NYSIF

INSURANCE AS A CATALYST FOR CLIMATE ACTION:

Incentivizing a Reduction in Health Care Emissions to Improve Worker Safety and Health System Resilience

MAY 2024

ABOUT NYSIF

The New York State Insurance Fund ("NYSIF") is the largest workers' compensation insurer in New York State. NYSIF's mission is to guarantee the availability of workers' compensation at the lowest possible cost to New York employers while maintaining a solvent fund. Since its inception in 1914, NYSIF has fulfilled this mission by competing with other carriers to ensure a fair marketplace while serving as a guaranteed source of coverage for employers who cannot secure coverage elsewhere.

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1 EXECUTIVE SUMMARY

Climate change is a threat to human health[1] and worker safety, increasing the risk of injury, illness, and death in all types of occupational settings.[2] Although the health care sector is on the frontlines of confronting the effects of climate change, it is also a significant source of greenhouse gas ("GHG") emissions, contributing to the crisis.[3] Hospitals are the largest emitters within the sector and while many are aware and motivated to take action, competing priorities can make it challenging. To incentivize a reduction in emissions, enhance system resilience,[4] and improve worker safety, NYSIF is launching a voluntary pilot program to help New York hospital systems manage the risks associated with climate change.

The pilot will provide hospital system policyholders with (1) an upfront credit on their workers' compensation insurance premium when they pledge to reduce emissions, enhance the resilience of their infrastructure to extreme weather events, and develop a credible climate action plan to implement these objectives, and (2) an ongoing premium credit for each year hospital systems demonstrate progress implementing their plans. The pilot will also provide policyholders access to NYSIF's risk control services, which will include an enhanced focus on addressing climate-related hazards and a forum for hospitals to learn from each other's experiences.

Over time, reduced emissions will generate meaningful cost savings, permitting hospitals to channel greater investment into direct patient care and improving health outcomes.[5] NYSIF plans to expand the pilot program to include the entire health care sector and eventually all industries.

2 CLIMATE CHANGE AND ITS IMPLICATIONS FOR PUBLIC HEALTH AND WORKER SAFETY

Since the dawn of the Industrial Revolution, human activity—primarily the excavation and combustion of fossil fuels, such as coal, oil, and gas—has led to a rapid atmospheric accumulation of GHGs, including carbon dioxide, methane, and nitrous oxide.[6] Once released, these gases trap the sun's heat, causing long-term shifts in temperatures and weather patterns.[7] This phenomenon, known as "climate change," has increased global average temperatures by 1.2°C (2.2°F) over pre-industrial levels. Experts anticipate that unless immediate and significant action is taken, that figure will climb to 2°C (3.6°F) over the next few decades, causing devastation.[8]

Climate change has severe and wide-ranging consequences for humanity.[9] According to an editorial published in over 200 scientific journals, climate change is "the greatest threat to global public health."[10] Increasing temperatures cause rising sea levels, extreme weather events, and natural disasters like droughts, floods, and wildfires.[11] Through various pathways, these conditions exacerbate or increase the likelihood of human illnesses and injuries, cause mental health trauma, and reduce or disrupt access to health care.[12]

Compounding the crisis, extreme weather events, such as 2012's Superstorm Sandy, can damage hospital infrastructure, disrupting a hospital's ability to provide critical services to affected communities and requiring costly repairs.[13] Such events can also disrupt services by causing a break or delay in the supply chain of medical equipment, pharmaceuticals, and other supplies.[14]

The destructive effects of climate change are disproportionately shouldered by vulnerable communities, multiplying the long-pervading inequities in health care.[15] As a *Lancet* report concluded:

> **[T]he health impacts of climate change are inequitable, with disproportionate effects on the most susceptible populations in every society, including people with low incomes, members of minority groups, women, children, older adults, people with chronic diseases and disabilities, and outdoor workers.[16]**

While the health consequences of climate change manifest broadly, many workers, including those in farming, construction, transportation, manufacturing, emergency response, and health care are particularly vulnerable.[17] Specifically, climate-related hazards, such as extreme temperatures, poor air quality, and increased allergens, can cause or exacerbate respiratory and cardiovascular illness, food- and water-borne diseases, and mental health effects.[18] These include dehydration, which can injure the kidneys and impact blood pressure; heat exhaustion, which, if untreated, can lead to heat stroke and brain injury;[19] worsening asthma, emphysema, and chronic obstructive pulmonary disease; rising hospitalizations from heart disease;[20] and increased risk of suicide.[21]

Beyond health, there are worker safety implications. According to growing research, extreme temperatures increase rates of on-the-job injuries. For example, one study found that a day above 100°F leads to a 10% to 15% increase in same-day injury risk in indoor and outdoor settings and across various industries.[22] Other studies show extreme temperatures can impair worker cognitive functions, reduce labor participation and economic output, and exacerbate labor market inequality,[23] cumulatively demonstrating the pernicious effects of climate change on wide-ranging aspects of worker health and well-being.

