HHS Office of Climate Change and Health Equity
Inflation Reduction Act (IRA) Case Study

Organization name: AdventHealth

Organization tax status: Tax-exempt not-for-profit

Facility name: AdventHealth Corporate Campus

Facility location: Altamonte Springs, Florida

Brief description of facility: The faith-based health system's corporate campus provides meeting and workspace for more than 2,000 team members who work to support the system's operations and 95,000+ employees across 50+ hospitals across the country.

The Project

Brief description of project partially financed by the IRA:
This project is a 3-megawatt (MW) solar photovoltaic (PV) system, comprised of over 7,500 solar panels. The system will encompass four building rooftops, two parking garages, and multiple solar canopies throughout the surface parking lot. Additionally, the campus will feature 31 dual-port electric vehicle charging stations. Upon completion, projected by the end of 2024, the solar PV installation at the AdventHealth Corporate Campus will be one of the largest privately owned solar projects in Florida.

IRA funding mechanism(s):
Investment Tax Credit for Energy Property.

Projected benefits of the project:
Once operational, the system will provide approximately 30% of the electricity needed to support the AdventHealth corporate campus and is projected to save the organization approximately $20 million over 20 years in operational savings. It is estimated that initial project costs will be recouped in 12-15 years, with an anticipated 30% direct payment through the Investment Tax Credit once the system is in service. 4,200 megawatt hours (MWh) are expected to be produced per year, equivalent to the annual electricity use for over 550 US homes. This project will yield an additional 433 covered parking spaces, multiple covered walking paths, and 31 dual-port electric vehicle (EV) charging stations for team members and guests, enhancing the overall campus experience. EV charging zones will be strategically grouped across campus to ensure the convenience of readily available stations regardless of which building an individual may be

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visiting that day. The project's location on AdventHealth's corporate campus also provides an opportunity to highlight the solar technology to leaders from across the organization. Successful implementation at the corporate campus is a pilot that will promote future implementation across the company's national footprint.

Role of community partnerships in the project:
AdventHealth is partnering with a local solar developer, ESA, to design and build the project and has established close partnerships with the city of Altamonte Springs and Duke Energy to support a safe and effective implementation. This style and size of renewable energy project is the first of its kind in Altamonte Springs, so permitting and engineering reviews have been managed carefully and in tight collaboration with AdventHealth and ESA.

Advice and Guidance

What influenced your organization's decision to pursue this project?
As a signatory of the White House/HHS Health Sector Climate Pledge, AdventHealth has pledged a 50% reduction by 2030 in its scope 1 and 2 greenhouse gas emissions, and the on-site solar energy installation at our corporate headquarters is another step towards achieving this goal. Sustainability initiatives such as this one allow our organization to help ensure the long-term well-being of our team members, patients, communities, business, and environment. This solar installation helps reduce our organizational impact on the environment while demonstrating our commitment to sustainability in a significant and tangible way.

How did the IRA affect your decision-making about this project?
The IRA provided a pathway for AdventHealth to maximize the project in scope to include all campus buildings, garages, and available surface parking and ensure a responsible use of strategic capital.

Looking back, is there anything you wish you had known when you were starting to consider this project?
AdventHealth began planning this project before many of the relevant regulations were published, and IRA guidance was updated on multiple occasions in the months after the project scope was solidified. These new understandings of definitions and allowances excluded parts of the project AdventHealth had thought might be eligible for IRA funding, specifically the EV charging infrastructure. The resulting modifications decreased the anticipated direct payment and changed some of the project's underlying financials. The lesson to be learned, or remembered, is that regulations and guidance can and often change. The project should be valuable and viable even if there are reductions in the anticipated tax incentives.

What advice would you give someone pitching a similar project to their leadership or board?
One of the key indicators of success is ensuring that the right stakeholders have a seat at the table from the very beginning of the conversation, and that visibility and cross-functional support is established from

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the start. We have been truly fortunate to have leadership support from AdventHealth's C-suite as we have pursued this project, stemming from a shared understanding that sustainability efforts such as this one have a positive impact on all our team members, patients, and the communities we serve. Continued communication and transparency around project goals and operational benefits (including a reduction in facility operating costs and enhanced campus experience) as well as a clear understanding of the effort required to develop and implement this type of project, ensures that leadership feels connected to progress and paves the way for continued efforts organization wide. Engagement with multiple layers of leadership has been key to the development, planning and execution of a project of this scale, and we are working diligently to develop an internal playbook to guide future organizational efforts.

You can contact AdventHealth by emailing **CORP.Environmental@AdventHealth.com**.

For more information on the Investment Tax Credit and other IRA opportunities, please visit the Quickfinder for Leveraging the Inflation Reduction Act for the Health Sector.

