WHEREAS, the World Health Organization, NIH, and multiple meta-analyses of thousands of studies and millions of mortality cases all estimate that climate change will contribute to hundreds of thousands of deaths annually from 2030 to 2050, due to chronic and communicable diseases, malnutrition, and heat stress; and

WHEREAS, carbon pricing places a price on carbon dioxide emissions through either carbon taxes or cap-and-trade systems to economically incentivize their reduction and mitigate their contribution to climate change; and

WHEREAS, William Nordhaus won the 2018 Nobel Prize in Economics for demonstrating that global carbon pricing with full international participation would be the most efficient and effective method for reducing greenhouse gas emissions, although his model also showed that if only half of the world’s carbon emitters participated, costs would increase by 150%; and

WHEREAS, the 2019 Economists’ Statement on Carbon Dividends signed by 3,500 economists, including 4 former US Federal Reserve Chairs, 15 former US Council of Economic Advisors Chairs, and 28 Nobel laureates states that “a carbon tax offers the most cost-effective lever to reduce carbon emissions at the scale and speed that is necessary”; and

WHEREAS, carbon pricing reduces harmful air pollution and creates revenue that can be reinvested in healthcare, public health, and energy efficiency; and

WHEREAS, a Stanford Energy Modeling Forum study used 11 economic models, which all concluded that a carbon tax would substantially reduce emissions with no major risk to economic growth (a maximum of only 0.1%); and

WHEREAS, Ireland’s carbon tax has reduced emissions by 15% since 2008, including a 7% decrease in 2011 even as their economy grew that year; and

WHEREAS, Australia’s 2012 carbon tax drastically decreased emissions and coal use but was repealed in 2014, immediately resulting in rebound emission and coal increases; and

WHEREAS, California’s cap-and-trade system regulates emissions and increases alternative energy use, resulting in a return to 1990 emission levels 4 years ahead of schedule; and

WHEREAS, the Regional Greenhouse Gas Initiative (RGGI) cap-and-trade system across 12 states decreased emissions by 35% over 5 years, compared to only 12% in other states; and
Whereas, carbon pricing is used by 52 national or regional governments, who comprise 20% of global greenhouse gas emissions\(^{24,39-42}\), and

Whereas, our AMA declared climate change a public health crisis and “will advocate[e] for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at carbon neutrality by 2050...”; therefore be it

RESOLVED, that our American Medical Association amend D-135.966 by addition and deletion to read as follows:

Declaring Climate Change a Public Health Crisis D-135.966

Our AMA:

1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.

2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.

3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions.

4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050.

5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting.

6. Our AMA will advocate for federal and state carbon pricing systems and for US support of international carbon pricing.

7. Our AMA will work with the World Medical Association and interested countries' medical associations on international carbon pricing and other ways to address climate change. (Modify Current HOD Policy)

Fiscal Note: Modest – between $1,000 - $5,000

Received: 09/11/2023

REFERENCES


RELEVANT AMA POLICY

D-135.966 Declaring Climate Change a Public Health Crisis
1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
3. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. [Res. 420, A-22]

D-135.963 Climate Change and Human Health
1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions.
4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050.
5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. [CSAPH Rep. 2, I-22]

H-135.973 Stewardship of the Environment
The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation.(12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues; (15) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (16) encourages expanded funding for environmental research by the federal government; and (17) encourages family planning through national and international support. [CSA Rep. G, I-89; Amended: CLRPD Rep. D, I-92; Amended: CSA Rep. 8, A-03; Reaffirmed in lieu of Res. 417, A-04; Reaffirmed in lieu of Res. 402, A-10; Reaffirmation I-16]