

117TH CONGRESS
1ST SESSION

S. 32

To provide for the establishment of a standing Health Force and a Resilience Force to respond to public health emergencies and meet public health needs.

IN THE SENATE OF THE UNITED STATES

JANUARY 22, 2021

Mrs. GILLIBRAND (for herself, Mr. BENNET, Mr. SCHATZ, Mr. MARKEY, Mr. VAN HOLLEN, Ms. KLOBUCHAR, Mr. BLUMENTHAL, Mr. BOOKER, Mr. CASEY, Ms. DUCKWORTH, Mrs. FEINSTEIN, and Mr. REED) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for the establishment of a standing Health Force and a Resilience Force to respond to public health emergencies and meet public health needs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Force, Resilience Force, and Jobs To Fight COVID–19 Act of 2021”.

6 **SEC. 2. HEALTH FORCE.**

7 (a) PURPOSE.—It is the purpose of the Health Force
8 established under this section to recruit, train, and employ

1 a standing workforce of Americans to respond to the
2 COVID–19 pandemic in their communities, provide capac-
3 ity for ongoing and future public health care needs, and
4 build skills for new workers to enter the public health and
5 health care workforce.

6 (b) ESTABLISHMENT.—The Centers for Disease Con-
7 trol and Prevention, through its State, local, territorial,
8 and Tribal partners, shall establish a standing Health
9 Force (referred to in this section as the “Force”) com-
10 posed of community members dedicated to preventing and
11 responding to public health crises and emergencies, includ-
12 ing those declared by the Secretary of Health and Human
13 Services under section 319 of the Public Health Service
14 Act, including the COVID–19 emergency, and providing
15 increased capacity to address ongoing and future public
16 and community health needs.

17 (c) ORGANIZATION AND ADMINISTRATION.—The
18 Centers for Disease Control and Prevention shall—

19 (1) award grants, contracts, or enter into coop-
20 erative agreements for the recruitment, hiring, train-
21 ing, managing, administration, and organization of
22 the Force to States, localities, territories, Indian
23 Tribes, Tribal organizations, urban Indian health or-
24 ganizations, health service providers to Tribes, Na-
25 tive Hawaiian health organizations, community

1 health centers, or federally qualified health centers
2 (referred to in this section as “Funded Entities”);

3 (2) ensure that State, county, local health de-
4 partments, agencies, and community-based organiza-
5 tions, including community health centers and clin-
6 ics, receive funding from Funded Entities or directly
7 from the Centers for Disease Control and Prevention
8 for the recruitment, hiring, training, managing, ad-
9 ministration, and organization of the Force, as ap-
10 propriate;

11 (3) provide assistance for expenses incurred by
12 Funded Entities prior to the awarding of a grant,
13 contract, or cooperative agreement under subpara-
14 graph (A) to facilitate the implementation of the
15 Force, including assistance for planning and recruit-
16 ment activities, as provided for in section 424 Rob-
17 ert T. Stafford Disaster Relief and Emergency As-
18 sistance Act (42 U.S.C.5189b); and

19 (4) award and obligate funds as soon as is
20 practicable, and where possible, not later than 30
21 days after the date of enactment of this Act.

22 (d) FUNDING ALLOCATIONS.—

23 (1) IN GENERAL.—Of the total amount of funds
24 appropriated under this section for a fiscal year—

1 (A) not less than 5 percent shall be award-
2 ed to Indian Tribes, Tribal organizations, urban
3 Indian health organizations, health service pro-
4 viders to Tribes, or Native Hawaiian health or-
5 ganizations under subsection (c)(1), of which 80
6 percent shall be awarded in proportion to popu-
7 lation size and 20 percent shall be awarded
8 based on the burden of disease and disability;

9 (B) not less than 80 percent shall be
10 awarded to States and territories under sub-
11 section (c)(1), of which—

12 (i) 60 percent shall be awarded in
13 proportion to population size, 20 percent
14 shall be awarded based on the number of
15 jobs lost over the preceding 12 months in
16 each State or territory as a proportion of
17 all jobs lost nationally during that time-
18 frame, and 20 percent shall be awarded
19 based on the burden of disease and dis-
20 ability;

21 (ii) not less than 40 percent shall be
22 allocated for State health departments; and

23 (iii) not less than 40 percent shall be
24 allocated for county and other local health
25 departments within the State.

