore, Maryland, and Washington, D.C., re-
10 searchers found that heat risk is disproportionately
11 distributed to communities of color in patterns asso-
12 ciated with segregation and redlining.

13 (9) Researchers have found that few commu-
14 nities in the United States have sufficient climate
15 and health information, guidance, and resources for
16 heat planning, preparedness, and response.

17 (10) The risks associated with extreme heat
18 have complex interactions and impacts, and the
19 management of those risks requires a
20 transdisciplinary approach.

21 (11) Regions, communities, and populations
22 that face the greatest health consequences of ex-
23 treme heat often may experience the lowest heat risk
24 perceptions, have limited incentives, or have access
25 to the fewest resources for responding to extreme

1 heat, and as such, may be less likely to take pre-
2 cautions.

3 (12) Research on the impacts of extreme heat
4 on human health and the effectiveness of solutions
5 under varying climate, social, and other contexts is
6 stymied by a lack of access to reliable, timely health
7 observations and surveillance due to proprietary data
8 rights, expense, privacy and security concerns, incon-
9 sistent reporting of health outcomes and contribu-
10 tory factors, poor data integration and interoper-
11 ability, few incentives and little systematic coordina-
12 tion to address those problems, and a lack of ade-
13 quate climate observation, modeling, and assessment
14 in urban, indoor, and occupational settings.

15 (13) Integrated climate and health research and
16 information, when developed in a collaborative,
17 transdisciplinary manner, can inform long- and me-
18 dium-range scenario-based planning and decision
19 making to protect vulnerable communities and popu-
20 lations from extreme heat, reduce exposure to ex-
21 treme heat, and address factors that increase vulner-
22 ability.

23 (14) Heat action plans and early warning sys-
24 tems can reduce heat-related morbidity and mor-
25 tality by clearly identifying roles and responsibilities

1 as well as evidence-based actions and thresholds to
2 enhance preparedness, and by promoting behavior
3 changes and actions taken by local governments,
4 communities, and individuals through awareness and
5 increased risk perception among those most vulner-
6 able to the health impacts of heat.

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

9 (a) ESTABLISHMENT OF COMMITTEE.—There is es-
10 tablished within the Office of Science and Technology Pol-
11 icy an interagency committee, to be known as the “Na-
12 tional Integrated Heat Health Information System Inter-
13 agency Committee” (in this section referred to as the
14 “Committee”).

15 (b) PURPOSE.—The Committee shall coordinate,
16 plan, and direct agencies represented on the Committee
17 to execute, as appropriate, activities across such agencies
18 to ensure the National Integrated Heat Health Informa-
19 tion System Program established by section 5 provides a
20 united Federal approach to reducing health risks from
21 heat across timescales (including days, weeks, months,
22 years, and decades).

23 (c) MEMBERSHIP.—

1 (1) IN GENERAL.—In order to carry out and
2 achieve the purpose described in subsection (b), the
3 Committee shall include the following:

4 (A) The Director of the National Inte-
5 grated Heat Health Information System Pro-
6 gram.

7 (B) Not fewer than 1 representative from
8 each of the following:

9 (i) From the Department of Com-
10 merce, the following:

11 (I) From the National Oceanic
12 and Atmospheric Administration, the
13 following:

14 (aa) The National Weather
15 Service.

16 (bb) The Office of Oceanic
17 and Atmospheric Research, in-
18 cluding the Climate Program Of-
19 fice.

20 (II) The National Institute of
21 Standards and Technology.

22 (III) The Bureau of the Census.

23 (ii) From the Department of Health
24 and Human Services, the following:

1 (I) The Centers for Disease Con-
2 trol and Prevention, including the Na-
3 tional Institute for Occupational Safe-
4 ty and Health.

5 (II) The Office of the Assistant
6 Secretary of Health and Human Serv-
7 ices for Preparedness and Response.

8 (III) The Substance Abuse and
9 Mental Health Services Administra-
10 tion.

11 (IV) The National Institutes of
12 Health.

13 (iii) From the Department of the In-
14 terior, the following:

15 (I) The Bureau of Indian Affairs.

16 (II) The Bureau of Land Man-
17 agement.

18 (iv) From the Environmental Protec-
19 tion Agency, the following:

20 (I) The Office of Environmental
21 Justice.

22 (II) The Office of Air and Radi-
23 ation, if the Administrator of the En-
24 vironmental Protection Agency deter-
25 mines appropriate.

1 (III) The Office of Research and
2 Development, if the Administrator de-
3 termines appropriate.

