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DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

Case No. 2013-0580

Freedom of Information Act Office
Cohen Bldg, Room 1062
330 Independence Ave., SW
Washington DC 20201

August 19, 2013

This letter is in response to the August 3, 2013 Freedom of Information Act (FOIA) request you submitted to the Department of Health and Human Services (DHHS), Office of Inspector General (OIG), requesting a copy of the documents and/or any other response provided to the Bicameral Task Force on Climate Change in response to the February 25, 2013 letter signed by Henry A. Waxman, Sheldon Whitehouse, Edward J. Markey and Benjamin L. Cardin.

This office located sixteen (16) pages of records responsive to your request. They are enclosed with no deletions.

There is no charge for FOIA services in this instance because billable fees are under the Department's $25 cost effective threshold.

For your information, Congress excluded three discrete categories of law enforcement and national security records from the requirements of the FOIA. See 5 U.S.C. § 552(c) (2006 & Supp. IV (2010). This response is limited to those records that are subject to the requirements of the FOIA. This is a standard notification that is given to all our requesters and should not be taken as an indication that excluded records do, or do not, exist.

Sincerely,

Robin R. Brooks
Director
Freedom of Information

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

JUN 25 2013

The Honorable Henry A. Waxman
Co-Chair
Bicameral Task Force on Climate Change
Ranking Member
Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Edward J. Markey
Co-Chair
Bicameral Task Force on Climate Change
Ranking Member
Committee on Natural Resources
House of Representatives
Washington, DC 20515

The Honorable Sheldon Whitehouse
Co-Chair
Bicameral Task Force on Climate Change
Chairman
Subcommittee on Oversight,
Committee on Environment and Public Works
United States Senate
Washington, DC 20510

The Honorable Benjamin L. Cardin
Co-Chair
Bicameral Task Force on Climate Change
Chairman
Subcommittee on Water and Wildlife,
Committee on Environment and Public Works
United States Senate
Washington, DC 20510

Dear Sirs:

On February 25, 2013, you requested that the Office of Inspector General (OIG) of the Department of Health and Human Services (HHS): (1) identify the existing requirements in legislation, regulation, executive order, and other directives that apply to HHS regarding climate change; (2) assess whether HHS is meeting these requirements; and (3) if HHS is not fully meeting these requirements, make recommendations for improving its performance.

Additionally, you requested that OIG assess: (1) the authorities HHS has to reduce emissions of heat-trapping pollution, (2) HHS' authorities to make the Nation more resilient to the effects of climate change, and (3) the most effective additional steps it could take to reduce emissions or strengthen resiliency.

Since receiving your request, we have been in contact with your staff and updated you on our planned response in letters dated April 1 and May 29, 2013. To respond to your request, OIG reviewed requirements concerning HHS' response to the threat of climate change and HHS reports on its progress and plans to meet these requirements. The results of our review are enclosed.

If you have questions, please contact me or your staff may contact Chris Hinkle, Director of Congressional and Regulatory Affairs, at (202) 401-2206 or Christina.Hinkle@oig.hhs.gov.

Sincerely,

Daniel R. Levinson

Daniel R. Levinson
Inspector General

Enclosure

ENCLOSURE: OIG Response to February 2013 Request From the Bicameral Task Force on Climate Change

SUMMARY

The Bicameral Task Force on Climate Change (the Task Force) requested that the Office of Inspector General (OIG) of the Department of Health and Human Services (HHS) assess whether HHS is doing everything it can to confront the growing threat of climate change. Important aspects of the Task Force's request require a technical and scientific expertise that OIG's staff of criminal investigators, auditors, evaluators, and attorneys do not possess. With these limitations and in accordance with the Task Force's request, OIG identified (1) requirements in legislation, regulation, executive order, and other directives that require HHS to take steps to prevent and respond to climate change; (2) HHS progress in meeting these requirements; (3) HHS plans to improve performance in meeting these requirements; and (4) HHS plans to incorporate climate change adaptation strategies into programs under its authority.

BACKGROUND

Operations of the Federal Government result in greenhouse gas emissions, which contribute to climate change. Specifically, Federal operations result in the direct emission of greenhouse gases as well as consumption of nonrenewable resources and disposal of certain materials that contribute to greenhouse gas emissions. Therefore, requirements exist for HHS to take steps to prevent and respond to climate change by reducing its environmental impact and preparing for the effects of climate change on the ability to achieve its missions.

Some of these requirements are found in the National Environmental Policy Act (NEPA) of 1969 (P.L. 91-190); the Global Change Research Act of 1990 (P.L. 101-606); the Energy Policy Act (EPAct) of 2005 (P.L. 109-58); the Energy Independence and Security Act (EISA) of 2007 (P.L. 110-140); Executive Order 13423 ("Strengthening Federal Environmental, Energy, and Transportation Management," January 24, 2007); and Executive Order 13514 ("Federal Leadership in Environmental, Energy, and Economic Performance," October 5, 2009). HHS is required to periodically report its compliance with various climate change policies to oversight bodies, such as the Council on Environmental Quality and the Office of Management and Budget (OMB), other agencies, and the public.

