

A Common-Sense Agenda for Health Insurers: Advancing High-Quality Care, Patient Resilience, and Environmental Sustainability

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Introduction

As extreme weather events are becoming more frequent and more severe, health insurers in the United States have the potential to drive systemic improvements in quality, equity, and environmental sustainability through coverage policy, payment design, and member communication. In 2025–2026, Health Care Without Harm (HCWH) conducted focus groups and a survey (see disclaimer) of 225 US health professionals to understand where frontline workers see the most powerful levers for payers to support sustainable, climate-resilient care. Participants, representing a range of health care professions (e.g., physicians, nurses, and pharmacists) converged on a clear message: Insurers can take meaningful, common-sense actions to advance high-quality care, protect patients from extreme weather, support resilient health care, and reduce the environmental impact of health care delivery. This commentary translates that input into a practical agenda for health insurance leadership (shown in *Table 1*).

Protecting Patients from Health Impacts of Extreme Weather

Climate change worsens and multiplies extreme weather events. Health professionals are already managing the consequences. HCWH focus group and survey participants indicated that they want

insurers to act as active partners in preparing for and responding to extreme weather.

The most immediate opportunity lies in coverage of air conditioners and air filters for at-risk patients as heat waves intensify and wildfire smoke degrades air quality. Most surveyed health professionals (90.7 percent) indicated that coverage of these items would help protect at-risk patients. For many people, including chronically ill and home-bound individuals, these devices are no longer optional amenities; they are medical necessities. Coverage for these items is expanding, particularly among Medicaid agencies (Keroack et al., 2024). However, professionals who have prescribed these items report serious friction because the coverage criteria, when they exist, are not easy to understand and document. The ambiguity at the point of care undermines an otherwise sound coverage policy. Participants suggested that insurers should pair expanded coverage of climate protective equipment with clear, accessible documentation guidance that reduces the administrative burden on health professionals and improves patient access.

Telehealth is the second major opportunity. Nearly all HCWH survey respondents (95.1 percent) believed health insurers should cover an expanded range of telehealth services immediately before, during, and after disasters such as hurricanes. Expanded coverage could prioritize practical and

TABLE 1 | Summary of Health Insurer Opportunities

Domain	Health Insurer Opportunity
Patient Protection from Extreme Weather	Offer coverage for air conditioners and air filters for at-risk populations Expand telehealth coverage surrounding disaster periods Deploy extreme weather early warning systems
Advancing High-Quality Care	Expand coverage of preventive services, including care management Offer financial incentives for sustainability and resilience quality improvement activities Conduct research and provide education on climate–health connections and value of resilience interventions
Supporting Low-Polluting Care	Offer coverage for low-emissions inhalers and ensure coverage is clear at the point of care Use claims data to identify patients with uncontrolled asthma Switch to opt-in policies for automatic refills for certain items
Leadership and Trust	Conduct climate-smart investing Commit to climate leadership pledges

SOURCE: Health Care Without Harm focus groups and survey of health professionals conducted between August 2025 and January 2026.

patient-centered telehealth services, including allowing access to a patient’s regular care team to maintain continuity, providing mental health services, and facilitating replacement of medical supplies and equipment. These services reflect the reality that disasters disrupt the often-fragile infrastructure on which patients with chronic illness depend. Insurers that pre-authorize expanded telehealth coverage during predicted disaster periods—and communicate that policy clearly to both health professionals and members—can reduce preventable illness at relatively low cost.

Additionally, expanding telehealth coverage overall (not just in extreme weather) is an important strategy for reducing the environmental impact of care delivery. For example, a pilot by Blue Shield of California found that greater reliance on virtual and hybrid models of healthcare delivery resulted in a 25 percent reduction in greenhouse gas emissions and a 35 percent decrease in water consumption (Blue Shield of California, 2023). To encourage

telehealth use, HCWH focus group participants noted that insurers should ensure that patient out-of-pocket costs for telehealth visits are no higher than those for equivalent in-person visits. In addition to cost parity, participants reported that a patient’s ability to see their regular care team via telehealth (rather than a different health professional) is key to improving access and the value of telehealth visits.

Early warning systems represent a third opportunity for insurer action on extreme weather. Early warnings should take patients’ specific health risks into account (e.g., extreme heat risks can include age, pregnancy, certain diseases, being on certain medications) and explain what patients can do to protect themselves (e.g., identify a cooling shelter, avoid sugary beverages and alcohol). Insurers can provide early warnings about upcoming extreme weather directly to patients, potentially reaching individuals who do not have a regular care team. Most HCWH survey respondents (85.3 percent)

supported early warning systems, but a minority of this group (27.6 percent) indicated that they would prefer to provide their patients with early warnings directly with assistance from insurers in funding and developing early warning systems. Identifying which in-network health care organizations already offer early warning systems will help prevent duplicative insurer systems. Finally, participants suggested that insurers should analyze claims data to understand which members are most impacted by various extreme weather events and design tailored coverage policies and early warning systems that address specific patient risks.