1 (2) SUPPLEMENT AND NOT SUPPLANT.—Funds
2 appropriated under this section shall be used to sup-
3 plement, not supplant any existing funding for In-
4 dian Tribes, Tribal organizations, urban Indian
5 health organizations, health service providers to
6 Tribes, Native Hawaiian health organizations,
7 States, territories, State health departments, county
8 and other local health departments.

9 (e) SERVICE.—

10 (1) MINIMUM REQUIREMENTS.—The Force
11 shall be composed of eligible members selected by
12 Funded Entities. At a minimum, Funded Entities
13 shall ensure that membership in the Force is not re-
14 stricted based on education or citizenship status. El-
15 igible individuals shall include those who are—

16 (A) at least 18 years of age; and

17 (B) authorized to work in the United
18 States, including an individual with Deferred
19 Action for Childhood Arrivals status (DACA) or
20 Temporary Protected Status (TPS) under sec-
21 tion 244 of the Immigration and Nationality
22 Act (8 U.S.C. 1254a).

23 (2) RECRUITMENT.—With respect to the em-
24 ployment of Force members, Funded Entities shall
25 support recruitment efforts for Force personnel who

1 are from or reside in the locality in which they will
2 serve, including efforts to recruit Force members
3 among focal communities as described in subsection
4 (h), as well as dislocated workers, individuals with
5 barriers to employment, veterans, new entrants in
6 the workforce, underemployed or furloughed work-
7 ers, graduates and students from Historically Black
8 Colleges and Universities, Tribal Colleges and Uni-
9 versities, Hispanic Serving Institutions and histori-
10 cally marginalized populations. As practicable, State
11 labor offices shall share information about Force op-
12 portunities with those individuals applying for or re-
13 ceiving unemployment benefits.

14 (3) PREFERENCE.—Notwithstanding any other
15 provision of law, preference in the hiring of Force
16 members shall be given to individuals who are dis-
17 located workers, individuals with barriers to employ-
18 ment, veterans, new entrants in the workforce, un-
19 deremployed or furloughed workers, or community-
20 based nonprofit or public health or health care pro-
21 fessionals, from focal communities as described in
22 subsection (h), or unemployed or underemployed in-
23 dividuals. First priority in such hiring shall be given
24 to individuals who are previous employees of Funded
25 Entities (or subawardees under paragraph (9)) who

1 were, within the 2020 or 2021 calendar year, fur-
2 loughed, laid off, subject to a reduction in force,
3 placed or went on leave, or have recall rights subject
4 to collective bargaining agreement or applicable per-
5 sonnel policies.

6 (4) PLACEMENT.—To the extent feasible, as de-
7 termined by Funded Entities, members of the Force
8 shall be recruited from and serve in their home com-
9 munities. Force members shall be physically co-lo-
10 cated within State, local, territorial, Tribal health
11 departments, or within other eligible organizations
12 as defined by subsection (c)(1). According to local
13 needs, Force members may be physically co-located
14 with other local public health, health care, and com-
15 munity-based organizations, including community
16 health centers and free and charitable clinics, as de-
17 termined appropriate by Funded Entities.

18 (5) TRAINING.—

19 (A) CONTACT TRACING TRAINING.—

20 (i) IN GENERAL.—The Director of the
21 Centers for Disease Control and Preven-
22 tion (referred to in this section as “Direc-
23 tor”) shall continue to provide contact
24 tracing guidance and resources on their
25 public internet website, including contact

1 tracing training plans, for Force members
2 to successfully conduct contact tracing ac-
3 tivities under subsection (f)(1). Funded
4 Entities shall determine which Force mem-
5 bers will be provided with contact tracing
6 training to meet State, locality, territory,
7 and Tribal public health needs.

8 (ii) TRAINING BY FUNDED ENTI-
9 TIES.—Funded Entities may provide con-
10 tact tracing training using the guidance
11 and resources described in clause (i) or
12 other evidence-informed programs, includ-
13 ing training programs carried out by the
14 Association of State and Territorial Health
15 Officials and by academic institutions.