4 (v) The Federal Emergency Manage-
5 ment Agency.

6 (vi) The Department of Defense.

7 (vii) The Occupational Safety and
8 Health Administration.

9 (viii) The Department of Agriculture.

10 (ix) The Department of Housing and
11 Urban Development.

12 (x) The Department of Transpor-
13 tation.

14 (xi) The Department of Energy.

15 (xii) Such other Federal agencies as
16 the Director of the Office of Science and
17 Technology Policy considers appropriate.

18 (2) SELECTION OF REPRESENTATIVES.—The
19 head of an agency specified in paragraph (1)(B)
20 shall, in appointing representatives of the agency to
21 the Committee, select representatives who have ex-
22 pertise in areas relevant to the responsibilities of the
23 Committee, such as weather and climate prediction,
24 health impacts, environmental justice, behavioral

1 science, public health hazard preparedness and re-
2 sponse, or mental health services.

3 (3) CO-CHAIRS.—

4 (A) IN GENERAL.—The members of the
5 Committee shall select 2 individuals from
6 among such members to serve as co-chairs of
7 the Committee, subject to the approval of the
8 Director of the Office of Science and Tech-
9 nology Policy.

10 (B) SELECTION.—

11 (i) INITIAL SELECTION.—Of the co-
12 chairs first selected, one co-chair shall be
13 from the National Oceanic and Atmos-
14 pheric Administration and one co-chair
15 shall be from the Centers for Disease Con-
16 trol and Prevention.

17 (ii) SUBSEQUENT SELECTION.—Sub-
18 sequent co-chairs shall be selected from
19 among the members of the Committee.

20 (C) TERMS.—Each co-chair shall serve for
21 a term of not more than 5 years.

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

1 (i) determine the agenda of the Com-
2 mittee, in consultation with other members
3 of the Committee;

4 (ii) direct the work of the Committee;

5 (iii) convene meetings of the Com-
6 mittee not less frequently than once each
7 fiscal quarter; and

8 (iv) if necessary, establish a coordina-
9 tion office for the Committee within the
10 National Oceanic and Atmospheric Admin-
11 istration.

12 (d) RESPONSIBILITIES OF COMMITTEE.—The Com-
13 mittee shall promote an integrated, Federal Government-
14 wide approach to reducing health risks and impacts of
15 heat, including by—

16 (1) developing the strategic plan required by
17 subsection (e);

18 (2) overseeing the study required by section
19 6(a)(1);

20 (3) coordinating across Federal agencies on
21 heat-health communication, research, service deliv-
22 ery, and workforce development;

23 (4) building capacity and partnerships with
24 Federal and non-Federal entities; and

1 (5) annually preparing a budget for the finan-
2 cial assistance program under section 7 specifying
3 how funds will be awarded by the Director of the
4 National Integrated Heat Health Information Sys-
5 tem Program in alignment with the strategic plan
6 required by subsection (e)(1) and in coordination
7 with the climate and health research grant program
8 under section 5(d)(2).

9 (e) STRATEGIC PLAN.—

10 (1) IN GENERAL.—Not later than 2 years after
11 the date of the enactment of this Act, the Committee
12 shall submit to Congress a 5-year integrated stra-
13 tegic plan that outlines the goals and projects of the
14 Committee, including how the Committee will—

15 (A) improve coordination and integration
16 of interagency Federal actions to address health
17 risks of heat;

18 (B) conduct the study required by section
19 6(a)(1); and

20 (C) oversee the program for providing fi-
21 nancial assistance under section 7.

22 (2) UPDATES.—Not later than 5 years after the
23 submission of the strategic plan required by para-
24 graph (1), and every 5 years thereafter, the Com-
25 mittee shall submit to Congress an update of the

1 plan, which shall include progress made toward goals
2 outlined in the plan and new priorities that emerge.

3 (3) PUBLIC AVAILABILITY.—The Committee
4 shall make the strategic plan required by paragraph
5 (1) and updates to the plan required by paragraph
6 (2) available to the public on an internet website of
7 the National Oceanic and Atmospheric Administra-
8 tion, with clear visuals indicating progress toward
9 goals.

10 (f) ADMINISTRATIVE SUPPORT.—The Administrator
11 of the National Oceanic and Atmospheric Administration
12 shall provide technical and administrative support to the
13 Committee, using amounts authorized to be appropriated
14 to the Administration.