The Assistant Secretary for Administration (ASA) is the designated agency Senior Sustainability Officer (SSO) and leads HHS' efforts to meet these requirements and other sustainability goals. Additionally, a Chief Sustainability Officer coordinates sustainability efforts within each Operating Division (OpDiv). Chief Sustainability Officers work with divisional program leaders and with a Department-wide task force under the direction of the SSO to work towards HHS' sustainability goals.[1]

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[1] HHS, Strategic Sustainability Performance Plan, p. 15.

On February 25, 2013, the Task Force requested that OIG assess whether HHS is doing everything it can to confront the growing threat of climate change. Specifically, the Task Force requested that OIG: (1) identify the existing requirements in legislation, regulation, executive order, and other directives that apply to HHS regarding climate change; (2) assess whether HHS is meeting these requirements; and (3) if HHS is not fully meeting these requirements, make recommendations for improving its performance.

Additionally, the Task Force requested that OIG assess: (1) the authorities HHS has to reduce emissions of heat-trapping pollution, (2) HHS' authorities to make the Nation more resilient to the effects of climate change, and (3) the most effective additional steps it could take to reduce emissions or strengthen resiliency.

METHODOLOGY

We reviewed and summarized HHS' requirements to take steps to prevent and respond to climate change. We also reviewed relevant HHS policies and public and internal reports on HHS progress toward meeting these requirements. We requested non-public reports of HHS progress and plans to improve performance in meeting requirements from ASA.

We selected seven key climate change targets according to common themes included in the legislation, Executive Orders, and policies mentioned above. For each target, we identified (1) requirements in legislation, regulation, executive order, and other directives; (2) HHS progress in meeting these requirements; and (3) HHS plans to improve performance in meeting these requirements. We also described HHS plans to incorporate climate change adaptation strategies into programs under its authority.

Limitations

The review of existing HHS requirements, reports of HHS progress in meeting these requirements, and HHS plans to improve performance and incorporate climate change adaptation strategies is not exhaustive. We limited our review of HHS progress and plans to previously prepared reports. Therefore, any changes in HHS progress in meeting requirements after these reports were issued are not reflected in in this review. Further, OIG staff do not have the expertise to make recommendations for improving HHS performance in meeting requirements to take steps to prevent and respond to climate change or to identify the most effective additional steps HHS could take to reduce emissions and heighten resiliency to climate change.

RESULTS

HHS has taken action to meet the requirements for each of the seven key targets. Additionally, HHS plans to continue meeting or improve its performance in meeting the requirements for each target. HHS also plans to incorporate climate change adaptation strategies in programs under its authority to increase resiliency to climate change. The appendix lists documents containing relevant HHS policies and reports of HHS progress and hyperlinks to their online locations.

Target 1: Reduce Building Energy Consumption

Requirements. EPAct 2005 required Federal agencies to meter all Federal buildings by October 1, 2012, to measure electricity consumed.[2]

EISA requires each Federal agency to issue annual Sustainability and Energy Scorecards to OMB (OMB Scorecard) describing the status of initiatives to improve energy efficiency, reduce energy cost, and reduce greenhouse gas emissions.[3] Further, EISA and Executive Order 13423 require HHS and other Federal agencies to reduce building energy intensity by 3 percent annually through 2015 or achieve a 30-percent total reduction by 2015.[4] The Order also requires that new construction and renovations of Federal buildings comply with the Guiding Principles for Federal Leadership in High Performance and Sustainable Buildings (Guiding Principles) and that 15 percent of an agency's existing buildings and leases comply with the Guiding Principles by fiscal year (FY) 2015.[5] Agencies must also establish environmental management systems at appropriate organizational levels to lead efforts to meet this and other requirements in the Order and to collect, analyze, and report agency performance in implementing the Order.[6]

Executive Order 13514 incorporates some of the building energy consumption requirements of Executive Order 13423, requires that agencies make annual progress toward 100-percent compliance with the Guiding Principles, and extends energy consumption targets through 2020. It also requires agencies to reduce energy, water, and material use through cost-effective and innovative strategies.

Progress in Meeting Requirements. HHS established a Facilities Metering policy requiring all OpDivs to install electricity meters for all HHS-owned facilities and HHS-leased facilities where utilities are not included in the rent by the end of 2012.[7] In its 2012 Strategic Sustainability Performance Plan, HHS reported that 98.9 percent of appropriate buildings were metered to measure electricity consumption in FY 2011.

HHS' 2011 Sustainable Buildings Plan includes sustainable buildings policies, a Sustainable Buildings Progress Report, and HHS sustainability goals. As described in this plan, HHS established Integrated Project Teams and developed Sustainable Buildings

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[2] Agencies are required to use, to the extent possible, advanced meters that provide electricity consumption data at least daily. EPAct 2005 § 103(e)(1).

[3] EISA § 527.

[4] EISA § 431. See also Executive Order 13423 § 2(a). "Energy intensity" means the energy consumption per square foot of building space, including industrial or laboratory facilities. Executive Order 13423 § 9(i). These requirements use a 2003 baseline for energy intensity.

