

Health Force, Resilience Force, and Jobs To Fight COVID–19 Act of 2021

Section-by-Section

Section 1: SHORT TITLE

The title of the bill is the “Health Force, Resilience Force, and Jobs To Fight COVID–19 Act of 2021”

Section 2: HEALTH FORCE

Subsection (a): Purpose.—

It is the purpose of the Health Force to recruit, train, and employ a standing workforce of Americans to respond to the COVID–19 pandemic in their communities, provide capacity for ongoing and future public health care needs, and build skills for new workers to enter the public health and health care workforce.

Subsection (b): Establishment.—

The Centers for Disease Control and Prevention (CDC) through its State, local, territorial, and tribal partners, shall establish a Health Force composed of community members dedicated to: a) responding to public health emergencies; and b) providing increased capacity to address ongoing and future public health needs.

Subsection (c): Organization and Administration.—

The CDC will award grants, contracts, or enter into cooperative agreements for the recruitment, hiring, training, managing, administration, and organization of the Force to States, localities, territories, Indian Tribes, Tribal organizations, urban Indian health organizations, health service providers to Tribes, or Native Hawaiian health organizations (referred to in this section as the “Funded Entities”). The CDC will ensure that State, county, and local health departments, agencies, including community health centers and clinics, receive funding from Funded Entities or directly from the CDC. The CDC will provide assistance for expenses incurred by Funded Entities prior to award to facilitate implementation, including planning and recruitment activities. The CDC will award funds as soon as possible.

Subsection (d): Funding Allocations.—

Of the funding awarded, not less than 5% shall be awarded to Tribes and not less than 80% shall be awarded to States and territories. Of funding awarded to Tribes, 80% will be awarded proportional to population size and 20% will be awarded according to burden of preventable disease and disability. Of funding awarded to States and territories, 60% shall be awarded proportional to population size, 20% will be awarded according to burden of disease and disability, and 20% will be awarded based on the number of jobs lost over the preceding 12 months in each State or territory as a proportion of all jobs lost nationally during that timeframe. Of funding awarded to States and territories, at least 40% shall be allocated for State health departments and at least 40% shall be allocated for county and other local health departments within the State. Funds appropriated under this section shall be used to supplement, not supplant any existing funding for Indian Tribes, Tribal organizations, urban Indian health organizations, health service providers to Tribes, Native Hawaiian health organizations, States, territories, State health departments, county and other local health departments.

Subsection (e): Service.—

Minimum Requirements: The Force will be composed of individuals chosen by Funded Entities who will ensure that that a membership in the Force is not restricted based on education or citizenship status. Eligible individuals will include those who are at least 18 years of age and authorized to work in the United States.

Recruitment: Funded Entities will support recruitment efforts for personnel who are from or reside in the locality in which they will serve, including efforts to recruit among focal communities described in subsection (h), as well as dislocated workers, individuals with barriers to employment, veterans, new entrants in the workforce, underemployed or furloughed workers, graduates and students from Historically Black Colleges and Universities, Tribal Colleges and Universities, Hispanic Serving Institutions, and historically marginalized populations. State labor offices will share information about Force opportunities with individuals applying for or receiving unemployment benefits.

Preference: Hiring preference will be given to individuals who are dislocated workers, individuals with barriers to employment, veterans, new entrants in the workforce, underemployed or furloughed workers, or community-based nonprofit or public health or health care professionals, from focal communities as described in subsection (h), or unemployed or underemployed individuals. First priority will be given to previous employees of Funded Entities or subawardees who were recently furloughed, laid off, subject to a reduction in force, on leave, or have recall rights.

Placement: To the extent feasible, Force members will be recruited from and serve in their home communities. Force members will be physically co-located with health departments or other eligible organizations. According to local needs, Force members may be physically co-located with local public health, health care, and community-based organizations, including community health centers, as determined appropriate by Funded Entities.