15 (g) CONSULTATION.—In carrying out the responsibil-
16 ities of the Committee, the Committee shall consult with
17 relevant regional, State, Tribal, and local government
18 agencies, international organizations and partners, re-
19 search institutions, nongovernmental organizations and
20 associations, and medical experts with expertise in emer-
21 gency response, environmental health, economic or busi-
22 ness development, or community engagement.

1 **SEC. 5. NATIONAL INTEGRATED HEAT HEALTH INFORMA-**
2 **TION SYSTEM PROGRAM OF THE NATIONAL**
3 **OCEANIC AND ATMOSPHERIC ADMINISTRA-**
4 **TION.**

5 (a) **ESTABLISHMENT.**—There is established within
6 the Office of Oceanic and Atmospheric Research of the
7 National Oceanic and Atmospheric Administration a pro-
8 gram, to be known as the “National Integrated Heat
9 Health Information System Program”.

10 (b) **PURPOSE.**—The purpose of the program estab-
11 lished by subsection (a) is to improve the capacity of the
12 United States to plan, prepare for, adapt to, and mitigate
13 health risks of extreme heat across multiple timescales.

14 (c) **DIRECTOR.**—The Program shall be headed by a
15 Director.

16 (d) **RESPONSIBILITIES.**—In carrying out the purpose
17 described in subsection (b), the Director shall carry out
18 the following responsibilities:

19 (1) **IMPLEMENTATION PLAN.**—

20 (A) **IN GENERAL.**—The Director shall im-
21 plement the strategic plan required by section
22 4(e)(1) by developing and implementing a
23 multi-year implementation plan.

24 (B) **ELEMENTS.**—In developing and imple-
25 menting the implementation plan under sub-

1 paragraph (A), the Director shall focus on the
2 following:

3 (i) Developing and sustaining robust
4 relationships with climate, public health,
5 and other Federal and non-Federal part-
6 ners and decisionmakers—

7 (I) to respond to the demand for
8 actionable information that reduces
9 health risks on multiple timescales;
10 and

11 (II) to develop and deliver timely
12 and accessible decision support serv-
13 ices, tools, and information to inform
14 planning, preparedness, and risk-re-
15 ducing actions across timescales;

16 (ii) Coordinating and collaborating
17 with the international community and glob-
18 al partners to conduct research and learn
19 from, leverage, and contribute to global
20 knowledge.

21 (iii) Enhancing observations, surveil-
22 lance, and monitoring necessary for the ac-
23 tivities described in clauses (i) and (ii).

24 (iv) Communicating, educating, and
25 building awareness and capacity to address

1 heat risk across communities, sectors, and
2 timescales.

3 (v) Implementing and executing the
4 grant program under paragraph (2) and
5 the financial assistance program under sec-
6 tion (7).

7 (vi) Conducting the study required by
8 section 6(a)(1).

9 (2) GRANT PROGRAM.—The Director shall de-
10 velop and implement a climate and health research
11 grant program, in coordination with the financial as-
12 sistance program under section 7 and other Federal
13 programs—

14 (A) to improve understanding of—

15 (i) the climate epidemiology and social
16 drivers of heat-health vulnerability and
17 risk;

18 (ii) the drivers of climate variability,
19 predictability, and changes in extreme
20 heat; and

21 (iii) the impacts of extreme heat and
22 compound hazards across timescales;

23 (B) to investigate and evaluate the effec-
24 tiveness of risk management actions, interven-

1 tions, policies, standards, codes, and guidelines;
2 and

3 (C) to address other topics as appropriate,
4 including topics outlined in the strategic plan
5 required by section 4(e)(1) and relevant to the
6 study required by section 6(a)(1) and the finan-
7 cial assistance program under section 7.

8 (3) **ADDITIONAL ACTIVITIES.**—The Director
9 shall carry out such other activities as the Com-
10 mittee considers appropriate.

11 **SEC. 6. STUDY ON EXTREME HEAT INFORMATION AND RE-**
12 **SPONSE.**

13 (a) **STUDY.**—

14 (1) **IN GENERAL.**—Not later than 2 years after
15 the date of the enactment of this Act, the Director
16 of the National Integrated Heat Health Information
17 System Program shall, in consultation with the enti-
18 ties described in section 4(g), complete a study on
19 extreme heat information and response.

20 (2) **OVERSIGHT.**—The National Integrated
21 Heat Health Information System Interagency Com-
22 mittee shall oversee the study required by paragraph
23 (1).