16 (B) ADDITIONAL TRAINING.—Not later
17 than 90 days after the date of enactment of
18 this Act, the Director shall identify and, as nec-
19 essary, develop additional evidence-informed
20 training resource packages to provide Force
21 members the knowledge and skills necessary to
22 conduct the full complement of activities de-
23 scribe in subsections (f) and (g). Funded Enti-
24 ties shall determine which Force members will
25 be provided with additional training to meet

1 State, locality, territory, and Tribal public
2 health needs.

3 (C) SPECIALIZED TRAINING.—In orga-
4 nizing the Force under this section, the Direc-
5 tor may elect to establish divisions of Force
6 members who receive specialized comprehensive
7 training, including divisions of Force members
8 who have met State licensure requirements,
9 have prior relevant experience, have supervisory
10 skills, or demonstrated aptitude.

11 (D) TRAINING REQUIREMENTS.—The
12 training programs under this paragraph shall—

13 (i) be adaptable by Funded Entities to
14 meet local needs;

15 (ii) be implemented as quickly as pos-
16 sible by either or both of the Centers for
17 Disease Control and Prevention and Fund-
18 ed Entities, based on local needs and abili-
19 ties;

20 (iii) be distance-based eLearning that
21 can be accessed electronically, including by
22 using a smartphone, with the goal of lim-
23 iting opportunities for disease transmission
24 while maximizing knowledge and skills ac-

1 quisition and retention among Force train-
2 ees;

3 (iv) include refresher training at reg-
4 ular and frequent intervals as determined
5 appropriate by the Director or Funded En-
6 tities;

7 (v) incorporate training components
8 on personal safety, including staying safe
9 around animals in the context of home vis-
10 its, use of personal protective equipment,
11 and health privacy and ethics; and

12 (vi) leverage existing training and cer-
13 tification programs approved by States,
14 territories, Tribal Nations, and community
15 health worker certifying bodies.

16 (E) MISCELLANEOUS.—Where determined
17 necessary, the Director may—

18 (i) recommend training under this
19 paragraph that includes face-to-face inter-
20 action;

21 (ii) collaborate with, including
22 through grants or cooperative agreements,
23 public universities, including nursing, med-
24 ical, and veterinary schools, community
25 colleges, or other career and technical edu-

1 cation institutes, community health cen-
2 ters, federally qualified health centers,
3 community health worker and community
4 health representative training and certifi-
5 cation programs, and other community-
6 based organizations, federally recognized
7 Minority Serving Institutions, as well as
8 public health associations and State and
9 local health departments, to develop and
10 implement training under this subpara-
11 graph, particularly for skills that typically
12 have licensure requirements; and

13 (iii) develop training and communica-
14 tions materials in multiple languages.

15 (F) PAYMENT DURING TRAINING.—Force
16 members shall be paid for each hour spent in
17 training, including refresher training.

18 (G) SUPPORTING PUBLIC HEALTH CAREER
19 GROWTH.—Funded Entities shall support public
20 health career development and growth of Force
21 members, including by—

22 (i) providing additional disaster relief
23 employment and training activities de-
24 scribed in subparagraphs (A) and (C) of
25 section 170(d)(1) of the Workforce Innova-

1 tion and Opportunity Act (29 U.S.C.
2 3225(d)(1) (A) and (C)) and services de-
3 scribed in section 7(a)(1) of the Wagner-
4 Peysner Act (29 U.S.C. 49f(a)(1)), as ap-
5 propriate;

6 (ii) providing opportunities for Force
7 members to maintain employment, con-
8 tinuing education, and career advancement
9 in health services or health promotion and
10 advocacy roles, including community health
11 worker roles, after the COVID–19 public
12 health emergency has concluded, including
13 by serving in roles described in subsection
14 (g); and

15 (iii) assisting Force members in ob-
16 taining other public health employment di-
17 rectly with the Funded Entity or with a
18 unit of State, territorial, Tribal, or local
19 government after the COVID–19 public
20 health emergency has concluded, including
21 by paying the costs of not more than 10
22 percent of the total compensation provided
23 by the eligible entity or unit of local gov-
24 ernment to such eligible individual for a
25 period of not more than the first year in

1 which the individual is so employed, if such
2 employment is not otherwise subsidized
3 under this or any other Act.

4 (6) FORCE MEMBER COMPENSATION.—

5 (A) IN GENERAL.—Members of the Force
6 shall be full-time employees paid directly by
7 Funded Entities (and subawardees under para-
8 graph (9)) using funds provided by the Centers
9 for Disease Control and Prevention under
10 grants, contracts, or cooperative agreements
11 under this section.