Extreme heat can also lead to death.[24] Since 2011, national records indicate that environmental heat exposure has led to 436 work-related fatalities,[25] a likely undercount according to the Occupational Safety and Health Administration.[26] According to some estimates, there may be as many as 2,000 heat-related worker deaths and between 120,000 and 170,000 heat-related occupational injuries each year in the United States ("U.S.").[27] In July 2023, to protect communities and workers from extreme heat, the White House directed the U.S. Department of Labor to issue its first heat hazard alert and ramp up enforcement efforts. It also announced new investments to boost climate resilience.[28]

Far from theoretical, the link between extreme heat and worker injuries is observable in NYSIF's claims data. A preliminary analysis of approximately 95,000 workers' compensation claims from May through September of 2017 to 2021 found a significant correlation of both the number and severity of injuries on days categorized under the National Weather Service ("NWS") extreme heat classifications. For instance, injuries on average were 45% more likely and 20% more severe (gauged by medical expense) on such days than on those falling outside the NWS categories. As Figures 1 through 3 indicate, both the probability of a claim and its associated medical expenses escalated with each progressive heat category. While the data points to correlations, not causation, the associations are strong enough to warrant further attention. In its future work, NYSIF will seek to better understand these correlations.

Figure 1: *Relative Increases in Claim Probability and Average Medical Expenses Incurred for Claims on Heat Index Category Days**

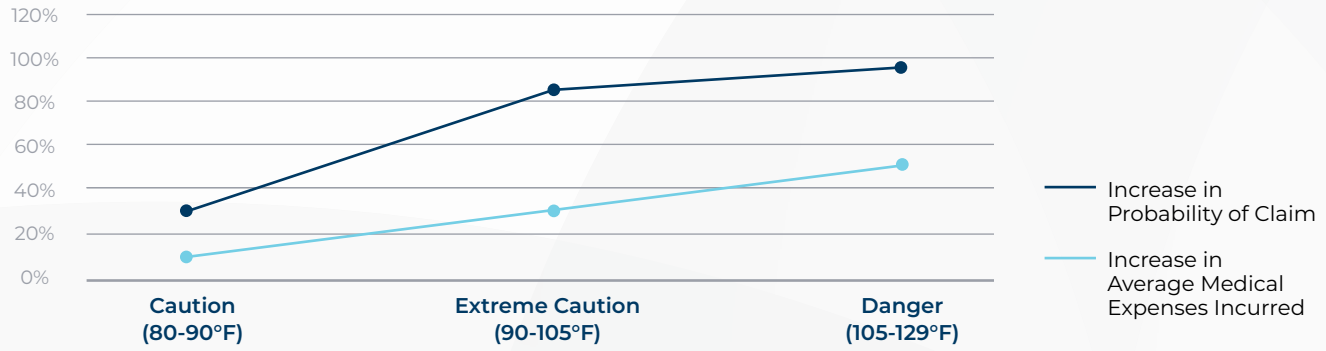


Figure 2: *Relative Increase in Probability of Claims on Heat Index Category Days**

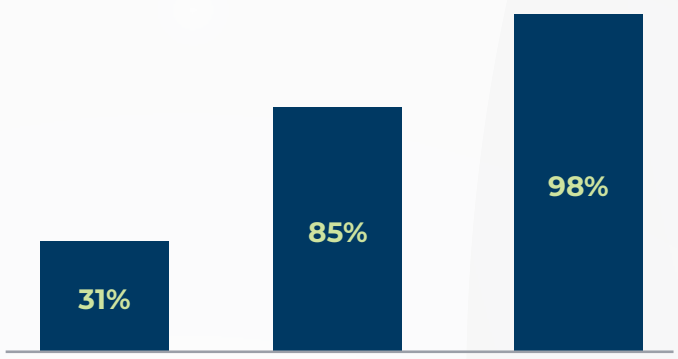
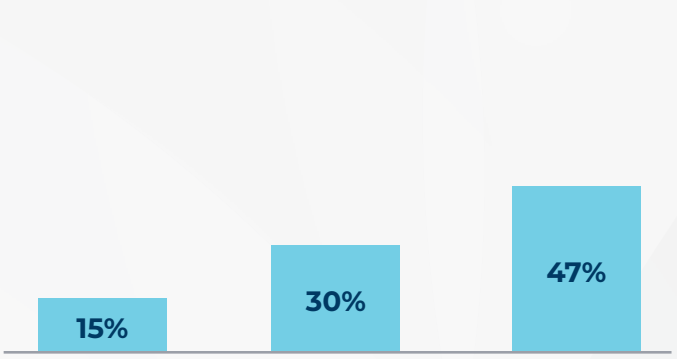