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

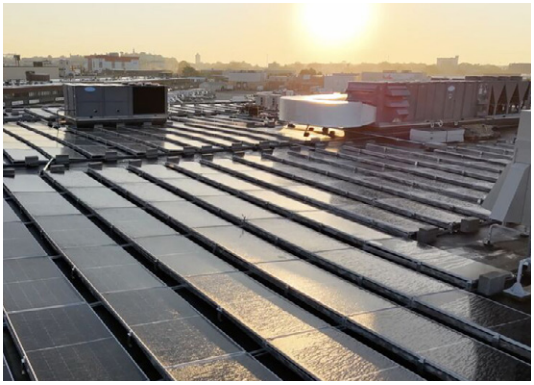
Organization name: Boston Medical Center Health System

Organization tax status: Tax-exempt not-for-profit

Facility name: Boston Medical Center

Facility location: Boston, Massachusetts

Boston Medical Center
HEALTH SYSTEM



Brief description of facility: Boston Medical Center (BMC) is a 616-bed academic medical center located in Boston, Massachusetts and is the primary teaching affiliate for Boston University School of Medicine. As the largest safety-net hospital in New England, BMC offers comprehensive healthcare services to individuals regardless of their socioeconomic status. Over 70% of the BMC patient population is covered by public insurance and over 70% self-identify as people of color. BMC provides over 1.2 million outpatient visits per year annually and is the largest provider of trauma services in New England. BMC's affiliated health plan, WellSense, has over 750,000 members.

The Project

Brief description of project partially financed by the IRA:
Clean Power Prescription is a first-of-its-kind pilot program that provides solar energy credits to BMC Health System patients who report difficulty affording household utility payments. The credits are generated by a 356 kW solar array on the campus of Boston Medical Center. Patients enrolled in the pilot receive a monthly credit on their electric bills, totaling $600 over the course of twelve months.

IRA funding mechanism(s):
Investment Tax Credit for Energy Property with Category 4 Low-Income Communities Bonus Credit and Energy Community Bonus Credit (our site is a brownfield). We were approved for the Low-Income Communities Bonus Credit in the 2023 cycle.

Projected benefits of the project:
BMC expects to receive the Investment Tax Credit base credit amount plus two Bonus Credits (category 4 Low-Income Communities and Energy Communities), which will cover 60% of the cost of the solar array installation. The Clean Power Prescription also advances BMC's mission by addressing both economic and

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environmental justice. In addition to helping our patients, the pilot project has generated significant benefits in terms of philanthropy, faculty recruitment, and faculty/staff morale. BMC will also benefit from the project by retaining the Renewable Energy Credits (RECs) produced by the solar facility. The RECs partially offset the carbon emissions from electricity that BMC draws from the local power grid, a portion of which is generated by burning fossil fuels. Beyond the pilot phase, which is anticipated to wrap up in 2026, we plan to scale the program by partnering with external organizations that could host solar arrays. If a partnering organization chose to contribute at least 50% of the solar energy to our patients, the partner would become eligible to receive the Low-Income Communities Bonus Credit.

If the project is already in place, any realized benefits:
Our enrollment goal is 80-100 households during the pilot phase. We opened enrollment in February 2024, and as of April 2024, we have enrolled 20 patients.

Role of community partnerships in the project:
We refer patients enrolled in Clean Power Prescription to a community partner, Action for Boston Community Development (ABCD), so that patients can receive home energy efficiency upgrades, weatherization, and, whenever possible, air-source heat pumps.

Advice and Guidance

What influenced your organization's decision to pursue this project?
Clean Power Prescription represents the next phase of BMC's groundbreaking work to address social determinants of health (SDOH) through a climate lens. Since 2017, BMC has been screening patients for social determinants of health, including questions regarding food insecurity, housing instability, and energy insecurity. To address food insecurity, we have two rooftop farms on the BMC campus that grow hyperlocal produce for our Preventive Food Pantry, our cafeterias, and inpatient units. The Preventive Food Pantry, which allows healthcare providers to "prescribe" healthy, locally-grown food (from the BMC farms and other local farms), has been in operation for over 20 years. Clean Power Prescription is the first BMC program to address energy insecurity. In addition to reducing the cost burden of utility bills, our program addresses environmental justice by providing access to renewable energy and engaging patients in a dialogue around the clean energy transition.

How did the IRA affect your decision-making about this project?
The IRA was a critical factor in making Clean Power Prescription a reality. The idea for Clean Power Prescription took shape in January, 2023 when primary care physician Dr. Anna Goldman first approached Chief Sustainability Officer Bob Biggio to share concerns about many patients reporting difficulty affording utility bill payments. She proposed developing a cooperatively-owned community solar array on the hospital campus to generate passive income for low-income patients. Mr. Biggio was already in the process of developing a solar array on the roof of an administrative building to provide onsite electricity generation

for BMC operations. However, Mr. Biggio supported the idea of changing course and instead using it to assist patients with energy insecurity. He was aware of the IRA's Low Income Community Bonus Credit, and this was a decisive factor in BMC's choice to provide solar credits to BMC Health System patients.