12 (B) COMPENSATION.—Notwithstanding
13 any other provision of law, for fiscal year 2021
14 and each fiscal year thereafter, all Force mem-
15 bers, including supervisors, shall be paid a wage
16 and fringe benefits not less than the minimum
17 wage and fringe benefits established in accord-
18 ance with chapter 67 of title 41, United States
19 Code (commonly known as the “Service Con-
20 tract Act”).

21 (C) AUTHORITY.—With respect to sub-
22 paragraph (B), the Secretary of Labor, or the
23 Secretary’s authorized representative, shall have
24 the authority and functions set forth in chapter
25 67 of title 41, United States Code.

1 (D) METHODOLOGY.—With respect to sub-
2 paragraph (B), the Secretary of Labor, or the
3 Secretary’s authorized representative, shall
4 issue a nonstandard wage determination, sub-
5 ject to periodic revision, establishing minimum
6 wages and fringe benefits for each class of
7 Force members in accordance with the pre-
8 vailing rates for those positions or, where a col-
9 lective-bargaining agreement is in effect, in ac-
10 cordance with the rates provided for in the
11 agreement, including prospective wage and
12 fringe benefit increases provided under the
13 agreement.

14 (E) SENSE OF CONGRESS.—It is the sense
15 of Congress that Force member compensation
16 shall include health, retirement, and paid family
17 and medical leave benefits.

18 (7) SUPERVISORY STRUCTURES.—Members of
19 the Force shall receive ongoing supportive super-
20 vision from staff members of Funded Entities (or
21 subawardees under paragraph (9)), in accordance
22 with evidence-informed practices. Entities funded
23 under this section may choose the most appropriate
24 supervisory structure to use based on local needs,
25 and may promote Force members into supervisory

1 roles. Such supervision may also be provided by Dis-
2 ease Intervention Specialists. Funded Entities may
3 use funds awarded under grants, contacts, or coop-
4 erative agreements under this section to pay for
5 such supervisory staff and structures in accordance
6 with paragraph (6).

7 (8) SUPPLIES AND EQUIPMENT.—Members of
8 the Force and their supervisors shall receive all nec-
9 essary supplies and equipment, including personal
10 protective equipment, through Funded Entities,
11 which may use funds awarded under grants, con-
12 tracts, or cooperative agreements under this section
13 to pay for such supplies and equipment.

14 (9) SUBAWARDS.—As authorized by the Centers
15 for Disease Control and Prevention, Funded Entities
16 shall make subawards to local partners, including
17 community health centers, labor organizations,
18 labor-management partnerships, and other commu-
19 nity-based and nonprofit organizations, in order to
20 facilitate Force member recruitment, training, man-
21 agement, supervision, and retention as well as to fa-
22 cilitate Force integration into existing public health,
23 health care, and community-based services in accord-
24 ance with paragraph (6).

1 (10) SERVICE IN PUBLIC HEALTH EMER-
2 GENCY.—A Funded Entity shall assign one or more
3 Force members to respond to a public health emer-
4 gency in the area served by such entity. Such Force
5 members shall be under the supervision and manage-
6 ment of the involved State, locality, territory, Indian
7 Tribe, Tribal organization, urban Indian health or-
8 ganization, health service providers to Tribes, Native
9 Hawaiian health organization, community health
10 center, federally qualified health center, or other
11 local partner.

12 (11) SERVICE POST EMERGENCY.—A Funded
13 Entity may retain Force members in accordance
14 with paragraph (6) to continue to work in the area
15 served by the entity after a public health emergency
16 has ended in order to—

17 (A) prevent and respond to future public
18 health crises and emergencies; and

19 (B) respond to ongoing and future public
20 health, community health, and health care
21 needs.

22 (12) LIMITATION.—A Force member may not
23 be assigned for international deployment on behalf
24 of the Health Force.

1 (13) FUNDING.—All costs associated with the
2 service and functions of Force members under this
3 section, including salary and employment benefits
4 described under paragraph (6), as well as associated
5 direct and indirect costs, shall be paid by the Fed-
6 eral Government through grants, contracts, or coop-
7 erative agreements to Funded Entities.