Figure 3: *Relative Increase in Average Medical Expenses Incurred for Claims on Heat Index Category Days**



*NYSIF workers' compensation claims data from May through September for the years 2017 through 2021; *see* U.S. Centers for Disease Control and Prevention, *National Environmental Public Health Tracking Network* (accessed August 2023, providing historical heat index information sourced from the North American Land Data Assimilation System), https://ephtracking.cdc.gov/DataExplorer; National Weather Service, *Heat Index Chart* (setting forth heat index categories), https://www.weather.gov/ffc/hichart.

3 HEALTH CARE AND CLIMATE CHANGE: AN EVER-EXPANDING NEGATIVE FEEDBACK LOOP

All industries contribute to climate change. However, the health care sector is at the epicenter of the crisis—not only because it must confront the destructive health effects and system disruptions associated with climate change, but also because it contributes enormously to the problem.[29] The health care industry is a leading emitter of GHGs, accounting for 8.5% of all national emissions (Figure 4). GHGs generated by the health care sector in the U.S. contribute approximately a quarter of health care emissions globally (Figure 5).[30] Hospitals are the most significant GHG contributors, with most of their emissions produced indirectly in the supply chain, such as through purchased energy, anesthetics, pharmaceuticals, food, and single-use plastic medical and surgical supplies.[31]

Figure 4:

*Greenhouse Gas Emissions – United States**

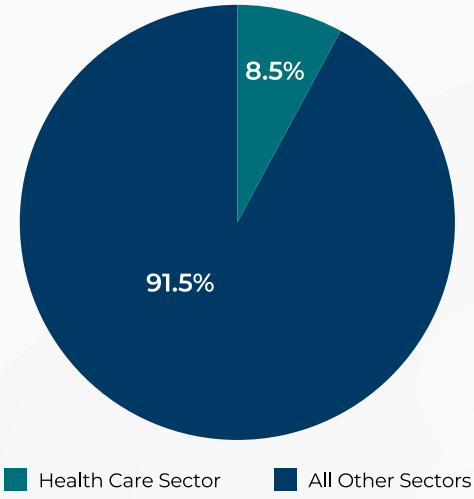
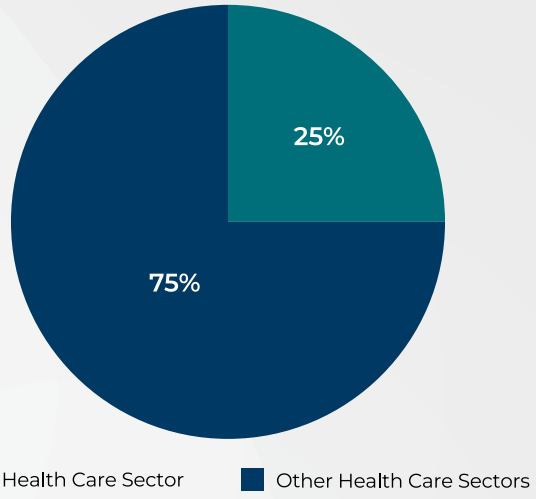


Figure 5:

*Greenhouse Gas Emissions – Health Care Sector**



*Source: Matthew J. Eckelman, et al., *supra* note 3.