Looking back, is there anything you wish you had known when you were starting to consider this project?
When we launched the pilot, we had not understood that the solar facility could not be placed into service until the application for the Low-Income Communities Bonus Credit had been approved. This caused a 12-week delay for our project (12 weeks elapsed between application submission and approval). (Note: this limitation does not apply to all Investment Tax Credit projects, just those hoping to use the Low-Income Communities Bonus Credit.)

What advice would you give someone pitching a similar project to their leadership or board?
Consider creative ways to finance the project. Green bonds, power purchase agreements, and "anchor tenant" agreements are useful financing options, all of which BMC has used in our sustainability project portfolio. The solar array used by Clean Power Prescription was initially developed through a power purchase agreement. However, due to the incentives offered through the IRA and our decision to create the Clean Power Prescription, BMC bought the facility from the developer through a capital investment. Additionally, BMC is an anchor tenant in a 60-megawatt solar farm located in North Carolina. In 2014, BMC became the first hospital in the US to issue green bonds.

You can contact BMC by emailing **sustainability@bmc.org**.

For more information on the Investment Tax Credit, Low Income Communities Bonus Credit, Energy Community Bonus Credit, and other IRA opportunities, please visit the Quickfinder for Leveraging the Inflation Reduction Act for the Health Sector.

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

Organization name: Chiricahua Community Health Centers, Inc. (Chiricahua)

Organization tax status: Tax-exempt not-for-profit

Facility name: Multiple facilities including the Ginger Ryan Clinic, Pediatric Center of Excellence and Early Childhood Center of Excellence.

Facility location: Douglas, Arizona (Cochise County)

Brief description of facility: Chiricahua is the only Federally Qualified Health Center in Cochise County and serves a rural population of 125,000 people on the US-Mexico border. Chiricahua is also among the 10 largest employers in the county and serves as both a health care provider and economic catalyst.

The Douglas facilities include (1) family medicine and dental centers, (2) Early Childhood and Pediatric Centers of Excellence, including a Women, Infants and Children (WIC) Program clinic with eligibility and enrollment services, (3) an administrative building housing the finance department, and health center eligibility and enrollment services, (4) an administrative call center, and (5) a full-service pharmacy that is co-located with an acute care clinic. The clinics in Douglas cared for 10,792 patients in 32,732 visits in 2023 and Chiricahua offers care in both Spanish and English. Chiricahua is the largest primary care organization in southeastern Arizona serving roughly 25% of the entire population in Cochise County.

The Project

Brief description of project partially financed by the IRA:
The 312-panel solar installation is estimated to produce 347,534 kilowatt-hours of electricity annually. These systems will provide 100% of the buildings' electricity for standard operations and the associated 500 kWh of energy storage will allow Chiricahua to continue to operate even when the grid is shut down.

IRA funding mechanism(s):
Investment Tax Credit for Energy Property with a potential Category 4 Low-Income Communities Bonus Credit (application pending)

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HHS Office of Climate Change and Health Equity
Inflation Reduction Act (IRA) Case Study

Other financing mechanisms used:

The solar project was developed and financed by a social benefit microgrid developer called Collective Energy Company at no upfront cost to Chiricahua through an energy services agreement (ESA). Through the ESA, the developer pays for all project development and construction costs, initially owns the project, and handles all the operations, monitoring, and maintenance of the system. At project completion, the developer is able to use an IRA provision called transferability to transfer the value of the Investment Tax Credit to a third-party buyer in exchange for cash.

Collecting the Investment Tax Credit transfer allowed Collective Energy to offer Chiricahua the opportunity to "lease to own" the system at an accelerated timeline of 20 years, and Chiricahua also has the option to buy the system outright after 5 years. Chiricahua will provide monthly payments to Collective Energy that are the same as current electric bills for 20 years, after which, Chiricahua will own the system if not purchased sooner.

Collective Energy is a partner in the Community Health Access to Resilient Green Energy (CHARGE) Partnership, which helps federally qualified health centers transition to clean, affordable and reliable energy. Other partners include Health Resources and Services Administration National Training and Technical Assistance Partners: the National Association of Community Health Centers and Capital Link.

Projected benefits of the project:

The combination of solar and battery power is a cleaner, more reliable, and more efficient solution than the small generators that were previously used to protect vaccines and medications. Diesel generators cause local air pollution that can negatively impact the health of our staff, patients, and community. Environmental considerations are important to the board and leadership not only when building new facilities, but even as we upgrade current clinic and administrative sites.