Training:

- **Contact Tracer Training:** The Director of CDC will provide guidance and resources for Force members to successfully conduct contact tracing activities. Funded Entities will determine which recruits will be provided with contact tracer training. Funded Entities may provide Contact Tracing Training using CDC’s materials or other evidence-informed programs.
- **Additional Training:** Within 90 days, the Director of CDC will identify and, as necessary, develop additional evidence-informed training resource packages to provide Force members the knowledge and skills necessary to conduct the full complement of activities described in subsections (f) and (g). Funded Entities will determine which members will be provided with additional training.
- **Specialized Training:** The Director of CDC may elect to establish divisions of Force members who receive specialized, comprehensive training.
- **Requirements:** The training program under this subparagraph will:
 - Be adaptable by Funded Entities to meet local needs;
 - Be implemented as quickly as possible;
 - Be distance-based eLearning accessible by smartphone and other devices;

- Include refresher training and regular and frequent intervals;
- Incorporate components on personal safety and health privacy and ethics;
- Leverage existing training and certification programs.
- Miscellaneous: Where deemed necessary, the Director of CDC may:
 - Recommend training that includes face-to-face interaction;
 - Collaborate with a variety of organizations to develop and implement training;
 - Develop training and communications materials in multiple languages.
- Payment: Individuals will be paid for each hour they spend in training.
- Career Growth: Funded entities will support Force members' career growth, including by providing disaster relief employment and training activities and opportunities for Force members to maintain employment after the COVID-19 public health emergency has concluded.

Force Member Compensation: Members of the Force will be full-time and paid directly by Funded Entities and their subawardees using funds provided by the CDC. All Force members, including supervisors, shall be paid a wage and fringe benefits not less than the minimum wage and fringe benefits established in accordance with the Service Contract Act. The Secretary of Labor, or the Secretary's authorized representative, shall have the authority and functions set forth in the Service Contract Act and shall issue a nonstandard wage determination, subject to periodic revision, establishing minimum wages and fringe benefits for each class of Force members in accordance with the prevailing rates for those positions or, where a collective-bargaining agreement is in effect, in accordance with the rates provided for in the agreement. It is the sense of Congress that Force member compensation shall include health, retirement, and paid family and medical leave benefits.

Supervisory Structures: Force members will receive ongoing supportive supervision from staff members of Funded Entities or their subawardees, which may use awarded funds to pay for such supervisory staff and structures. Force members may be promoted into supervisory roles and supervision may also be provided by Disease Intervention Specialists.

Supplies and Equipment: Funded Entities will provide all necessary supplies and equipment to Force Members. Funded Entities may use awarded funds to pay for such supplies and equipment.

Subawards: As authorized by the CDC, Funded Entities may make subawards to local partners, including community health centers, labor organizations, labor-management partnerships, and other community-based and nonprofit organizations, in order to facilitate recruitment, training, management, supervision, and retention as well as to facilitate Force integration into existing public health, health care, and community-based services.

Service in Public Health Emergency: Funded Entities will assign Force members to respond to a public health emergency in the area served. Such Force members will be supervised and managed by Funded Entities.

Service Post-Emergency: Funded Entities may retain Force members after a public health emergency has ended in order to:

Based on bill text of January 21, 2021

- Prevent and respond to future public health emergencies; and
- Respond to ongoing and future public health and health care needs.

Limitation: A Force member may not be assigned for international deployment on behalf of Health Force.

Funding: All costs associated with the service and functions of Force members under this section, including salary and employment benefits as well as associated direct and indirect costs, will be paid by the Federal Government through grants, contracts, or cooperative agreements to Funded Entities.

Nondisplacement: Funded entities and subawardees will not displace or partially displace any employee as a result of the use of Force members.

Subsection (f): Activities to Respond to the COVID-19 Pandemic.—

For the duration of the COVID-19 Public Health Emergency, Force members will be trained and employed to:

- Conduct contact tracing, including the identification of cases of COVID-19 and their contacts in a culturally competent, multilingual manner;
- When available, support the administration of diagnostic, serologic, or other COVID-19 tests and vaccinations;
- Provide support that addresses social, economic, behavioral and preventive health needs for individuals affected by COVID-19, including those who are asked to voluntarily isolate or quarantine; and
- Carry out or assist with other activities as determined appropriate by Funded Entities.

Subsection (g): Activities Post-Emergency.—

After the COVID-19 Public Health Emergency concludes, Force members will be trained and employed to:

- Carry out or assist with activities described in subsection (f);
- Provide support services, including but not limited to:
 - Expanding public health information sharing, including by sharing public health messages with community members and organizations;
 - Helping community members address social, economic, behavioral health, and preventive health needs using evidence-informed models and in accordance with existing standards;
 - Sharing community-based information with State, local, and Tribal health departments to inform and improve health programming, especially for hard-to-reach communities; and
 - Promote linkages to other Federal, State, and local health and social programs.
- Carry out or assist with other activities as determined appropriate by the Director of CDC and/or Funded Entities.