[5] Executive Order 13423 § 2(f). The Guiding Principles focus on the following topic areas for new construction and renovations: (1) employ integrated design, assessment, operation, and management principles; (2) optimize energy performance; (3) protect and conserve water; (4) enhance indoor environmental quality; (5) reduce environmental impact of materials. EPA, Federal Green Building Requirements. Accessed at http://www.epa.gov/oaintrnt/projects/requirements.htm#gps on May 29, 2013.

[6] Executive Order 13423 § 3(b).

[7] *HHS Facilities Program Manual*, Vol. 2, Sec. 4-11, "Facilities Metering", p. 1. Accessed at http://www.hhs.gov/asa/ofmp/about/section_4-11_vol_2.pdf on April 25, 2013.

Checklists to ensure compliance of existing, new, and leased HHS facilities with the Guiding Principles.[8]

As of December 2012, HHS reported that it had reduced energy intensity in facilities subject to reduction goals by 21.2 percent and that it was on track to reach the required 30-percent reduction by 2015. For example, in 2011, the Centers for Disease Control and Prevention (CDC) completed projects to reduce laboratory airflow and lighting in certain buildings that resulted in substantial energy reductions and savings of over $180,000 a year.[9] HHS also reported that 3.9 percent of building gross square footage complied with the Guiding Principles, less than its goal of 9 percent.[10]

Additionally, HHS established environmental management systems to identify, plan and track environment-related improvements throughout all operations to reduce HHS' impact on the environment. The Strategic Sustainability Performance Plan includes a more detailed discussion of environmental management system activities.[11] Further, HHS initiated an interdisciplinary group known as the Health in Buildings Roundtable to determine research needs and promote research on sustainable buildings and indoor environmental quality.[12]

Plans To Improve Performance. The Health in Buildings Roundtable will continue to promote research on sustainable building design.[13]

Additionally, HHS plans to finish construction on two Leadership in Energy and Environmental Design (LEED)-certified buildings in 2013. These buildings are designed for low energy consumption.[14] The National Institutes of Health (NIH) also plans to consolidate two offices in a new LEED-certified building.[15] Both of these construction projects will increase the percentage of building gross square footage that complies with the Guiding Principles.

NIH and CDC assembled a joint task force to prepare for new buildings entering the planning process in FY 2020 to achieve zero-net-energy by FY 2030.[16] This task force

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[8] HHS, 2011 Sustainable Buildings Plan, pp. 9-11. Accessed at http://www.hhs.gov/asa/ofmp/about/sustainable_buildings_plan_2011a.pdf on April 16, 2013.
[9] HHS, Strategic Sustainability Performance Plan, pp. 5-6.
[10] HHS FY 2013 OMB Scorecard. This scorecard was submitted to OMB in January 2013 and reflects HHS progress as of December 31, 2012. It is not yet available to the public.
[11] Activities of environmental management systems also address each of the seven targets.
[12] HHS, Strategic Sustainability Performance Plan, p. 12. This complete version of HHS' Strategic Sustainability Plan is not available to the public. However, HHS issued a summary of the plan for public use that is also referenced in this review.
[13] Ibid.
[14] LEED is an environmental rating and certification system for residential and commercial buildings from the U.S. Green Building Council.
[15] HHS FY 2013 OMB Scorecard.
[16] "Zero-net-energy buildings" are designed, constructed, and operated to require a greatly reduced quantity of energy to operate, meet the balance of energy needs from sources of energy that do not produce greenhouse gases, and therefore result in no net emissions of greenhouse gases and are economically viable. Executive Order 13514, § 19(o).

will continue to assess emerging building technologies for sustainable design, energy conservation, water conservation, and renewable energy technology.[17]

Target 2: Reduce Greenhouse Gas Emissions

Requirements. Executive Order 13514 required HHS and other Federal agencies to prepare a baseline of greenhouse gas emissions for Scopes 1, 2, and 3 emissions for FY 2008.[18] The Order also required agencies to establish agency-wide greenhouse gas emission targets for Scopes 1, 2, and 3 greenhouse gas emissions for FY 2020 and annually report comprehensive greenhouse gas inventory.[19] Further, agencies must implement transit, travel, training, and conference strategies to reduce Scope 3 emissions and support low-carbon commuting and travel.[20]

Progress in Meeting Requirements. In 2010, HHS submitted a comprehensive greenhouse gas inventory as its 2008 baseline for Scopes 1, 2, and 3 greenhouse gas emissions and set targets for FY 2020 emissions.[21] In its FY 2013 OMB Scorecard and 2012 Strategic Sustainability Performance Plan, HHS reported that it was on track to meet its greenhouse gas reduction targets. As of the end of 2011, HHS had reduced its Scopes 1 and 2 emissions by 8.7 percent and its Scope 3 emissions by 2.1 percent.[22]

HHS reports accomplishments of specific OpDivs in its 2012 Strategic Sustainability Performance Plan. For example, Food and Drug Administration (FDA) sites have worked closely with local transportation groups to minimize the impact of employee commuting and promote public transportation, particularly at the new and expanding White Oak Campus in Silver Spring, Maryland.[23] Additionally, NIH installed electric-vehicle-charging stations in a campus parking garage.[24]

Further, HHS developed a Telework Program Policy designed to reduce emissions as well as improve employee work/life balance, reduce traffic congestion, and ensure continuity of essential Government functions in an emergency.[25] HHS' Telework program reduces the number of employees commuting to work and contributes to the reduction of Scope 3 emissions.