The Douglas area has frequent power outages. In the first six months of 2024 alone, there were more than ten power outages ranging from several minutes to several hours. Extreme heat events are a constant threat throughout the summer in southern Arizona, making reliable access to electricity imperative for medical care and supplies. Additionally, Douglas and other areas where Chiricahua has clinics face a moderate to high risk of wildfires which can cause loss of electricity due to destruction or preemptive power shutoffs as part of firefighting efforts.

Power disruptions can result in interruptions to care delivery and loss of supplies and medications that require refrigeration. These can be extremely costly, and mitigating the risk of these disruptions further strengthens this project's return on investment.

This project has also served a proof of concept and Chiricahua is now working with Collective Energy to install solar panels over the parking lot of a new health center in Willcox, AZ. Battery storage will be a component of the design.

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HHS Office of Climate Change and Health Equity
Inflation Reduction Act (IRA) Case Study

Advice and Guidance

What influenced your organization's decision to pursue this project?
The frequent power outages in our area lead us to initially purchase generators to keep our vaccines and medications safe. The generators were not sufficient to power the whole health center and we are aware of fuel issues others have had in extreme cold weather that could impact our area as well. Additionally, during prolonged power outages obtaining additional fuel can be difficult.

How did the IRA affect your decision-making about this project?
The 30% Investment Tax Credit and new transferability mechanism enabled Collective Energy to keep our ESA payments at our current utility rate for the next 20 years. In this way, Chiricahua will be gaining equity at no added cost to the organization. Without the Investment Tax Credit, Collective Energy would not have been able to offer Chiricahua such a favorable opportunity to support our facilities.

Looking back, is there anything you wish you had known when you were starting to consider this project?
We were unaware of the planning time it would take and perhaps naïve to the careful mathematical square footage requirements a successful solar installation would require. Additionally, our remote location made technical assistance visits difficult – which also prolonged the process. However, working with Collective Energy made this project much more simple for us, so we recommend working with a developer where appropriate.

What advice would you give someone pitching a similar project to their leadership or board?
To carefully consider any proposal for renewable energy because the demand for power and the environmental forces that disrupt the grid will only increase. We need to not only protect our patients and our community, but actively combat climate change. That said, it is not a simple process, so be prepared and in it for the long haul.

You can contact Chiricahua by emailing Dennis Walto, MA, Chief of External Affairs and Foundation Director, dwalto@cchci.org.

For more information on the Investment Tax Credit and other IRA opportunities, please visit the Quickfinder for Leveraging the Inflation Reduction Act for the Health Sector.

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

Organization name: Family Health Centers

Organization tax status: Tax-exempt not-for-profit

Facility name: Family Health Centers Omak Campus

Facility location: Omak, Washington

Brief description of facility: Family Health Centers is a Federally Qualified Health Center that provides critical healthcare services to vulnerable populations. The Omak Campus includes the following services: outpatient medical, behavior health, outreach and recovery navigation for substance use disorder, and a pharmacy.

Omak is the largest city and central hub of rural Okanogan County in north-central Washington State. Okanogan is the largest county in the state, covering 5,315 square miles (larger than Connecticut) with a population of 42,104 as of the 2020 Census. Okanogan County also includes a large part of the Colville Indian Reservation, with the largest proportion of the Reservation's population living in the greater Omak area. Family Health Centers collaborates with Indian Health Service clinics to provide health care access to the reservation's population in the greater Omak area, especially in dental and recovery services currently limited on the reservation. In 2022, Family Health Centers provided 40,872 patient medical and behavioral health encounters and dispensed nearly 67,000 prescriptions.

The Project

Brief description of project partially financed by the IRA:
The Resilient Power System includes 99 kilowatts of solar generation divided between our roof and carports and a 160 kilowatt/312 kilowatt-hour battery.

IRA funding mechanism(s):
Investment Tax Credit for Energy Property

Other financing mechanisms used:
A $595,938 grant from the Washington (WA) State Department of Commerce Solar Plus Resilient Communities Program

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

Projected benefits of the project:
This project will reduce Family Health Centers' reliance on the traditional power grid, mitigate power interruptions, and cut carbon emissions. The project is estimated to cost about $863,109. Through the Investment Tax Credit, we expect to receive a 30% direct payment, or about $258,932. The remaining costs are covered by the WA State Department of Commerce grant. The IRA and the grant from the WA Department of Commerce significantly changed the feasibility of this project, the combination fully funded our project without financing.