Public awareness of the interaction between health care and climate change is growing, and health industry leaders and government officials appear increasingly motivated to stop the self-feeding cycle.[32] A number of hospital systems, including several within New York and others outside the state such as Cleveland Clinic, Kaiser Permanente, and Providence, have emerged as leaders in the effort.[33] But for various reasons, action has not been comprehensive across the health care landscape. To promote an industry-wide response in the U.S., the federal government has taken steps to incentivize participants to commit to measuring, reporting, and cutting GHG emissions.[34]

At the heart of those efforts is the Biden administration's April 2022 call to action for the sector to pledge to reduce emissions in half by 2030 and achieve net zero by 2050.[35] As part of the initiative, the administration also encourages hospitals to develop climate resilience plans, measure their indirect emissions, and publicly report on their progress.[36] Although the initiative does not offer funding, hospitals may be able to benefit from refundable tax credits under the Inflation Reduction Act or through various incentives offered by the U.S. Department of Health and Human Services ("HHS"), the U.S. Environmental Protection Agency, and the U.S. Department of Energy.[37] Thus far, the initiative has yielded almost 140 commitments.[38]

Beyond the voluntary framework, regulatory and hospital accreditation bodies have been considering action. The HHS Centers for Medicare and Medicaid Services ("CMS") solicited input on how health organizations can prepare for climate change, including how CMS can support them in determining the impact of climate change on patients, understanding its threats to continuous facility operations, and identifying ways to reduce emissions while tracking progress. CMS plans to use the comments received to inform future policymaking.[39]

The U.S. Securities and Exchange Commission ("SEC") recently finalized a climate disclosure rule requiring public companies, including health care entities, to disclose information about their climate-related financial risks and any climate-related targets or transition plans. The rule further mandates that large public companies disclose Scope 1 and Scope 2 emissions when material but, unlike the proposed rule, does not extend this requirement to all public companies or to Scope 3 (supply chain) emissions.[40]

Finally, The Joint Commission, a non-profit hospital accreditor, considered adding emissions standards to its accreditation process, opting instead to announce the development of a voluntary Sustainable Healthcare Certification Program.[41] These actions have furthered the conversation on reducing GHGs, but more actionable measures are needed to address the climate crisis.

4 NEW YORK'S LEADERSHIP ON CLIMATE ACTION

The urgency to address climate change has also prompted action at the state level, where New York has emerged as a trailblazer. Under Governor Kathy Hochul's leadership, New York is advancing toward its goal of reducing GHG emissions 40% by 2030 and 85% by 2050 from 1990 levels.[42] Governor Hochul has prioritized initiatives to decrease reliance on fossil fuels and accelerate the development of clean, renewable energy alternatives.[43] An essential component of the Governor's initiatives is ensuring that the transition to economy-wide carbon neutrality occurs justly and equitably.[44]

As New York's scoping plan notes, emissions measurement is critical for progress.[45] To that end, the Department of Environmental Conservation ("DEC"), in consultation with the New York State Energy Research and Development Authority ("NYSERDA"), publishes annual reports estimating economy-wide emissions, collating information from national datasets, published academic research and other sources.[46] DEC has also published guidance to assist state agency decision-making by establishing a monetary value of carbon, helping agencies quantify their avoided GHG emissions.[47]

In addition, Governor Hochul has taken action to implement an economy-wide "cap-and-invest" program, which will set an annual cap on GHG emissions permitted in the state and require high-emitting entities to purchase allowances for their activities.[48] DEC and NYSERDA are seeking stakeholder input to inform the design of New York's program, adhering to specific guiding principles.[49] Regulations to govern the cap-and-invest program are forthcoming.[50]

As part of her 2022 State of the State address, Governor Hochul directed state investment portfolios to achieve net zero carbon emissions in their investments by 2040.[51] Consistent with that direction, NYSIF published a Climate Action Plan in September 2022, laying out its baseline investment GHG emissions and approach to meeting its goal through a combination of strategies, including engagement, portfolio steering, advocacy, disclosure and governance. NYSIF's Climate Action Plan is grounded in its commitment to bring about a positive impact on the real economy, expansive transparency, and a just transition for workers and low-income and minority communities.[52]