8 (14) NONDISPLACEMENT.—Funded Entities
9 (and subawardees under paragraph (9)) shall not
10 displace an employee, including partial displacement
11 such as a reduction in hours, wages, or employment
12 benefits, as a result of the use by such Funded Enti-
13 ties (and subawardees).

14 (f) ACTIVITIES TO RESPOND TO THE COVID–19
15 PANDEMIC.—For the duration of the public health emer-
16 gency declared by the Secretary of Health and Human
17 Services under section 319 of the Public Health Service
18 Act (42 U.S.C. 247d) on January 31, 2020, with respect
19 to COVID–19, Force personnel shall be trained and em-
20 ployed to support a testing, contact tracing, containment,
21 and mitigation strategy to combat the COVID–19 pan-
22 demic. Such activities shall align with State licensure,
23 local regulations, scope of practice, and certification re-
24 quirements and evidence-informed practices and include—

1 (1) conducting contact tracing, including the
2 identification of cases of COVID–19 and their con-
3 tacts in a culturally competent, multilingual manner;

4 (2) when available, supporting the administra-
5 tion of diagnostic, serologic, or other COVID–19
6 tests and vaccinations;

7 (3) providing support that addresses social, eco-
8 nomic, behavioral, and preventive health needs, such
9 as supportive roles for care coordination, primary
10 care, and palliative care, as appropriate, for individ-
11 uals affected by COVID–19, including those individ-
12 uals who are asked to voluntarily isolate or quar-
13 antine; and

14 (4) other activities as determined appropriate
15 by Funded Entities and in accordance with grant
16 and cooperative agreement scope and stipulations.

17 (g) **ACTIVITIES POST-EMERGENCY.**—After the con-
18 clusion of the public health emergency declared by the Sec-
19 retary of Health and Human Services under section 319
20 of the Public Health Service Act (42 U.S.C. 247d) on Jan-
21 uary 31, 2020, with respect to COVID–19, Force per-
22 sonnel shall be trained and employed to perform public
23 health recovery efforts, prevent and respond to future pub-
24 lic health emergencies, and respond to ongoing and future
25 public health and health care needs. Under this sub-

1 section, Force members shall carry out or assist with ac-
2 tivities described in subsection (f), as well as any of the
3 following activities, where aligned with State licensure re-
4 quirements and evidence-informed practices:

5 (1) Providing support services, including—

6 (A) expanding public health information
7 sharing, including by sharing public health mes-
8 sages with community members and organiza-
9 tions;

10 (B) helping community members address
11 social, economic, behavioral health, and preven-
12 tive health needs using evidence-informed mod-
13 els and in accordance with existing standards;

14 (C) sharing community-based information
15 with State, local, and Tribal health departments
16 to inform and improve health programming, es-
17 pecially for hard-to-reach communities; and

18 (D) promoting linkages to other Federal,
19 State, and local health and social programs.

20 (2) Other activities determined appropriate by
21 the Director.

22 (3) Other activities, including response to local-
23 ized public health emergencies, as determined appro-
24 priate by Funded Entities and in accordance with

1 grant and cooperative agreement scope and stipula-
2 tions.

3 (h) FOCAL COMMUNITIES.—Funded Entities shall
4 dedicate a majority of Force members to addressing the
5 needs of focal communities. To be designated as a focal
6 community, a community shall at a minimum—

7 (1) bear a disproportionate burden of disease;

8 (2) be identified as a “most vulnerable” com-
9 munity according to the Centers for Disease Control
10 and Prevention’s Social Vulnerability Index;

11 (3) be identified as a “high poverty” area,
12 which includes census tracts with poverty rates of 25
13 percent or higher, as defined by the Workforce Inno-
14 vation and Opportunity Act;

15 (4) be identified as a “high unemployment”
16 area, which includes census tracts with unemploy-
17 ment 150 percent or higher than the national unem-
18 ployment rate, as determined by the Bureau of
19 Labor Statistics based on the most recent data on
20 the total unemployed, the U–6 unemployment meas-
21 ure or similar measure, available on the date of en-
22 actment of this Act; or

23 (5) be designated as a Health Professional
24 Shortage Area, Medically Underserved Area, or
25 Medically Underserved Population.