The new microgrid will power both normal operations and emergency services. Currently, with no backup power, we have experienced power outages that compromise our ability to keep clinic and pharmacy services open, and impact refrigeration and freezers for medications and vaccine storage. Our county is prone to wildfires, smoke events, flooding, and other natural disasters that have impacted our rural power grid. The solar microgrid can continue to provide our rural and underserved population with critical medical, dental, and pharmaceutical services during power outages. The project will be constructed and fully operational by the end of 2024.

Advice and Guidance

What influenced your organization's decision to pursue this project?
Family Health Center's Green Team leadership recognized that environmental stewardship and clean energy are key to a healthy future, we wanted clean, renewable energy to power our health center and to improve our resilience in the face of power outages. Partnering with our developer, Collective Energy Co., was critical as they brought technical expertise in navigating the process. Crucially, we were able to secure funding for the project by combining funding from Washington State with funding from the IRA.

How did the IRA affect your decision-making about this project?
The IRA Investment Tax Credit payment we are estimated to receive, is based on the full costs of our project, not just the costs after the grant. Without this payment, we would not have been able to fully fund our project. The combination of the IRA and grant from our state's Department of Commerce was critical.

Looking back, is there anything you wish you had known when you were starting to consider this project?
When we first did a cost analysis with Collective Energy of a solar installation on our Omak clinic, we learned that we could not fund the project on cost savings from utility savings over time, as other health systems have done. This is because the cost of electricity in our area is low enough that the solar savings were not going to outweigh it. At that time, we thought the project would not be able to proceed. Ultimately, we found grant funding and were able to leverage the IRA to make it happen. We wish we had known how to access the many grant funds, rebates, etc., available from various sources earlier on. For those getting started, we'd recommend consulting your state's Department of Commerce, the HHS Catalytic Program website (see link below), and materials from the CHARGE Partnership.

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

What advice would you give someone pitching a similar project to their leadership or board?
Build your case about how your project furthers your organization's mission and how you will pay for it. Cite support from relevant elected officials, stakeholders and professional organizations like the National Association of Community Health Centers. Partner with a company like Collective Energy to offer the cost analysis and technical expertise needed. For us, Collective Energy was a great partner because they offered cost analysis, design, and build options through an established close partnership with American Microgrid Solutions. And get creative with funding–consider state and federal grants, the IRA tax credits, etc.

You can contact Family Health Centers by calling 509-422-7601 and/or by emailing project lead Barry Freel at bfreel@fhc.us.

For more information on the Investment Tax Credit and other IRA opportunities, please visit the Quickfinder for Leveraging the Inflation Reduction Act for the Health Sector.

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

Organization name: La Clínica de La Raza, Inc.

Organization tax status: Tax-exempt not-for-profit

Facility name: La Clínica Vallejo

Facility location: Vallejo, California

Brief description of facility: Founded in 1971, La Clínica de La Raza, Inc. (La Clínica) is a non-profit Federally Qualified Health Center based in Oakland, California. La Clínica annually serves 81,000 patients in 31 locations in three neighboring counties in the San Francisco Bay Area. La Clínica provides medical, behavioral health, dental, vision, and health education services to a primarily Hispanic/Latinx and low-income patient population.

La Clínica has served the city of Vallejo for nearly 20 years. In 2021, La Clínica opened a newly renovated 26,000 square foot facility in downtown Vallejo. This facility, known as La Clínica Vallejo, is a comprehensive primary care clinic offering medical, dental, optometry, behavioral health, and health education services to approximately 11,000 patients a year. Approximately 43% of the patients served at La Clínica Vallejo identify as Hispanic/Latinx; 27% identify as non-Hispanic Black; 15% non-Hispanic White; 14% non-Hispanic Asian/ Pacific Islander; and 1% non-Hispanic Native or more than one race. Seventy-seven percent (77%) had incomes at or below 100% of the federal poverty level guideline.

The Project

Brief description of project partially financed by the IRA:
La Clínica installed a high performance 47.6 kilowatt- Photovoltaic (PV) system on the roof top of its 26,000 square-foot health care facility in the city of Vallejo, California.

IRA funding mechanism(s):
Investment Tax Credit for Energy Property with a potential Category 4 Low-Income Communities Bonus Credit (application pending)

Projected benefits of the project:
Once in service, the system is anticipated to produce 64,663 kilowatt-hours in the first year of operation. This offsets about 16% of the building's total energy use and will result in an estimated $14,000 saved on

energy bills per year. The project cost about $154,938 to install. Assuming a 30% direct payment (about $46,481) through the Investment Tax Credit with a Low-Income Communities Bonus Credit, the project will take about eight years to break even. The 30% direct payment would increase to 50% if La Clínica receives the Category 4 Low-Income Communities Bonus Credit. Staff and Board were very enthusiastic about adding solar panels to the new facility. This investment in solar panels will not only be a selling point to prospective staff but also demonstrates to the city officials and the broader community La Clínica's continued contribution to the revitalization of downtown Vallejo.