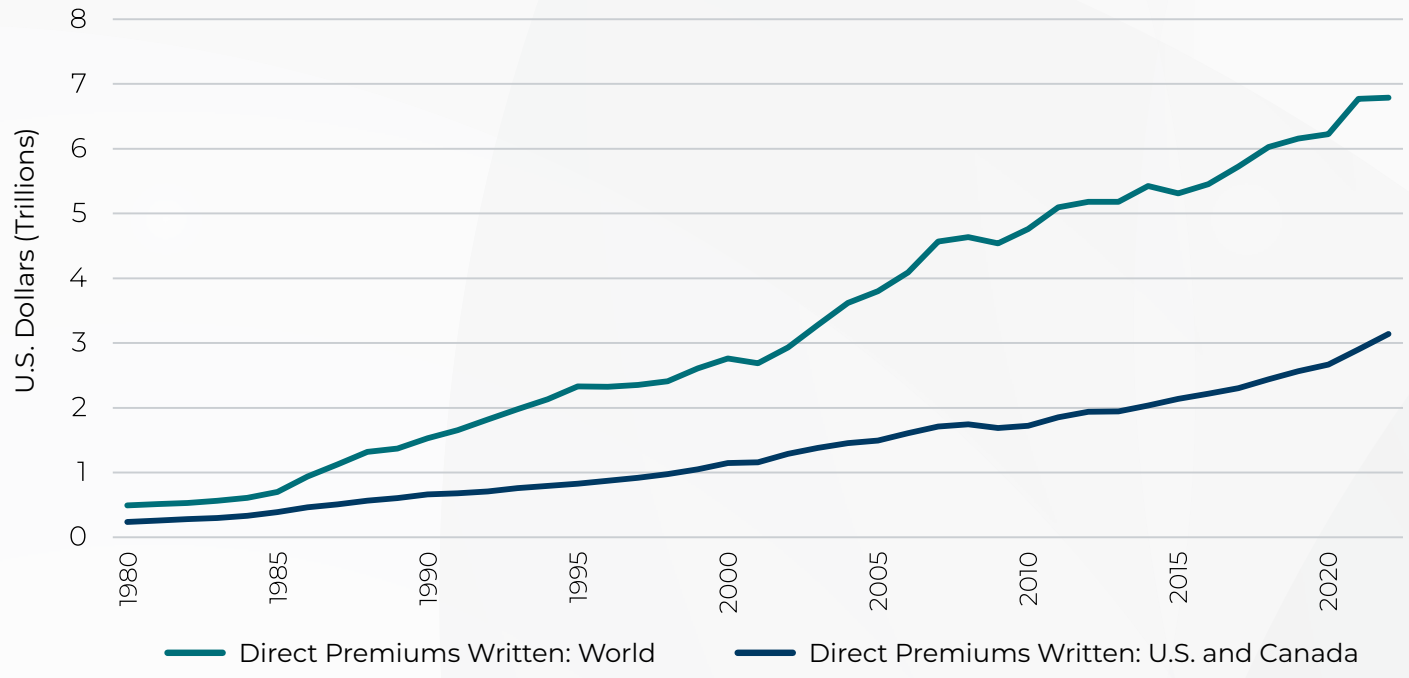
Action has also extended beyond state government. An industry collaboration led by the New York City Chapter of the American Society of Heating, Refrigerating and Air-Conditioning Engineers recently published a guide for New York hospitals on decarbonizing facility and purchased energy emissions.[53] The collaboration includes contributions from over 80 public and private organizations, including key New York State entities, trade and industry groups, hospitals, and health care organizations. The guide highlights various NYSERDA and other incentives that hospitals may be able to utilize as they consider decarbonizing strategies.

5 WORKERS' COMPENSATION INSURANCE: A CATALYST FOR REDUCING HOSPITAL EMISSIONS

The efforts outlined above represent foundational steps to reduce GHG emissions and are beginning to yield results. But long-term success is far from certain, and there are headwinds as the health care sector emerges from the Covid-19 pandemic with resource constraints and competing priorities. Contending with a sprawling supply chain and a lack of consistent indirect emissions data and reporting standards further adds to the complexity.[54] Given the stakes, it is crucial for industry participants and policymakers to consider new opportunities and identify underutilized levers for further action, helping to support and build on the pioneering work underway.

Insurance contracts represent one such opportunity. With trillions of dollars in premiums flowing to insurers globally[55] (Figure 6) and climate change impacting virtually all lines of coverage,[56] insurance policy pricing is an underappreciated lever to drive climate action. Inaction, however, could intensify the recent premium rate hikes and insurer exits observed in certain markets.[57] Given climate change's damaging effects on workers' health and safety, catalyzing action through workers' compensation insurance may be particularly appropriate and effective. As New York's largest workers' compensation insurer, NYSIF is uniquely positioned to pursue the opportunity to help mitigate the risks of climate change.

Figure 6:
*Direct Premiums Written**



*Source: Swiss Re Institute, *supra* note 55.

6 NYSIF'S PREMIUM CREDIT PROGRAM FOR HOSPITAL SYSTEM POLICYHOLDERS

Cutting GHG emissions across all industries is vital to improving worker health and safety. Given hospital systems' substantial GHG emissions and NYSIF's role as an insurer to several New York hospital systems, NYSIF's pilot program will initially focus on hospitals and ultimately expand to all types of businesses. Beginning with hospitals, which are attuned to the health implications of climate change and serve as institutional leaders in their surrounding communities, will signal the importance of emissions reductions to other industries.