Advancing High-Quality Care through Coverage, Incentives, and Research

Health insurers can improve quality of care while reducing its environmental impact through expanded coverage of preventive services. Care management, lifestyle counseling, and mental health services emerged in HCWH focus groups as important levers to reduce downstream acute care utilization, lower total cost of care, and build patient resilience to the health effects of climate change. Robust preventive care also enables other climate protective policies to work. For example, a patient who has been educated by a care manager about extreme heat risk is more likely to use a covered air conditioner correctly and consistently.

Financial incentives, such as quality improvement payments, can accelerate health professionals' efforts. Almost three-quarters (73.4 percent) of HCWH survey respondents believed such payments can be effective. Opportunities include adding a sustainability and resilience lens to existing quality work (e.g., PSQH, 2024), establishing organization-wide sustainability goals (e.g., New York State Insurance Fund, n.d.; Elevance Health, n.d.), and adopting specific targeted measures for sustainability and resilience actions (e.g., Blue Cross Blue Shield of Michigan, n.d.). In addition to quality measures, add-on payments for discussions of climate risks at primary care visits are also

impactful. Add-on payments have the benefit of compensating physicians and other health professionals directly for their additional time rather than embedding a new requirement within their already compressed workflow.

Insurer investment in research represents a longer-term but strategically important opportunity. Many HCWH survey respondents (89.0 percent) want to see insurers engaged in more research on the connection between human health and the health of the planet and environment. Insurers can use their claims data to illuminate the health impacts of climate change (e.g., Casey et al., 2025, Romine et al., 2025) as well as the efficacy of climate protective coverage policies. For example, Kaiser Permanente estimated that providing air conditioners to 81 patients in Oregon and southwest Washington whose health conditions might get worse in extreme heat prevented \$42,000 in heat-related emergency department visits and \$400,000 in hospital admissions (Young, 2024). Building the evidence base for the health impacts of climate change and value of specific interventions advances public health and strengthens the policy case for sustained insurer investment.

Supporting High-Quality, Low-Polluting Care

Health care is responsible for about 8.5 percent of US greenhouse gas emissions (Eckelman et al., 2020), a figure that should concern both the industry and the public. Insurers can help reduce the sector's emissions.

Inhaler emissions represent a high-impact opportunity. Most metered-dose inhalers, the dominant form of inhaled medication delivery in the United States, rely on propellants that are thousands of times more potent as greenhouse gases than carbon dioxide (Feldman, 2025). Dry powder inhalers are clinically equivalent for many adult patients and carry a fraction of the climate impact (Agency for Healthcare Research and Quality, 2023). In HCWH focus groups, health professionals indicated that, even when covered,

prescribing dry powder inhalers is impeded by lack of information on coverage at the point of care. In order to confidently prescribe the best inhaler for their patients, health professionals need clarity regarding coverage policies for lower-emissions options. Insurer data can also help improve quality of care and reduce inhaler emissions by highlighting when patients are refilling rescue inhalers at rates suggesting uncontrolled asthma. By sharing this information with care teams, insurers can empower health professionals to better support patients and reduce overuse and waste.

Waste reduction is another area where insurer policy changes can have large impacts without disrupting care. Over two-thirds of HCWH survey respondents (70.3 percent) supported requiring patients to opt in for certain automatic refills, such as CPAP masks for sleep apnea and rescue inhalers, rather than defaulting to auto shipment. This prevents supplies from going unused, reducing both financial waste and unnecessary manufacturing and transportation emissions.

Leadership and Trust

HCWH focus group and survey respondents emphasized that they want to see insurers leading the way to a more climate-resilient health care system. Insurers who take action on sustainability and disaster preparedness could meaningfully improve relationships with health professionals. Opportunities with high levels of support from participants include climate-smart investing—allocating capital toward businesses and practices that improve environmental outcomes—(supported by 94.7 percent of HCWH survey respondents) and making actionable commitments to climate leadership and resilience goals through formal pledges such as the former White House / HHS Health Sector Climate Pledge (U.S. Department of Health and Human Services, 2024) or the Health Sector CARES Pledge (Health Care Without Harm, 2026) (supported by 90.6

percent of respondents). These actions are consistent with health insurers' mission of promoting health while demonstrating ethical practices.

Conclusion

Health professionals who participated in HCWH's focus groups and survey are calling on insurers to protect their patients from the growing health consequences of a changing climate, to reduce the industry's own contribution to that change, and to invest in the evidence and education needed to sustain progress over time. Participants' common-sense suggestions provide a path for health insurers to advance high-quality care, improve patient resilience, and contribute to environmental sustainability.

Survey Disclaimer

The points of discussion have been drawn from an informal survey of health professionals conducted by Health Care Without Harm between November 2025 and January 2026 with 225 respondents from 37 states. The survey's design was informed by focus groups and conversations with 28 health professionals held by HCWH in August 2025 and September 2025, as well as discussions and feedback from health insurance experts. The survey was intentionally distributed to health professionals already familiar with climate and sustainability issues. Participants' level of knowledge supported the specificity and feasibility of insurer actions to improve care quality, reduce friction between insurers and health professionals, and lower costs.

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