Advice and Guidance

What influenced your organization's decision to pursue this project?
Being good stewards of our environment and community is a core value for La Clínica. So when we developed a new facility, La Clínica was interested in making it as energy efficient as possible. Renewable energy was a key strategy to make the facility more sustainable, but that wasn't financially viable at the time the project plan was developed several years ago. Discovering the available IRA incentives gave La Clínica the opportunity to advance this project objective.

How did the IRA affect your decision-making about this project?
The opportunity to receive about 40% cost back through the Investment Tax Credit was a key factor in the Board of Directors' approval of the project, which will be initially financed by La Clínica's general operating funds. Solar power was considered during the construction of the facility but was not affordable in 2021. Having the opportunity to take advantage of the Investment Tax Credit allowed La Clínica to add solar panels post-construction, which will enhance the long-term financial sustainability of the facility's operations.

Looking back, is there anything you wish you had known when you were starting to consider this project?
No. Working with Collective Energy, who served as our consultant/project manager, assisted us in understanding the process, including the IRA direct payment process. Through direct pay, we are receiving a payment equal to the full value of the tax credit for our investment.

What advice would you give someone pitching a similar project to their leadership or board?
Understand the cost of the project by obtaining realistic estimates from a qualified contractor. We also recommend that you identify the potential funding sources to cover the project cost, which would include the IRA direct pay mechanism for the Investment Tax Credit. Finally, when presenting the benefits of the project, include the long-term operational cost savings, as part of the financial analysis.

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

You can contact La Clínica de La Raza by emailing Anita Addison at aaddison@laclinica.org.

For more information on the Investment Tax Credit and other IRA opportunities, please visit the Quickfinder for Leveraging the Inflation Reduction Act for the Health Sector.

HHS Office of Climate Change and Health Equity
Inflation Reduction Act (IRA) Case Study

Organization name: OhioHealth

Organization tax status: Tax-exempt not-for-profit

Facility name: Mansfield Hospital

Facility location: Mansfield, OH

Brief description of facility: A 326-bed rural hospital in northern Ohio that admits more than 10,000 patients annually.

The Project

Brief description of project partially financed by the IRA:
OhioHealth installed two Level-2 electric vehicle (EV) charging stations at Mansfield Hospital to allow for four vehicles to charge at once.

IRA funding mechanism(s):
The Alternative Fuel Vehicle Refueling Property Credit (§ 30C).

Projected benefits of the project:
We expect to receive a direct payment equal to 30% of the cost of the qualified refueling property from § 30C. The stations will also provide fleet charging infrastructure for our vehicles to charge overnight, therefore allowing this site to now switch to a low/zero emissions fleet – saving operational dollars and emitting zero tailpipe emissions.

If the project is already in place, any realized benefits:
The community is benefiting from EV charging available at no cost during the day with hospital fleet able to charge overnight. The stations are also a visual indicator of our investments in sustainable technologies and match our hospital's newly received Energy Star certification.

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HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

Advice and Guidance

What influenced your organization's decision to pursue this project?
As a White House/HHS Health Sector Climate Pledge Signee, OhioHealth is already working towards reducing our emissions, but the IRA made our efforts a lot more actionable. We decided on this project location because the presence of EV charging stations will allow more physicians using personal EVs to commute out to rural hospitals to practice. There is also an important equity piece to the project because rural communities often don't have any charging stations, much less free charging stations, so I think we're offering our community a great benefit while also supporting our emissions reduction goals.

How did the IRA affect your decision-making about this project?
Mansfield Hospital is an older hospital in our system, which requires capital dollars to be prioritized for other infrastructure needs. However, with the credits available from § 30C, we were able to secure capital funding for charging stations at this location.

Looking back, is there anything you wish you had known when you were starting to consider this project?
It will be helpful to include language from the relevant IRA tax credit in the bidding process so that you can be sure that you are meeting all of the requirements to receive the maximum credit allowance. Also, there is a funding gap between when the project was finished and when we will receive the credit. It is a short gap, but possible gap funding options are something to consider when leveraging these credits.

What advice would you give someone pitching a similar project to their leadership or board?
One thing that worked for us was emphasizing that that we have a fiduciary responsibility to use available IRA funds. We also discussed how leveraging federal incentives for deferred maintenance can help offset costs for projects we need to do anyway. Finally, we always stressed that investing in this infrastructure supports our community's, associates', and fleet's ability to support low/zero emissions and therefore cleaner air. We suggest that you start by creating a task force of appropriate stakeholders and implementing monthly meetings to keep conversations moving. If you are already working towards meeting certain energy efficiency and sustainability goals, the IRA presents great opportunities to achieve those goals, especially at locations with less capital.