24 (3) **ELEMENTS.**—The study required by para-
25 graph (1) shall—

1 (A) identify policy and research gaps,
2 which may include—

3 (i) regions of the United States with
4 the largest gaps between awareness, pre-
5 paredness, and capacity to address extreme
6 heat; and

7 (ii) heat-related gaps in data, such
8 as—

9 (I) the number of schools, pris-
10 ons, and other public facilities that
11 lack air conditioning; and

12 (II) the demographic breakdown
13 of people affected by heat events, in-
14 cluding by race, age, gender, occupa-
15 tion, and income; and

16 (B) provide recommendations for address-
17 ing gaps with respect to policy, research, oper-
18 ations, communications, and data, including the
19 gaps identified under subparagraph (A), affect-
20 ing heat-health planning, preparedness, re-
21 sponse, resilience, adaptation, and environ-
22 mental justice and equity;

23 (C) provide such other recommendations as
24 the Director considers appropriate, which may
25 include strategies for—

1 (i) communicating warnings to and
2 promoting resilience of populations vulner-
3 able to extreme heat;

4 (ii) effectively distributing extreme
5 heat warnings, including to individuals
6 with limited English proficiency and indi-
7 viduals who are socially isolated or have
8 other established barriers to such informa-
9 tion;

10 (iii) designing warnings described in
11 clause (ii) to convey the urgency and sever-
12 ity of heat events and achieve behavior
13 changes that reduce the mortality and
14 morbidity of extreme heat effects, without
15 creating warning fatigue or confusion with
16 other types of weather disaster warnings;

17 (iv) understanding compound and cas-
18 cading risks, and implementing alternative
19 heat-health risk reduction interventions to
20 manage those risks collectively, such as re-
21 ducing risk of the transmission of infec-
22 tious diseases during heat waves by cre-
23 ating outdoor cooling locations or increas-
24 ing ventilation and filtration in indoor cool-
25 ing centers;

1 (v) promoting community resilience to
2 heat events and incorporating principles of
3 environmental justice in community re-
4 sponse to heat waves;

5 (vi) addressing the impacts of extreme
6 heat on energy cost and availability; and

7 (vii) establishing labor and other
8 standards for workers and heat;

9 (D) consider such other subjects as the
10 Committee considers appropriate, which may in-
11 clude—

12 (i) the feasibility of enhancing existing
13 nationwide data collection on heat-related
14 illnesses and mortalities to improve and
15 ensure consistent collection of national-
16 level heat illness data across all 50 States,
17 territories, and local jurisdictions of the
18 United States;

19 (ii) mechanisms for financing heat
20 preparedness; and

21 (iii) the effectiveness of county- or
22 local-level heat awareness and communica-
23 tion tools, preparedness plans, or mitiga-
24 tion.

1 (4) DEVELOPMENT OF DEFINITIONS.—In con-
2 ducting the study required by paragraph (1), the Di-
3 rector shall work with heat and health experts to
4 identify consistent and agreed upon definitions for
5 heat events, heat waves, and other relevant terms.

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

9 (1) make available to the public on an internet
10 website of the National Oceanic and Atmospheric
11 Administration a report on the findings and conclu-
12 sions of the study; and

13 (2) submit the report to—

14 (A) the Committee on Commerce, Science,
15 and Transportation of the Senate;

16 (B) the Committee on Health, Education,
17 Labor, and Pensions of the Senate;

18 (C) the Committee on Science, Space, and
19 Technology of the House of Representatives;

20 (D) the Committee on Energy and Com-
21 merce of the House of Representatives; and

22 (E) the Committee on Education and
23 Labor of the House of Representatives.

1 **SEC. 7. FINANCIAL ASSISTANCE FOR RESILIENCE IN AD-**
2 **DRESSING EXTREME HEAT AND HEALTH**
3 **RISKS.**

4 (a) IN GENERAL.—

5 (1) ESTABLISHMENT.—Not later than 1 year
6 after the date of the enactment of this Act, the Di-
7 rector of the National Integrated Heat Health Infor-
8 mation System Program may, in coordination with
9 the National Integrated Heat Health Information
10 System Interagency Committee, establish and ad-
11 minister a community heat resilience program to
12 provide financial assistance to eligible entities to
13 carry out projects described in subsection (e) to
14 ameliorate human health impacts of extreme heat
15 events.

16 (2) REVISION.—Upon completion of the stra-
17 tegic plan required by section 4(e)(1), the Com-
18 mittee may revise the community heat resilience pro-
19 gram to ensure the program aligns with the strategic
20 plan and is administered in accordance with the
21 plan.

22 (b) PURPOSE.—The purpose of the financial assist-
23 ance provided under this section is to improve community
24 resilience to heat and heat-health impacts and further sci-
25 entific research to address adaptation gaps and priorities.