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[17] HHS, Strategic Sustainability Performance Plan, p. 47.

[18] "Scope 1 emissions" are direct greenhouse gas emissions from sources that are owned or controlled by a Federal agency. "Scope 2 emissions" are indirect greenhouse gas emissions resulting from the generation of electricity, heating and cooling, or steam generated off-site but purchased by a Federal agency. "Scope 3 emissions" include indirect greenhouse gas emissions from sources not owned or directly controlled by the entity but related to the entity's activities, such as vendor supply chains, delivery services, and employee travel and commuting. Executive Order 13514 § 19(k)(i-iii).

[19] Executive Order 13514 § 2(a-c).

[20] Executive Order 13514 § (2)(b)(ii).

[21] HHS FY 2010 OMB Scorecard. Accessed at http://www.hhs.gov/about/hhs-fy2010-sus-scorecard.pdf on April 30, 2013.

[22] HHS FY 2013 OMB Scorecard. See also HHS, *Strategic Sustainability Performance Plan Summary*, p. 5. Accessed at http://www.hhs.gov/about/sustainability/2012plan.pdf.

[23] HHS, Strategic Sustainability Performance Plan, p. 41.

[24] NIH, Electric Vehicle Pilot Program. Accessed at http://www.ors.od.nih.gov/pes/dats/parking/Pages/Electric-Vehicle-Pilot-Program.aspx on April 19, 2013.

[25] HHS, Strategic Sustainability Performance Plan, p. 31.

Plans To Improve Performance. Although HHS is on track to meet its goals in this area, meeting the previously discussed energy intensity goals will contribute to additional HHS reductions in greenhouse gas emissions. HHS also plans to increase participation in the Telework Program to reduce the number of employees commuting to work.[26]

Target 3: Reduce Fleet Petroleum Use

Requirements. EPAct of 1992 required, beginning in FY 1999, 75 percent of light duty vehicles acquired for Federal agency fleets to be alternative fuel vehicles (AFVs).[27] EISA requires HHS and other Federal agencies to reduce annual vehicle petroleum consumption by 20 percent and achieve a 10-percent increase in annual alternative fuel use by FY 2015 and each year thereafter. EISA also requires Federal agencies to develop a plan and implement measures specified in the plan to meet these requirements.[28]

Executive Order 13423 reinforces the requirements in EISA, specifically requiring an annual 2-percent reduction in vehicle petroleum consumption through FY 2015. The Order also requires agencies to use plug-in hybrid vehicles when possible.[29] Executive Order 13514 extends the requirement for an annual 2-percent reduction in petroleum consumption through FY 2020 and requires agencies to optimize the number of vehicles in their fleets.[30]

On May 24, 2011, the President issued a memorandum entitled "Federal Fleet Performance" that includes additional requirements regarding the use of AFVs and optimizing agency fleet size. This memorandum requires that by December 31, 2015, all new light duty vehicles leased or purchased by agencies be AFVs.[31] Agencies must also use a Vehicle Allocation Methodology developed by the General Services Administration (GSA) to determine their optimal fleet inventory and post fleet inventory on agency Web sites. Agencies are required to submit fleet management plans to achieve these targets to GSA.[32]

Progress in Meeting Requirements. According to its OMB Scorecard, as of December 2012, HHS had reduced annual fleet petroleum use by 33 percent since 2005, surpassing the goal of a 20-percent reduction by FY 2015.[33] HHS has increased alternative fuel consumption by 213 percent since FY 2005.[34] Further, in 2010, HHS began the Alternative Fuel Environmental Compliance Program to increase fleet alternative fuel consumption. As part of the program, HHS Headquarters staff travel to regional fleet

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[26] HHS, Strategic Sustainability Performance Plan, p. 114.
[27] EPAct of 1992, P.L. 102-486, § 507(o)(1) 303(b)(1). Vehicles that are rated at no more than 8,500 pounds gross vehicle weight are considered light duty vehicles. EPAct of 2005, § 803(4). "Alternative fuel" and "AFV" are defined in 42 U.S.C. § 13211(2-3).
[28] EISA § 142. These reductions are relative to a FY 2005 baseline.
[29] Executive Order 13423 § 2(g). These reductions are relative to a FY 2005 baseline.
[30] Executive Order 13514 § 2(a)(iii).
[31] Presidential Memorandum, "Federal Fleet Management", sec. 1(a).
[32] Presidential Memorandum, "Federal Fleet Management", sec. 2-3.
[33] This information is also included the 2012 HHS Strategic Sustainability Performance Plan Summary.
[34] HHS, 2012 Strategic Sustainability Performance Plan, p. 53.

locations to discuss obstacles to compliance, share best practices, and develop site-specific strategies for meeting fuel targets.[35]

HHS planned to pilot two plug-in electric vehicles for use in Washington, D.C., but has not issued the results of this pilot.[36] HHS reported in its 2012 Fleet Management Plan that since 2005, it has acquired a total of 2,827 AFVs. This represents a 54-percent increase in AFV acquisitions over the last 7 years and 59 percent of the total fleet, which is less than the required 75 percent.[37] HHS reported in detail on AFV acquisition in its Fleet Alternative Fuel Vehicle Acquisition Report for FY 2010.[38]