You can contact OhioHealth by emailing **allegra.wiesler@ohiohealth.com**.

For more information on the Alternative Fuel Vehicle Refueling Property Credit and other IRA opportunities, please visit the Quickfinder for Leveraging the Inflation Reduction Act for the Health Sector.

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

Organization name: San Fernando Community Hospital (San Fernando Community Health Center or SFCHC)

Organization tax status: Tax-exempt not-for-profit

Facility name: San Fernando Community Health Center

Facility location: San Fernando, California

Brief description of facility: SFCHC is a Federally Qualified Health Center (FQHC) serving the Northeast San Fernando Valley area of Los Angeles County, CA. Between mid-July 2023 and 2024, SFCHC served 8,263 unique patients, 62% of whom identified as Latino and 85% of whom fell below 200% of the federal poverty level.

Designated by CMS as a FQHC in 2015, the health center is a 17,128 sq. ft. state-of-the-art primary care center within a 28,000+ sq. ft facility, offering primary medical care, including OB/GYN, internal medicine, family medicine and pediatrics, as well as a full-scope dental department and behavioral health care, including licensed clinical social workers, marriage and family therapists, clinical psychologists and psychiatrist. SFCHC also has a robust Health Education Department which includes a unique Diabetes Teaching Kitchen that offers hands-on cooking classes.

SFCHC
SAN FERNANDO COMMUNITY HEALTH CENTER

(front row to back row, left to right) Louise McCarthy, Community Clinic Association of L.A. County President & CEO; Audrey Simons, SFCHC CEO; Honorable Celeste Rodriguez, City of San Fernando Mayor; Mary Mendoza, City of San Fernando Vice Mayor; Victoria Garcia, City of San Fernando Councilmember; Andrew MacCalla, Collective Energy Co. Co-Founder & CEO; Jeremy Price, GRID Alternatives Installation Basic Training Graduate; Stella Ursua, GRID Alternatives Director of Community Engagement & Partnerships.

Photos by: Photography By Zarek

The Project

Brief description of project partially financed by the IRA:
The 247-panel, $298,000 solar installation is estimated to produce 169,100 kilowatt-hours of electricity annually, providing 60% of the clinic's energy and eliminating 130 tons of carbon dioxide emissions annually. This is the equivalent of 302,000 vehicle miles driven, or the carbon sequestered by 138 acres of forest every year.

HHS Office of Climate Change and Health Equity Inflation Reduction Act (IRA) Case Study

IRA funding mechanism(s):
Investment Tax Credit for Energy Property with an Energy Community Bonus Credit and a potential Category 4 Low-Income Communities Bonus Credit (application pending)

Other financing mechanisms used:
The solar project was developed and financed by a social benefit microgrid developer called Collective Energy Company at no upfront cost to the clinic through an energy services agreement (ESA). Through the ESA, the developer pays for all project development and construction costs, initially owns the project, and handles all the operations, monitoring, and maintenance of the system. At project completion, the developer is able to use an IRA provision called transferability to transfer the value of the Investment Tax Credit to a third-party buyer in exchange for cash.

Collecting the Investment Tax Credit transfer allowed Collective Energy to offer SFCHC the opportunity to "lease to own" the system at an accelerated timeline of 15 years, and SFCHC also has the option to buy the system outright after 5 years. SFCHC will provide monthly payments to Collective Energy that are slightly below the cost of their current electric bills for 15 years, after which, SFCHC will own the system unless purchased sooner.

Collective Energy is a partner in the Community Health Access to Resilient Green Energy (CHARGE) Partnership, which helps federally qualified health centers transition to clean, affordable and reliable energy. Other partners include Health Resources and Services Administration National Training and Technical Assistance Partners: the National Association of Community Health Centers and Capital Link.

Projected benefits of the project:
The solar installation will support the clinic's mission to provide comprehensive, compassionate healthcare to the most vulnerable and underserved, while reducing its carbon footprint and promoting sustainable practices. Survey data shows that staff at health centers report more positive feelings about their workplace, and are more easily retained and recruited to a health center/building that is a clean energy generator. From the positive anecdotal feedback received from patients, SFCHC believes that this project also helps patients feel better about where they go for their care.

Role of community partnerships in the project:
This project was made possible by the support of the City of San Fernando. The City of San Fernando owns the building whose Master Lease is held by SFCHC. The City's immediate support was key to establish the project's feasibility, and was important to secure SFCHC's Board of Directors' approval to move forward.

Advice and Guidance

What influenced your organization's decision to pursue this project?
Sustainability is a major goal for us, particularly given the health impacts of climate change. As an FQHC, our revenue streams are mandated by state and federal regulations, so renewable energy is an important way for us to control costs and thereby make funds available for other, needed investments.