1 (i) COORDINATION AND COLLABORATION.—

2 (1) FACILITATION.—

3 (A) IN GENERAL.—The Director shall fa-
4 cilitate coordination and collaboration between
5 the Force and other national public health serv-
6 ice programs within and external to the Depart-
7 ment of Health and Human Services, including
8 the Public Health Service and Medical Reserve
9 Corps, as well as the Federal Emergency Man-
10 agement Agency’s Resilience Force.

11 (B) ADVISORY GROUP.—Not later than 6
12 months after the date of enactment of this Act,
13 the Director shall convene a stakeholder advi-
14 sory group comprised of—

15 (i) the leadership of national health
16 service programs, including the Public
17 Health Service Corps, Medical Response
18 Corps, and FEMA CORE;

19 (ii) other relevant Federal offices and
20 agencies, including the Department of
21 Labor, Employment and Training Admin-
22 istration, Health Resources and Services
23 Administration, Health and Human Serv-
24 ices Office of the Assistant Secretary for
25 Preparedness and Response, and Occupa-

1 tional Health and Safety Administration;
2 and
3 (iii) leaders representing Funded En-
4 tities.

5 Such advisory group shall meet on a yearly
6 basis to provide guidance for the programmatic
7 success and longevity of the Force. Such guid-
8 ance shall be codified in an annual report of
9 recommendations and evidence-informed prac-
10 tices to be shared publicly.

11 (2) STATES, LOCALITIES, TERRITORIES, INDIAN
12 TRIBES, TRIBAL ORGANIZATIONS, URBAN INDIAN
13 HEALTH ORGANIZATIONS, HEALTH SERVICE PRO-
14 VIDERS TO TRIBES, OR NATIVE HAWAIIAN HEALTH
15 ORGANIZATIONS COLLABORATION.—

16 (A) IN GENERAL.—Funded Entities shall
17 ensure coordination and, as appropriate, col-
18 laboration between the Force and local public
19 health, and health care, and community-based
20 organizations, to ensure complementarity and
21 further strengthen the local public health re-
22 sponse.

23 (B) LOCAL ADVISORY GROUP.—Not later
24 than 3 months after the date of enactment of
25 this Act, an entity that receives a grant, con-

1 tract, or cooperative agreement under this sec-
2 tion shall convene a stakeholder advisory group
3 comprised of community leaders, health offi-
4 cials, labor organizations, local advocates, indi-
5 viduals directly impacted by COVID–19, and
6 other key stakeholders to meet on a regular, re-
7 curring basis to provide formal guidance, in-
8 cluding priority setting and funding guidance,
9 for the programmatic success and longevity of
10 the Force.

11 (C) STATE COMPACTS.—In accordance
12 with section 115 of the Housing and Commu-
13 nity Development Act of 1974 (42 U.S.C.
14 5315), two or more States to enter into agree-
15 ments or compacts, for cooperative effort and
16 mutual assistance in support of community de-
17 velopment planning and programs carried out
18 under this section as such programs pertain to
19 interstate areas and to localities within such
20 States, and to establish such agencies, joint or
21 otherwise, as such States determine appropriate
22 for making such agreements and compacts ef-
23 fective.

24 (j) MONITORING.—The Director shall develop a per-
25 formance monitoring template for adaptation and use by

1 Funded Entities under this section. Such template shall
2 at a minimum require the reporting of the number of
3 Force members hired, the role hired into, and the demo-
4 graphic characteristics of Force members. Such data shall
5 be shared by entities receiving grants, contracts, or coop-
6 erative agreements under this section to the Centers for
7 Disease Control and Prevention on a regular, recurring
8 basis. Such data shall be made publicly available.

9 (k) LEARNING AND ADAPTATION.—The Director, in
10 consultation with the Advisory Group and local advisory
11 groups described in subsection (i), shall develop a learning
12 and evaluation component of the Force to identify success-
13 ful components of local activities conducted under this sec-
14 tion that may be replicated, to identify opportunities for
15 continuing education and career advancement for Force
16 members, to evaluate the degree to which the Force cre-
17 ated a pathway to longer-term public health and health
18 care careers among Force members, and to identify how
19 the Force impacted the health knowledge, behaviors, and
20 outcomes of the community members served. Results of
21 this learning shall be made publicly available.