1 (c) FORMS OF ASSISTANCE.—Financial assistance
2 provided under this section may be in the form of con-
3 tracts, grants, or cooperative agreements.

4 (d) ELIGIBLE ENTITIES.—Entities eligible to receive
5 financial assistance under this section to carry out
6 projects described in subsection (e) include—

7 (1) nonprofit entities;

8 (2) States;

9 (3) Tribes;

10 (4) local governments; and

11 (5) such other entities as the Director deter-
12 mines to be eligible.

13 (e) ELIGIBLE PROJECTS.—Projects described in this
14 subsection include the following:

15 (1) Projects for cool roofs, cool pavements,
16 urban forestry or tree plantings and maintenance,
17 the provision of shade, cooling centers, retrofitting
18 buildings for cooling, and acquisitions or upgrades of
19 filtration systems or high-efficiency air conditioning
20 systems.

21 (2) Training programs to support the develop-
22 ment and integration of education and training pro-
23 grams for identifying and addressing risks associ-
24 ated with climate change for vulnerable individuals.

25 (3) Projects—

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

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

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

7 (D) to further scientific research regarding
8 extreme heat events.

9 (4) Other projects that the Director determines
10 will achieve a significant reduction in heat exposure
11 or increased resilience to extreme heat events.

12 (f) PRIORITIES.—In selecting eligible entities to re-
13 ceive financial assistance under this section, the Director
14 shall prioritize entities that will carry out projects that
15 provide benefits for historically disadvantaged commu-
16 nities and communities with significant heat disparities
17 associated with race or income.

18 (g) DISTRIBUTION OF ASSISTANCE.—

19 (1) ENVIRONMENTAL JUSTICE AND LOW IN-
20 COME COMMUNITIES.—Not less than 40 percent of
21 the amount of financial assistance provided under
22 this section in any fiscal year shall be provided to el-
23 igible entities to implement projects described in
24 subsection (e) in environmental justice communities
25 or low-income communities.

1 (2) **EQUITABLE DISTRIBUTION.**—The Director
2 shall seek to equitably distribute financial assistance
3 provided under this section based on geographic lo-
4 cation or such other factors as the Director deter-
5 mines appropriate.

6 (h) **MATCHING REQUIREMENT.**—

7 (1) **IN GENERAL.**—An entity that receives fi-
8 nancial assistance to carry out a project under this
9 section shall contribute, from non-Federal sources,
10 funds for the project in such amount as the Director
11 determines appropriate.

12 (2) **WAIVER.**—The Director may waive the re-
13 quirement under paragraph (1) for an entity if the
14 Director determines that the entity does not have
15 adequate resources to meet the requirement.

16 (i) **REPORTS.**—The Committee shall require the Di-
17 rector to submit to the Committee, on an annual basis,
18 a report on actions, outcomes, research needs, and data
19 gaps under this section.

20 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

21 (a) **NATIONAL INTEGRATED HEAT HEALTH INFOR-**
22 **MATION SYSTEM INTERAGENCY COMMITTEE; NATIONAL**
23 **INTEGRATED HEAT HEALTH INFORMATION SYSTEM PRO-**
24 **GRAM; STUDY ON EXTREME HEAT INFORMATION AND**
25 **RESPONSE.**—There are authorized to be appropriated to

1 the National Oceanic and Atmospheric Administration to
2 carry out sections 4, 5, and 6, including for any adminis-
3 trative costs for the National Integrated Heat Health In-
4 formation System Interagency Committee and the Na-
5 tional Integrated Heat Health Information System Pro-
6 gram, the following:

- 7 (1) For fiscal year 2022, \$20,000,000.
- 8 (2) For fiscal year 2023, \$20,000,000.
- 9 (3) For fiscal year 2024, \$20,000,000.
- 10 (4) For fiscal year 2025, \$20,000,000.
- 11 (5) For fiscal year 2026, \$20,000,000.

12 (b) FINANCIAL ASSISTANCE FOR RESILIENCE IN AD-
13 DRESSING EXTREME HEAT AND HEALTH RISKS.—There
14 are authorized to be appropriated to the National Oceanic
15 and Atmospheric Administration to carry out section 7 the
16 following:

- 17 (1) For fiscal year 2022, \$10,000,000.
- 18 (2) For fiscal year 2023, \$10,000,000.
- 19 (3) For fiscal year 2024, \$20,000,000.
- 20 (4) For fiscal year 2025, \$30,000,000.
- 21 (5) For fiscal year 2026, \$30,000,000.