Subsection (h): Focal Communities.—

Funded Entities will dedicate a substantial proportion of Force members to addressing the needs of focal communities. To be designated as a focal community, a community will:

- Bear a disproportionate burden of disease; or
- Be identified as a “most vulnerable” community according to the CDC’s Social Vulnerability Index; or
- Be identified as a “high poverty” area, which includes census tracts with poverty rates of 25 percent or higher, as defined by the Workforce Innovation and Opportunity Act; or
- Be identified as a “high unemployment” area, which includes census tracts with unemployment 150 percent or higher than the national unemployment rate, as determined by the Bureau of Labor Statistics based on the most recent data on the total unemployed, the U-6 unemployment measure or similar measure, available on the date of enactment of this Act; or
- Be designated as a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population.

Subsection (i): Coordination and Collaboration.—

Facilitation by CDC: The Director of CDC will facilitate coordination and collaboration between the Force and other national public health services programs, including the Public Health Service and Medical Reserve Corps, as well as the Federal Emergency Management Agency’s Resilience Force.

- Within 6 months after enactment of this Act, the Director will convene a stakeholder advisory group comprised of the leadership of: other national health service programs; other relevant Federal offices and agencies; and leaders representing Funded Entities. The group will meet yearly to provide guidance for the programmatic success and longevity of the Force. Such guidance will be codified in an annual report of recommendations and evidence-informed practices to be shared publicly.

Facilitation by Funded Entities: Funded Entities will ensure coordination and, as appropriate, collaboration between the Force and local public health, health care, and community-based organizations, to ensure complementarity and further strengthen the local public health response.

- Within 3 months after the date of enactment of this Act, each Funded Entity will convene a stakeholder advisory group comprised of community leaders and other key stakeholders to meet on a regular, recurring basis to provide formal guidance, including priority setting and funding guidance, for the programmatic success and longevity of the Force.
- Funded Entities may enter into agreements or compacts for cooperative effort and mutual assistance.

Subsection (j): Monitoring.—

The Director will develop a performance monitoring template for Funded Entities to adapt and use. The template will require the reporting of the number of Force members hired, the role hired into, and the demographic characteristics of Force members. Funded Entities will share these data with CDC on a regular, recurring basis and these data will be made publicly available.

Subsection (k): Learning and Adaptation.—

The Director of CDC, in consultation with the Advisory Group and local advisory groups, will develop a learning and evaluation component to identify successful components of local activities that may be replicated, to identify opportunities for continuing education and career

advancement for Force members, to evaluate the degree to which the Force created a pathway to longer-term public health and health care careers among Force members, and to identify how the Force impacted the health knowledge, behaviors, and outcomes of the community members served. Results of this learning will be made publicly available.

Subsection (l): Reporting.—

Within 180 days after the end of each fiscal year, the Director will submit to the Congress a report which shall contain—

- A description of the progress made in accomplishing the objectives of the Force;
- A summary of the use of funds during the preceding fiscal year;
- A description of the application of the funding formula;
- The number of individuals recruited, hired, and retained;
- The number of Force members who transition to other public health roles;
- The number of Force member who were unemployed prior to being hired;
- The number of Force members who continue to be employed within 6 months and 1 year of hire and within 6 months and 1 year of the conclusion of the COVID-19 public health emergency;
- Any information on the outcomes and impact of Health Force on health and employment.

Subsection (m): Financial Reporting.—

Within 45 days after enactment, and every 60 days thereafter for the first 12 months after such date of enactment, the Director shall submit to Congress a report describing awards made, funding obligated, and expenditures to date. The report will provide details on the application of the funding formula specified in subsection (d), including the amount awarded to each Funded Entity.

Subsection (n): Labor and Workplace-related Guidance.—

Within 14 days after the date of enactment of this Act, the Secretary of Labor will provide guidance and technical assistance regarding how to provide individuals in contact tracing and pandemic response positions with healthy and safe working conditions.

Subsection (o): Tribal Data Sovereignty.—

The Director shall consult with Indian Tribes and Tribal organizations and coordinate with Tribal health organizations to ensure that any reporting process under this section honors and preserves the data sovereignty of individuals who are members of Indian Tribes or Tribal organizations.