22 (l) REPORTING.—Not later than 180 days after the
23 end of each fiscal year, the Director shall submit to the
24 Congress a report which shall contain—

1 (1) a description of the progress made in ac-
2 complishing the objectives of Force under this sec-
3 tion;

4 (2) a summary of the amount and expenditure
5 of funds under this section during the preceding fis-
6 cal year, including the amount described by Funded
7 Entity;

8 (3) a description of the application of the fund-
9 ing formula specified in subsection (d);

10 (4) the number of individuals recruited, hired,
11 and trained for Force member positions under this
12 section;

13 (5) the number of Force members who transi-
14 tion to other public health roles either within or ex-
15 ternal to the Funded Entity using funds under this
16 Act;

17 (6) the number of Force members who were un-
18 employed prior to being hired;

19 (7) the number of Force members who continue
20 to be employed—

21 (A) within 6 months and 1 year, respec-
22 tively, of hire; and

23 (B) within 6 months and 1 year, respec-
24 tively, of the conclusion of the COVID–19 pub-
25 lic health crisis; and

1 (8) any information on the outcomes and im-
2 pact of Health Force on health and employment.

3 (m) FINANCIAL REPORTING.—Not later than 45
4 days after the date of enactment of this Act, and every
5 60 days thereafter for the first 12 months after such date
6 of enactment, the Director shall submit to Congress a re-
7 port describing awards made, funding obligated, and ex-
8 penditures to date. Such report shall also provide details
9 on the application of the funding formula specified in sub-
10 section (d), including the amount awarded to each Funded
11 Entity.

12 (n) LABOR AND WORKPLACE-RELATED GUID-
13 ANCE.—Not later than 14 days after the date of enact-
14 ment of this Act, the Secretary of Labor, acting through
15 the Assistant Secretary of Labor for Occupational Safety
16 and Health, shall provide guidance and technical assist-
17 ance regarding how to provide individuals in contact trac-
18 ing and pandemic response positions with healthy and safe
19 working conditions.

20 (o) TRIBAL DATA SOVEREIGNTY.—The Director
21 shall consult with Indian Tribes and Tribal organizations
22 and coordinate with Tribal health organizations to ensure
23 that any reporting process under this section honors and
24 preserves the data sovereignty of individuals who are
25 members of Indian Tribes or Tribal organizations (as such

1 terms are defined in section 166 of the Workforce Innova-
 2 tion and Opportunity Act (29 U.S.C. 3221)), including in-
 3 dividuals who are members of Native Hawaiian organiza-
 4 tions (as defined in such section 166), and urban Indian
 5 organizations.

6 (p) REQUIREMENTS FOR TRANSITION BACK TO UN-
 7 EMPLOYMENT COMPENSATION.—As a condition of a State
 8 receiving funds under this section, the law of the State
 9 (as defined in section 205 of the Federal-State Extended
 10 Unemployment Compensation Act of 1970 (26 U.S.C.
 11 3304 note) shall, in the case of an individual who is receiv-
 12 ing unemployment compensation at the time the individual
 13 is hired as a Force member, provide for the following:

14 (1) Such individual shall be eligible to resume
 15 receiving unemployment compensation after leaving
 16 the Force if the individual returns to unemployment.

17 (2) The amount of the weekly benefit for such
 18 individual shall be the greater of—

19 (A) the weekly benefit amount such indi-
 20 vidual was receiving when such individual en-
 21 tered the program; or

22 (B) a weekly benefit amount that is deter-
 23 mined based on such individual's earnings from
 24 employment under the Health Force program.

25 (q) AUTHORIZATION OF APPROPRIATIONS.—

1 (1) IN GENERAL.—There is authorized to be
2 appropriated, and there is appropriated, to carry out
3 this section, \$40,000,000,000 for each of fiscal years
4 2021 and 2022, such amounts to remain available
5 until expended. Additional funding beyond fiscal
6 year 2022 for the continuation of the Health Force
7 shall be determined in such fiscal year based on
8 identified staffing needs. It is the intent of Congress
9 that the Health Force should be continuously imple-
10 mented for a duration of not less than 10 years (fis-
11 cal years 2021 through 2030) and continued there-
12 after to address health disparities and defend
13 against future public health crises.

14 (2) EMERGENCY.—The amounts appropriated
15 under paragraph (1) are designated as an emergency
16 requirement pursuant to section 4(g) of the Statu-
17 tory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

18 (3) DESIGNATION IN SENATE.—In the Senate,
19 this section is designated as an emergency require-
20 ment pursuant to section 4112(a) of H. Con. Res.
21 71 (115th Congress), the concurrent resolution on
22 the budget for fiscal year 2018.