Any program that seeks to reduce health care emissions must recognize and contend with some crucial challenges. First, hospitals have finite resources and priorities subject to the demands of the complex environment in which they operate. This may mean that for some hospitals, despite a desire to reduce emissions, doing so may not be a top priority.[58] Second, most hospital GHGs are indirect emissions of participants in a highly complex supply chain that includes everything from pharmaceutical and medical device companies to food and anesthetic gas suppliers, none of which are required to monitor or report emissions. Given the lack of information and generally accepted standards for measuring such emissions, even motivated hospitals face difficulty reducing emissions.

With these challenges in mind, NYSIF is launching a pioneering, voluntary program to help hospital system policyholders manage the risks posed by climate change and promote the health and safety of their workers. The program will provide incentives for current and prospective hospital system policyholders—regardless of where they are on their emissions reduction journey—to measure, report, and reduce GHG emissions. The initiative is designed to mitigate present climate-related environmental hazards like extreme heat, decreased air quality, and more intense storms which, if unabated, would continue contributing to steep increases in the frequency and severity of injuries and workers' compensation claims.

The pilot has three overarching components. First, an upfront premium credit to help hospital system policyholders committed to lowering GHG emissions develop a comprehensive climate action plan. Second, an ongoing premium credit to reward hospitals for each year they adhere to their plan. Third, ongoing access to NYSIF's risk control services, including climate-related training resources and a learning forum.

NYSIF Pilot Program

Upfront Premium Credit
Available to hospital systems that pledge to:

- Reduce GHG emissions
- Enhance resilience
- Develop a climate action plan

Ongoing Premium Credit
Available each year a hospital system:

- Meets climate plan commitments
- Reduces emissions, as verified by a third-party attestation

Risk Control Services
Available on an ongoing basis to help hospital systems understand how to promote worker safety and reduce workplace hazards in the face of climate change

Upfront Premium Credits

When it comes to cutting GHG emissions, developing a plan is both critical to long-term success and expensive. Through the pilot program's upfront premium credits, NYSIF seeks to make crucial funds immediately available for hospital systems to develop their climate action plans. Under the pilot, NYSIF would credit 5% of the premium, up to a cap of $1 million, for any hospital system policyholder that pledges to (1) work towards the goal of reducing GHG emissions 40% by 2030 and 85% by 2050 from 1990 levels, consistent with New York State's goal,[59] (2) enhance its resilience to climate-related disruptions, and (3) develop a credible climate action plan to meet these goals. These funds will lay the foundation for hospital systems' future emissions reduction and resilience strategies.

The upfront credits aim to reduce the climate-related environmental hazards that drive workplace injuries and illnesses. If unabated, the risk emanating from those hazards will be increasingly detrimental to worker health and safety, as demonstrated by the afore-referenced studies, and drive higher rates and severity of injuries. Consistent with NYSIF's statutory mandate[60] to consider the nature and hazards of an insured's business operations, including any risk mitigation measures, the upfront credits are calibrated to reduce the frequency and severity of injuries over time, especially as measured against the expected baseline acceleration of hazards described above.

Hospital system action plans must contain certain elements to be credible. Specifically, the plans must commit to measuring and monitoring direct and indirect emissions up and down a hospital's value chain, including an inventory of present emissions. Since accounting standards for indirect emissions are not widely used, hospitals may use "total spend" as a proxy until more concrete measures are available.[61] The plan should identify how suppliers and vendors will be encouraged to monitor and report verified emissions, such as through procurement prioritization strategies. Hospital systems must further specify in their plans how they will decrease system-wide emissions over time. Because it can be challenging to address indirect emissions, an acceptable plan need not necessarily anticipate reducing indirect emissions in the initial years of implementation, but the plan must include strategies for achieving those reductions over time.

To bolster resilience, hospital action plans must identify supply chain vulnerabilities and contingency plans. They must also commit to training physicians, nurses and other staff on the purpose and goals of the action plans and detail an outreach strategy aimed at patients and the surrounding community. Hospital systems also should specify how their plans will be monitored to ensure that implementation positively impacts hospital workers as well as the communities they serve, including local populations that are disproportionately disadvantaged by climate-related risks. Finally, to reflect the institutional commitment to the initiative, the plans should identify a designated lead responsible for overseeing implementation.