To optimize the number of vehicles in its fleet, HHS assessed its fleet using the General Services Administration's (GSA) Vehicle Allocation Methodology and presented the results to GSA in its 2012 Fleet Management Plan.[39]

Plans To Improve Performance. In its FY 2013 OMB Scorecard, HHS reported that it plans to increase alternative fuel use across HHS by using modeling tools to highlight the impact of missed opportunities to procure alternative fuel.[40] HHS also plans to continue the Alternative Fuel Environmental Compliance Program to increase alternative fuel consumption.[41] HHS will also continue to implement the Vehicle Allocation Methodology to determine its optimal fleet inventory.[42] HHS identified several opportunities to improve fleet petroleum use, including eliminating certain vehicles, pooling vehicle use, and downsizing vehicles, in its 2012 Fleet Management Plan.[43]

Target 4: Increase Sustainable Acquisition

Requirements. The National Energy Conservation Policy Act, as amended by EISA and EPAct, requires HHS and other Federal agencies to procure ENERGY STAR and Federal Energy Management Program (FEMP)-designated products unless these products are not cost effective or reasonably available.[44, 45] Federal agencies must also incorporate energy efficiency criteria consistent with criteria used to rate ENERGY STAR and FEMP

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[35] HHS, *Fleet Alternative Fuel Vehicle Acquisition Report for FY 2010*, p. 10.
[36] HHS, 2012 Strategic Sustainability Performance Plan, pp. 186-187.
[37] HHS, 2012 Fleet Management Plan, p. 5.
[38] HHS, *Fleet Alternative Fuel Vehicle Acquisition Report for FY 2010.*
[39] HHS, 2012 Fleet Management Plan, p. 4.
[40] HHS FY 2013 OMB Scorecard.
[41] HHS, *Fleet Alternative Fuel Vehicle Acquisition Report for FY 2010*, p. 10.
[42] HHS, 2012 Fleet Management Plan, p. 4.
[43] HHS, 2012 Fleet Management Plan, pp. 2-3, 6.
[44] 42 U.S.C. § 8259b(b)(1),(2).
[45] ENERGY STAR® is a voluntary program established by the Environmental Protection Agency (EPA) to identify and promote energy-efficient products and buildings in order to reduce energy consumption, improve energy security, and reduce pollution through voluntary labeling of or other forms of communication about products and buildings that meet the highest energy efficiency standards. EPA, *About Energy Star®*. Accessed at http://www.energystar.gov/index.cfm?c=about.ab_index on April 12, 2013. The term "FEMP-designated product" means a product designated by FEMP as being among the highest 25 percent of equivalent products for energy efficiency. 42 U.S.C. § 8259b(a)(4).

designated products for all procurements involving energy-consuming products and services.[46]

Executive Order 13423 requires agencies to use sustainable environmental practices in acquiring goods and services, including acquiring biobased, environmentally preferable, energy-efficient, water-efficient, and recycled-content products.[47, 48] The Order also requires that 95 percent of agency electronic product acquisitions be Electronic Product Environmental Assessment Tool (EPEAT) registered.[49] Agencies must also ensure that contracts for operation of Government-owned facilities or vehicles require the contractor to comply with the Order.[50]

Executive Order 13514 requires agencies to implement policies to enable power management and other energy-efficient features on electronics.[51] Agencies must also ensure that 95 percent of new contract actions for products and services meet sustainability requirements defined in the Order.[52] The Order also requires agencies to consider pursuing opportunities with vendors and contractors, such as changes to delivery services, modes of transportation used, or other supply chain changes, to reduce greenhouse gas emissions.[53]

The February 2012 Presidential Memorandum entitled "Driving Innovation and Creating Jobs in Rural America through Biobased and Sustainable Product Procurement" requires agencies to include biobased acquisition in Strategic Sustainability Performance Plans.[54] This memorandum also requires agencies to incorporate biobased acquisition into procurement and procurement review programs and to provide training on biobased procurement.[55]

Progress in Meeting Requirements. In 2006, HHS developed an Affirmative Procurement Plan (also known as the green purchasing plan) that complies with the requirements listed above. This document formally establishes HHS' sustainable procurement policies and provides agencywide guidance for implementing an effective sustainable procurement program. The Affirmative Procurement Plan also states HHS'

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[46] 42 U.S.C. § 8259b(b)(3).
[47] Executive Order 13423 § 2(d).
[48] "Biobased products" are commercial or industrial products (other than food or feed) that are composed in whole, or in significant part, of biological products, including renewable domestic agricultural materials and forestry materials or an intermediate ingredient or feedstock. 7 U.S.C. § 8101(4).
[49] Executive Order 13423 § 2(h). EPEAT is an environmental rating that helps identify greener computers and other electronic equipment.
[50] Executive Order 13423 § 3(e).
[51] Executive Order 13514 § 2(i)(ii).
[52] Executive Order 13514 § 2(h)(i).
[53] Executive Order 13514 § 2(b)(i).
[54] Presidential Memorandum, "Driving Innovation and Creating Jobs in Rural America through Biobased and Sustainable Product Procurement", February 21, 2012, section 1(a).
[55] Ibid., section 1(b)(i-iii).