Subsection (p): Requirements for Transition Back to Unemployment Compensation.—

As a condition of a State receiving funds under this section, the law of the State shall, in the case of an individual who is receiving unemployment compensation at the time the individual is hired as a Force member, provide for the following:

- Such individual shall be eligible to resume receiving unemployment compensation after leaving the Force if the individual returns to unemployment.
- The amount of the weekly benefit for such individual shall be the greater of the weekly benefit amount such individual was receiving when such individual entered the program;

or a weekly benefit amount that is determined based on such individual's earnings from employment under the Health Force program.

Subsection (q) Authorization of Appropriations.—

There is authorized to be appropriated, and there is appropriated, \$40,000,000,000 for each of fiscal years 2021 and 2022.

- These funds are will remain available until expended.
- Additional funding beyond 2022 for continuation of Health Force will be determined in 2022 based on identified staffing needs.
- Health Force is intended to be implemented for at least 10 years.

The amounts appropriated are designated as an emergency requirement pursuant to the Statutory Pay-As-You-Go Act of 2010.

In the Senate, this section is designated as an emergency requirement pursuant to section 4112(a) of H. Con. Res. 71 (115th Congress), the concurrent resolution on the budget for fiscal year 2018.

Section 3: RESILIENCE FORCE

Subsection (a): Purpose.—

It is the purpose of the Resilience Force established under this section to recruit, train, and augment the existing cadre of first responders at the Federal Emergency Management Agency to assist in the immediate COVID-19 pandemic response, to provide a surge capacity to address other national emergencies, and to strengthen America's public health infrastructure.

Subsection (b): In General.—

For fiscal years 2021 through 2023, the Administrator of the Federal Emergency Management Agency (FEMA) will appoint, administer, and expedite the training of additional 62,000 Cadre of On-Call Response/Recovery Employees (referred to as a "CORE employee") to address the coronavirus public health emergency and other disasters and public emergencies.

Subsection (c): Detail of CORE Employees.—

A CORE employee may be detailed to any Federal agency or State, Local, or Tribal Government to fulfill an assignment, including but not limited to:

- Providing logistical support for the supply chain of medical equipment and other goods involved in COVID-19 response efforts;
- Supporting COVID-19 testing, tracing, vaccination, vaccination education, and related surveillance activities;
- Providing nutritional assistance to vulnerable populations; and
- Carrying out other disaster preparedness and response functions for other emergencies and natural disasters.

Subsection (d): FEMA Responsibility.—

The costs associated with detailing CORE employees will be borne by FEMA.

Subsection (e): Requirement.—

As soon as practicable, the Administrator of FEMA will make public job announcements to fill the CORE employee positions. Hiring will be prioritized from among:

- Unemployed veterans of the Armed Forces;
- Individuals who live in a “high unemployment” area, which includes census tracts with unemployment 150 percent or higher than the national unemployment rate, as determined by the Bureau of Labor Statistics based on the most recent data on the total unemployed, the U-3 unemployment measure or similar measure, available at the time of the enactment of this act;
- Unemployed individuals who served in the AmeriCorps, Peace Corps, or as United States Fulbright Scholars, particularly those whose service terms ended as a result of the coronavirus public health emergency;
- Recent graduates of public health, medical, nursing, social work or related health-services programs.
- Members of communities who have experienced a disproportionately high number of COVID–19 cases.

Subsection (f): Hiring.—

FEMA will hire CORE employees pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and use existing statutory authorities that permit regional offices and site managers to advertise for and hire CORE employees.

Subsection (g): Training.—

The Administrator of FEMA may make appropriate adjustments to the standard training course curriculum for CORE employees to include on-site trainings at FEMA regional offices, virtual trainings, or trainings conducted by other Federal, State, local or Tribal agencies, or eligible institutions defined in subsection (i).

Subsection (h): Clarification.—

For the purpose of employing CORE employees:

- No individual who is authorized to work in the United States will be disqualified because of citizenship or immigration status;
- No individual will be disqualified because of bankruptcy or a poor credit rating resulting from the coronavirus public health emergency.

Subsection (i): Eligible Institution Defined.—

For the purposes of this act “eligible institution” means a public 2-year institution of higher education, as defined under section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

Subsection (j): Authorization of Appropriations.—

There are authorized to be appropriated \$6,500,000,000 for each of fiscal years 2021 through 2023, not less than \$1,500,000,000 of which will be made available each fiscal year for the associated administrative costs.