These elements seek to address the core challenges hospital systems face in reducing GHG emissions and boosting their resilience. With additional funds, hospital systems will be increasingly motivated to develop robust climate action plans. A focus on indirect emissions and reprioritizing procurement policies will help develop reliable emissions data and incentivize suppliers to measure and report emissions information. With time, these measures will produce increasingly uniform GHG information, enabling more effective monitoring and emissions reduction strategies.

Ongoing Premium Credits

A hallmark of the NYSIF initiative is its ongoing support for hospitals that have produced a credible climate action plan. Once a hospital system has established a framework, NYSIF will incorporate the plan for premium-setting purposes for subsequent policy years. Each year a hospital system reduces emissions and enhances resilience consistent with its goal, as verified by a third-party attestation, it will receive a premium credit of 5%, up to a maximum of $1 million.[62]

The ongoing credits will stimulate further action, incentivizing and facilitating hospitals' emissions reduction efforts, particularly when coupled with tax credits available through the Inflation Reduction Act. These include credits for investments in clean on-site energy generation, building energy efficiency improvements, and low-emission vehicles.[63] Participation in the pilot program may also better position a hospital system to qualify for The Joint Commission's new sustainability certification, which will require hospitals to identify emissions reduction steps, and to meet the requirements of any applicable local laws.[64] Over time, as hospital systems drive down emissions, they will benefit from significant cost savings[65] that may be channeled to direct patient care and to further enhance their resilience to climate change-related disruptions.

While hospital system climate action plans must satisfy certain broad parameters, the pilot program does not impose any specific GHG reduction strategies on hospitals, allowing them ample flexibility and time to meet their long-term strategic objectives. Under the initiative, each hospital system will consider its priorities and weigh the risks, short- and long-term costs, and tradeoffs involved in various approaches. As detailed herein, NYSIF will provide technical assistance and point to resources that will help hospitals in designing and carrying out their plans.

Risk Control Services

Promoting strong worker safety practices is central to NYSIF's mission. One way NYSIF encourages such measures is through its risk control services, which include training materials and consulting services to help policyholders understand how to reduce workplace hazards. NYSIF's policyholder library includes a variety of resources explaining why working in excessive heat is hazardous and how heat-related illness can be avoided. To further support hospital systems in preparing for the pilot program, NYSIF is expanding these offerings to encompass additional strategies for confronting climate-related challenges and to provide a forum for hospitals to share and learn from their experiences.

Central to NYSIF's risk control function, the expanded offerings will be particularly useful for state-operated hospitals, such as those within the State University of New York ("SUNY") system. Although NYSIF administers their workers' compensation coverage, these hospital systems do not pay premiums and, therefore, cannot benefit from a premium credit program. Yet, under Governor Hochul's direction,[66] state-operated hospitals undertake sustainability initiatives, including measures to transition to renewable energy and increase climate resilience.[67]

In recognition of their important work, NYSIF will provide these hospital systems access to its expanding climate-related risk control services, helping them strengthen their climate action planning efforts and test their emissions reduction and resilience strategies. Such risk control assistance could also be meaningful for other hospital systems with relatively limited resources, imparting a tangible benefit beyond the program's premium credits.

7 CONCLUSION

Rising levels of GHGs are a significant contributor to climate change, which, in turn, is a major threat to public health and worker safety. The health care sector is at the epicenter of this dynamic, not only because it is called upon to confront the damaging effects of climate change but also because it is a significant emitter of GHGs. Many health industry leaders strive to cut emissions, but with resource constraints and competing priorities, health organizations collectively have been slow to progress.

As an insurer, NYSIF is uniquely positioned to help catalyze transformative action. NYSIF's pilot program offers decarbonization and resilience incentives in support of Governor Hochul's nation-leading environmental agenda. The program will help facilitate a commitment from hospital systems, assisting them in cutting GHG emissions and stopping the vicious feedback loop between health care and climate change.

NYSIF's pilot program will help reduce hospital costs and minimize climate-related disruptions, freeing up funds for more investment in direct patient care, improving health outcomes, and serving as a network for hospitals to share their ideas and experiences as they undertake this important mission.

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[30] *Id.*

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[42] New York State Climate Leadership and Community Protection Act ("Climate Act"), Chapter 106 of the Laws of 2019.

[43] Gov. Kathy Hochul, *During Earth Week, Governor Hochul Announces Completion of Eight New Large-Scale Renewable Energy Infrastructure Projects* (April 18, 2023), https://www.governor.ny.gov/news/during-earth-week-governor-hochul-

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[45] New York State Climate Action Council, *Scoping Plan, Full Report* (December 2022), p. 46 and 429, https://climate.ny.gov/-/media/Project/Climate/Files/NYS-Climate-Action-Council-Final-Scoping-Plan-2022.pdf.