intention to support manufacturers and vendors that reduce the adverse environmental impact of their production and distribution systems.[56]

HHS reported that in FY 2011, 95 percent of covered electronic product acquisitions were EPEAT registered. For FY 2011, 72 percent of eligible personal computers, laptops, and monitors complied with power management requirements but HHS reported that it was on track to meet its FY 2012 target of 100 percent.[57]

HHS reported in its 2012 Strategic Sustainability Plan that on the basis of a 5-percent contract review of applicable second quarter FY 2012 biobased contract actions, nearly 88 percent of HHS contracts included biobased requirements.[58]

Plans To Improve Performance. HHS plans to implement various policy, training and contract review strategies to increase biobased purchasing by 10 percent in 2013.[59] HHS will also implement a monthly sustainable acquisition compliance review process to add a secondary compliance review of contract actions.[60] HHS also plans to expand the use of the Energy Savings Performance Contracts.[61] Further, NIH is collaborating with other agencies and organizations to develop tools to enable agencies to track compliance with sustainable acquisition policies.[62]

Target 5: Prevent Pollution

Requirements. Executive Order 12856 ("Federal Compliance With Right-to-Know Laws and Pollution Prevention Requirements," August 3, 1993) requires the heads of Federal agencies to ensure that all necessary actions are taken for pollution prevention with respect to the agency's activities and facilities.[63] The Order also requires Federal agencies to establish a written pollution prevention strategy to achieve the requirement specified in the Order.[64]

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[56] HHS, Affirmative Procurement Plan, pp. i, 1. Accessed at www.hhs.gov/asfr/.../10-2010_hhs_affirmative_procurement_plan.doc on April 30, 2013.
[57] HHS, 2012 Strategic Sustainability Performance *Plan*, p. 77.
[58] Ibid., p. 70.
[59] Ibid.
[60] HHS FY 2013 OMB Scorecard.
[61] Under these contracts, an energy service company conducts a comprehensive energy audit of a Federal facility and identifies improvements to save energy and generate energy cost savings sufficient to pay for the project over the term of the contract. Federal Energy Management Program, *Energy Savings Performance Contracts*. Accessed at http://www1.eere.energy.gov/femp/financing/espcs.html on April 25, 2013. HHS has $35 million in Energy Savings Performance Contracts in various stages of implementation. HHS, *2012 Strategic Sustainability Performance Plan Summary*, p. 7.
[62] HHS, 2012 Strategic Sustainability Performance Plan, p. 89.
[63] The Order defines "pollution prevention" as source reduction, as defined by the Pollution Prevention Act of 1990 (P.L. 101-508) (PPA). Executive Order 12856 § 2-203. The PPA defines "source reduction" as "any practice that reduces the amount of any hazardous substance, pollutant, or contaminant entering any water stream or otherwise released in the environment prior to recycling, treatment, and disposal; and reduces the hazards to public health associated with the release of such substances, pollutants, or contaminants." PPA § 6603(5). (42 U.S.C. § 13102(5)).
[64] Executive Order 12856 § 3-301.

Executive Order 13514 requires agencies to minimize the generation of waste and pollutants through source reduction. Agencies must also decrease the use of chemicals where such decrease will assist the agency in achieving greenhouse gas emission reduction targets.

The Clean Air Act (P.L. 88-206) sets emissions standards and requires Federal agencies to obtain emission permits, install pollution and emission control devices, develop risk management plans, and maintain emission records.[65]

Progress in Meeting Requirements. HHS developed a Pollution Prevention Strategy that contains:

- a Pollution Prevention Policy Statement that describes the Department's commitment to incorporate pollution prevention through source reduction in facility management and acquisition;
- a commitment to use pollution prevention through source reduction, where practicable, as the primary means of achieving and maintaining compliance with all applicable Federal, State, and local environmental requirements; and
- an Executive Order 12856 Achievement Plan.[66]

Clean Air Act requirements apply to combustion sources and chemicals used at many HHS facilities. In its 2011 Strategic Sustainability Performance Plan, HHS reported that it identified specific chemicals for reduced acquisition, use, and/or disposal. HHS also reported that it has a current policy to address the management of toxic/hazardous chemicals.[67] Further, HHS is working to eliminate the use of mercury in its equipment and processes.[68]

Plans To Improve Performance. In its 2011 Strategic Sustainability Performance Plan, HHS stated that in 2012, it would focus on reducing high global warming potential chemicals (e.g., hydroflourocarbon). Specifically, it stated that it would improve accounting for these chemicals and reduce their use by improving efficiency of freezers and encouraging less damaging alternative refrigerants.

HHS also plans to continue promoting the use of the Green Chemical Alternatives Purchasing Wizard, developed by the Massachusetts Institute of Technology, to search for alternatives for hazardous chemicals used in laboratories.[69]

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[65] 42 U.S.C. § 7418(a).
[66] EPA, *Meeting the Challenge: A Summary of Federal Pollution Prevention Strategies*, pp. A17 – A29. Accessed at http://www.epa.gov/compliance/resources/publications/incentives/pollution/federal/meetingthechallenge.pdf on April 15, 2013.
[67] See HHS, *HHS General Administration Manual Part 30 Environmental Protection*. Accessed at http://www.hhs.gov/hhsmanuals/read/gam/part30/301000.html on April 15, 2013.
[68] HHS, 2012 Strategic Sustainability Performance Plan, p. 20.
[69] Ibid., p. 68.