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How did the IRA affect your decision-making about this project?
Without the 40% Investment Tax Credit and new transferability mechanism, this project simply would not have penciled out financially. Because of it, Collective Energy could keep our ESA payments just below our current utility rate, and lock in that rate for the next 15 years rather than rely on utility rate increases.

Looking back, is there anything you wish you had known when you were starting to consider this project?
Our project was such a great collaboration between Collective Energy and their partners that it actually had no downside for SFCHC. For other FQHC's that do not own their buildings, I would say, having a good relationship with building ownership allows both entities to see this type of project as a "win" for the environment and themselves.

What advice would you give someone pitching a similar project to their leadership or board?
Be prepared to answer questions from those on your board who are hesitant about such a long-term commitment. Have your data in hand to talk about the cost savings as well as the impact to the community of knowing that their health center will be able to stay open during an emergency. Work with a trusted developer that has demonstrated their understanding of what makes a community clinic critical to their patients and the community they serve.

You can contact San Fernando Community Health Center by emailing Audrey L. Simons, CEO, at asimons@sfchealthcenter.org.

For more information on the Investment Tax Credit and other IRA opportunities, please visit the Quickfinder for Leveraging the Inflation Reduction Act for the Health Sector.

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Organization name: Valley Children's Healthcare

Organization tax status: Tax-exempt not-for-profit

Facility name: Valley Children's Hospital

Facility location: Madera, CA

Brief description of facility: Valley Children's is a pediatric healthcare system serving more than 1.3 million children in Central California. 75% of patients are Medicaid-insured and 77% belong to Hispanic, Black, Asian, and other racial and ethnic minority groups. It operates a stand-alone 358-bed children's hospital, including 28 regional NICU beds at partner hospitals, specialty care centers, pediatric primary care practices and women's health services. The network includes more than 670 physicians and 3,500 staff members.

The Project

Brief description of project partially financed by the IRA:
Valley Children's is installing the largest pediatric healthcare-based renewable energy microgrid in the country, set to begin operation in 2025. The $30 million microgrid, comprised of a 1.32 MW solar PV, a 2.2 MW fuel cell, and a 1.4 MWh battery, will ensure the hospital and its campus remain operational during regional power outages.

IRA funding mechanism(s):
Investment Tax Credit for Energy Property with Domestic Content Bonus Credit and Category 1 Low-Income Communities Bonus Credit.

Projected benefits of the project:
This project will reduce Valley Children's reliance on the traditional power grid, mitigate power interruptions, and cut carbon emissions. Currently, the hospital depends on an aging substation transformer and emergency diesel generators. The new microgrid will power both normal operations and emergency services with sustainable energy sources, meeting 80% of the hospital's peak time energy needs.

The IRA significantly changed the feasibility of this project, enabling Valley Children's to potentially benefit from up to $13 million in tax credit direct payments, which will cover about 40% of the initial capital outlay.

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Over 25 years, the energy cost savings will cover the remaining upfront investment in this project. In addition, mitigating the risk of costly power disruption and resilience to ensure no disruption in patient care at all times further strengthens the project's return on investment.

The project also is projected to cut carbon emissions by more than 50% (~7,970 mtCO2) from Valley Children's 2021 baseline and has received a positive response to the hospital's commitment to sustainability and resilience from both the community and staff.

Advice and Guidance

What influenced your organization's decision to pursue this project?
Aging energy infrastructure and public safety power shutdowns due to wildfires created vulnerabilities for the hospital. The renewable energy microgrid will reduce reliance on the traditional power grid, save money on energy costs, and ensure operational continuity during regional power outages. It also aligns with Valley Children's sustainability goals by cutting carbon emissions by more than 50%.

How did the IRA affect your decision-making about this project?
The direct pay and Investment Tax Credit provisions of the IRA made significant energy savings available to not-for-profits like Valley Children's for the first time. The IRA presented a cost-effective solution to reduce energy system vulnerabilities while improving energy efficiencies.

Looking back, is there anything you wish you had known when you were starting to consider this project?
Begin internal conversations early and engage key organizational leaders such as the CFO, CEO, and Board members. Strategic planning for this project took approximately 1.5–2 years, so involving key stakeholders early helps maintain momentum.

What advice would you give someone pitching a similar project to their leadership or board?
Consider multiple dimensions of this work – focus on long-term financial savings and operational benefits. Detailed analysis of these aspects creates a compelling argument for leadership support.

You can contact Valley Children's Hospital by emailing **contactus@valleychildrens.org**.

For more information on the Investment Tax Credit and other IRA opportunities, please visit the Quickfinder for Leveraging the Inflation Reduction Act for the Health Sector.