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[51] Gov. Kathy Hochul, *A New Era for New York: 2022 State of the State* (January 5, 2022), p. 150-51, https://www.governor.ny.gov/sites/default/files/2022-01/2022StateoftheStateBook.pdf.

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[58] Essential Hospitals Institute, *Advancing Climate Resilience and Mitigation at Essential Hospitals* (October 2022), https://essentialhospitals.org/wp-content/uploads/2022/10/Essential-Hospitals-Advance-Climate-Resilience-Mitigation-October-2022.pdf.

[59] Alternatively, policyholders may elect to pursue the HHS pledge, in which case the plan must describe how the policyholder will reduce emissions by 50% by 2030 (from a baseline no earlier than 2008) and reach net-zero by 2050; *see* HHS, *supra* note 38.

[60] New York Insurance Law § 2339(d); New York Workers' Compensation Law § 89(1).

[61] HHS, Agency for Healthcare Research and Quality, *supra* note 33.

[62] Some New York City hospitals may be subject to Local Law 97 of 2019, as amended, requiring buildings of at least 25,000 square feet, to keep GHG emissions within specified annual caps or face monetary penalties. Annual compliance reporting begins May 1, 2025. Exempt from the law are industrial facilities that generate electric power or steam, city buildings, and public housing developments, and hospitals and other health care facilities may request adjustments to the specified limits. Notably, the law applies to emissions generated by building energy and will not address Scope 3 emissions; thus, some but not all of the emissions reporting under the law may align with annual updates under NYSIF's pilot program.

[63] HHS, Office of Climate Change and Health Equity, *supra* note 37.

[64] The Joint Commission, *supra* note 41.

[65] *See*, e.g., HHS, Agency for Healthcare Research and Quality, *supra* note 33 (pointing to savings realized by a hospital within the Providence system from the use of environmental impact information in supply purchases and reductions in inhaled anesthetic emissions, as well as savings to the Yale New Haven Health System from eliminating use of a higher-GHG emitting anesthetic agent); Health Care Without Harm, *supra* note 33 (noting cost reductions realized by Kaiser Permanente due to improved energy efficiency and more environmentally sound procurement practices and by Cleveland Clinic due to implementation of operating room air change efficiencies and LED retrofits of surgical fixtures); Cleveland Clinic, *Sustainability & Global Citizenship Report* (2022), https://my.clevelandclinic.org/about/community/sustainability/sustainability-global-citizenship (noting outcomes of environmental sustainability measures including savings from energy conservation); Kaiser Permanente, *Climate Action*, https://about.kaiserpermanente.org/commitments-and-impact/healthy-communities/improving-community-conditions/environmental-stewardship/climate-action (noting recurring savings attributable to improvements in energy use efficiency); Providence, *Partnering for good: How collaboration can reduce emissions* (November 13, 2023), https://blog.providence.org/home-page/partnering-for-good-how-collaboration-can-reduce-emissions (noting annual savings arising from conservation efforts); Martha Hostetter, et al., *Greening the Health Care Safety Net: How Boston Medical Center Reduced Its Carbon Footprint Without Compromising Patient Care*, The Commonwealth Fund (August 14, 2023), https://www.commonwealthfund.org/publications/case-study/2023/aug/greening-health-care-safety-net; London School of Economics, Grantham Research Institute on Climate Change and the Economy, *How much will it cost to cut global greenhouse gas emissions?* (September 2, 2022), https://www.lse.ac.uk/granthaminstitute/explainers/how-much-will-it-cost-to-cut-global-greenhouse-gas-emissions (explaining that the short term economic costs of climate action would be more than outweighed by long term cost savings and "co-benefits" such as reduced exposure to harmful effects like air pollution).

[66] Gov. Kathy Hochul, *Executive Order No. 22: Leading by Example: Directing State Agencies to Adopt a Sustainability and Decarbonization Program* (September 20, 2022), https://www.governor.ny.gov/executive-order/no-22-leading-example-directing-state-agencies-adopt-sustainability-and; *see also* New York State Office of General Services, *GreenNY: State Purchasing and Operations*, https://ogs.ny.gov/greenny; Gov. Kathy Hochul, *supra* note 28 at p. 88 (highlighting planned investments to support implementation of decarbonization work by state agencies).

[67] Stony Brook University Hospital and SUNY Upstate Medical University are participants in the HHS pledge initiative. HHS, *supra* note 38.

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