Target 6: Improve Waste Management

Requirements. Executive Order 13423 requires Federal agencies to increase solid waste diversion as appropriate and to use environmentally sound practices when disposing of electronic equipment.[70] Executive Order 13514 requires Federal agencies to divert 50 percent of nonhazardous waste and 50 percent of construction and demolition materials and debris from the waste stream to recycling or recovery by the end of FY 2015.[71]

Federal agencies are also subject to specific requirements regarding the reduction of paper waste. Executive Order 13514 requires agencies to purchase uncoated printing and writing paper containing at least 30 percent postconsumer fiber. It also requires agencies to reduce the printing of paper and implement duplex printing policies.[72]

Progress in Meeting Requirements. As of the end of 2011, HHS was diverting 21 percent of nonhazardous waste.[73] HHS also reported that several facilities implemented successful waste diversion strategies, such as composting, placing recycling bins at desks, and removing of Styrofoam® from cafeterias.[74] HHS reported that 79 percent of the construction and demolition materials and debris was diverted from landfill in the construction of one new CDC facility and that 90 percent was diverted when constructing the NIH main Bethesda campus.[75]

In FY 2011, 89 percent of HHS electronic assets were covered by an environmentally sound disposition policy. As of March 2012, duplex printing compliance at HHS was at 91 percent.

Plans To Improve Performance. HHS reported that it was working to improve solid waste contract language to include diversion tracking and developing procedure for how to donate salvaged building materials to local nonprofits. Further, more HHS OpDivs plan to fully implement duplex printing as the default setting on network printers and continue to promote duplex printing while reducing the number of personal nonnetworked printers.[76] HHS is also encouraging more health care providers to discontinue the use of paper-based information storage and use electronic health records.[77]

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[70] Executive Order 13423 § 2(e) and (h)(iv).
[71] Executive Order 13514 §§ 2(e)(ii-iii) and 19(e).
[72] Executive Order 13514 §§ 2(e)(iv) and 2(i)(ii).
[73] HHS, *2012 Strategic Sustainability Performance Plan Summary*, p. 5.
[74] Ibid., p. 8.
[75] HHS, 2012 Strategic Sustainability Performance Plan, pp. 38 and 316.
[76] Ibid., p. 68. See also, HHS, *2011 Strategic Sustainability Plan Summary*. Accessed at http://www.hhs.gov/about/sustainability/2011plan_summary.html on May 29, 2013.
[77] Centers for Medicare & Medicaid Services (CMS), *Electronic Health Record Incentive Program*. Accessed at http://www.cms.gov/Regulations-and Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ ehrincentiveprograms/ on April 25, 2013.

Target 7: Increase the Percentage of Renewable Energy Consumption

Requirements. To reduce the total amount of electric energy consumed by the Federal Government, EPAct requires that the percentage of total Federal electric energy consumption that is renewable energy be no less than 7.5 percent in FY 2013 and beyond.[78, 79]

Executive Order 13423 requires that 50 percent of statutorily required renewable energy consumed by an agency in a FY come from sources of renewable energy placed into service after January 1, 1999 (i.e., new sources) and that, to the extent feasible, agencies implement renewable energy generation projects on agency property.[80]

Progress in Meeting Requirements. In its FY 2013 OMB Scorecard, HHS reported that nearly 9 percent of agency electricity use was from renewable sources. In its Strategic Sustainability Performance Plan, HHS reported that 99 percent of renewable energy used in FY 2011 was from new sources.

When assessing the sustainability of new, existing, and/or leased HHS facilities, Integrated Project Teams determine whether facilities have solar water heaters and on-site renewable energy. HHS reports accomplishments for specific OpDivs in its 2011 Sustainable Buildings Plan. For example, the Indian Health Services (IHS) installed wind and solar energy systems at two hospitals and installed a solar energy system at a third hospital that provides 100 percent of the electricity for the facility.[81]

Plans To Improve Performance. HHS plans to continue efforts to identify and incorporate renewable energy technologies into new and existing HHS buildings. HHS also recognizes that buildings using renewable energy may have improved resilience to potential weather emergencies and energy shortages caused by climate change and plans to support research in this area.[82]

HHS Plans To Incorporate Climate Change Adaptation Strategies Into Programs Under Its Authority

The Task Force also requested that OIG assess: (1) the authorities HHS has to reduce emissions of heat-trapping pollution, (2) HHS' authorities to make the Nation more resilient to the effects of climate change, and (3) the most effective additional steps it could take to reduce emissions or strengthen resiliency.

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[78] EPAct § 203(a)(1-3).

[79] The term ''renewable energy'' means "electric energy generated from solar, wind, biomass, landfill gas, ocean (including tidal, wave, current, and thermal), geothermal, municipal solid waste, or new hydroelectric generation capacity achieved from increased efficiency or additions of new capacity at an existing hydroelectric project." EPAct § 203(b)(2).

[80] Executive Order 13423 §§ 2(b)(i-ii) and 9(g).

[81] HHS, 2012 Strategic Sustainability Performance Plan, p. 41.

[82] HHS, *Linkages Between HHS Sustainability Goals and Strategic Plan Objectives, FY 2010-2015*, p. 5. Accessed at http://www.hhs.gov/strategic_plan/strategic_plan_crosswalk.pdf on April 25, 2013.

Regrettably, it is not feasible for OIG to review and assess the thousands of legal authorities that govern the hundreds of programs administered by the Department. However, we note that HHS is moving to incorporate considerations of climate change into administration of its programs and policies. The most recent HHS Climate Change Adaptation Plan states:

> Climate change is likely to adversely affect the ability of HHS to fulfill its mission by altering or increasing the risks of certain diseases, conditions, injuries and other threats to human well-being. In addition, increases in the frequency and severity of heat waves, storms, floods and other extreme weather events, which are associated with climate change, also present challenges to the provision of health care and human services to individuals and communities.

The Climate Change Adaptation Plan links climate change, sustainability initiatives, and health and describes how HHS will incorporate adaptation strategies into mission-related activities. This includes efforts to:

- promote targeted research on the health implications of climate change, led by NIH;
- identify populations that are most vulnerable to the health impacts of climate change and help ensure that systems are in place to detect and respond to emerging threats, led by CDC;
- tailor coverage of preventive and clinical health care services to vulnerable populations, such as the elderly, led by CMS;
- track and respond to alterations in disease patterns, especially infectious diseases, requiring new medications or changes in medication use patterns, led by FDA;
- monitor food supply for contamination, led by FDA; and
- address the needs of the health care workforce in communities that may experience a higher burden of chronic disease, led by the Health Resources and Services Administration.

Specific examples of HHS initiatives discussed in the Climate Change Adaptation Plan include CDC's Climate and Health Program and NIH's Climate Change and Human Health Program, led by the National Institute of Environmental Health Sciences. CDC's Climate and Health Program aims to inform States, local health departments, and communities about climate change science; create decision support tools to build capacity to prepare for climate change; and serve as a credible leader in planning for the public health impacts of climate change. The goals of NIH's Climate Change and Human Health Program include providing research on human health impacts related to climate change and adaptation, raising awareness and creating new partnerships to advance key areas of health research and knowledge development on human health effects of climate change, and serving as an authoritative source of information on human health effects of climate change.

HHS' Environmental Justice Strategy, released in January 2012, incorporates sustainability and climate change directives and states that HHS can improve the

resiliency of vulnerable individuals and marginalized communities through increased understanding of the human health impacts of climate change and preparedness planning at the State and local levels. The strategy also identifies health outcomes that are sensitive to climate change, such as asthma, cardiovascular disease, stroke, heat-related illnesses and deaths, and mental and stress-related disorders.

Additionally, in June 2012, HHS completed a preliminary High Vulnerability Assessment. This assessment identifies HHS public health programs and the populations they serve and assigns a level of climate change vulnerability (low, medium, or high) to each program.

More recently, HHS is moving toward establishing a short-term high-level steering committee to develop a roadmap for institutionalizing a culture of sustainability and climate resilience within HHS. In doing so, HHS hopes to mirror successful steering groups in several other large agencies. Additional information on this working group is available from the Department's Office of Sustainability.

CONCLUSION

This review responds to a request from the Task Force to assess whether HHS is doing everything it can to confront the growing threat of climate change. We identified seven climate change targets. HHS has taken action to meet the requirements for each of the seven targets. Additionally, HHS has plans to continue meeting, or improve its performance in meeting, the requirements for each target. HHS also plans to incorporate climate change adaptation strategies in programs under its authority to increase resiliency to climate change.

APPENDIX

Documents Containing Relevant HHS Policies and Reports of Progress

Document	Hyperlink
HHS Sustainable Buildings Plan	http://www.hhs.gov/asa/ofmp/about/sustainable_buildings_plan_2011a.pdf
HHS OMB Score Cards*	http://www.hhs.gov/about/sustainability/
HHS Strategic Sustainability Performance Plan Summary	http://www.hhs.gov/about/sustainability/2012plan_summary.pdf
HHS Fleet Alternative Fuel Vehicle Acquisition Report	http://www.psc.gov/media/pdf/publications/fy2010-hhs-afv-acq-rep.pdf
HHS Fleet Management Plan	http://www.hhs.gov/about/sustainability/fleet-management-plan.pdf
HHS Affirmative Procurement Plan	http://www.hhs.gov/asfr/ogapa/acquisition/10-2010_hhs_affirmative_procurement_plan.doc
HHS Pollution Prevention Strategy	http://www.epa.gov/compliance/resources/publications/incentives/pollution/federal/ meetingthechallenge.pdf
HHS Facilities Metering Policy	http://www.hhs.gov/asa/ofmp/about/section_4-11_vol_2.pdf
HHS Climate Change Adaptation Plan	http://www.hhs.gov/about/sustainability/adaptation-plan.pdf
HHS Environmental Justice Strategy	http://www.hhs.gov/environmentaljustice/strategy.html#stratpolicydev

*HHS OMB Scorecards are available from FY 2010-2012 on this site.