23 **SEC. 3. RESILIENCE FORCE.**

24 (a) PURPOSE.—It is the purpose of the Resilience
25 Force established under this section to recruit, train, and

1 augment the existing cadre of first responders at the Fed-
2 eral Emergency Management Agency to assist in the im-
3 mediate COVID–19 pandemic response, to provide a surge
4 capacity to address other national emergencies, and to
5 strengthen America’s public health infrastructure.

6 (b) IN GENERAL.—For the period of fiscal years
7 2021 through 2023, the Administrator of the Federal
8 Emergency Management Agency shall appoint, admin-
9 ister, and expedite the training of a 62,000 Cadre of On-
10 Call Response/Recovery Employees, under the Response
11 and Recover Directorate (referred to in this section as a
12 “CORE employee”) under the Office of Response and Re-
13 covery, above the level of such employees in fiscal year
14 2020, to address the coronavirus public health emergency
15 and other disasters and public emergencies, subject to ap-
16 propriations.

17 (c) DETAIL OF CORE EMPLOYEES.—A CORE em-
18 ployee may be detailed, through mutual agreement, to any
19 Federal agency or to a State, local, or Tribal Government
20 to fulfill an assignment, consistent with the Stafford Act
21 or “emergency work” as defined under section 206.225
22 of title 44, Code of Federal Regulations, including—

23 (1) providing logistical support for the supply
24 chain of medical equipment and other goods involved
25 in COVID–19 response efforts;

1 (2) supporting COVID–19 testing, tracing, vac-
2 cination, vaccination education, and related surveil-
3 lance activities;

4 (3) providing nutritional assistance to vulner-
5 able populations; and

6 (4) carrying out other disaster preparedness
7 and response functions for other emergencies and
8 natural disasters, including work to design, con-
9 struct, repair, upgrade, and fortify critical public
10 health and health care infrastructure.

11 (d) FEMA RESPONSIBILITY.—The costs associated
12 with detailing employees under subsection (c) shall be
13 borne by the Federal Emergency Management Agency.

14 (e) REQUIREMENT.—As soon as practicable, the Ad-
15 ministrators of the Federal Emergency Management Agen-
16 cy shall make public job announcements to fill the CORE
17 employee positions authorized under subsection (b), which
18 shall prioritize hiring from among the following groups of
19 individuals in no particular rank order:

20 (1) Unemployed veterans of the Armed Forces.

21 (2) Individuals who live in a “high unemploy-
22 ment” area, which includes census tracts with unem-
23 ployment 150 percent or higher than the national
24 unemployment rate, as determined by the Bureau of
25 Labor Statistics based on the most recent data on

1 the total unemployed, the U–3 unemployment meas-
2 ure or similar measure, available on the date of en-
3 actment of this Act.

4 (3) Unemployed individuals who served in the
5 AmeriCorps, Peace Corps, or as United States Ful-
6 bright Scholars, particularly those whose service
7 terms ended as a result of the coronavirus public
8 health emergency.

9 (4) Recent graduates of public health, medical,
10 nursing, social work or related health-services pro-
11 grams.

12 (5) Members of communities who have experi-
13 enced a disproportionately high number of COVID–
14 19 cases.

15 (f) HIRING.—The Federal Emergency Management
16 Agency shall hire employees under this section, pursuant
17 to section 306(b)(1) of the Robert T. Stafford Disaster
18 Relief and Emergency Assistance Act (42 U.S.C.
19 5149(b)(1)), and make use of existing statutory authori-
20 ties that permit regional offices and site managers to ad-
21 vertise for and hire such employees.

22 (g) TRAINING.—The Administrator of the Federal
23 Emergency Management Agency may make appropriate
24 adjustments to the standard training course curriculum
25 for employees under this section to include on-site

1 trainings at Federal Emergency Management Agency re-
2 gional offices, virtual trainings, or trainings conducted by
3 other Federal, State, local or Tribal agencies, or eligible
4 institutions defined in subsection (i), including training
5 described in section 2(e)(5).

6 (h) CLARIFICATION.—For the purposes of employing
7 individuals under this section—

8 (1) no individual who is authorized to work in
9 the United States, including individuals with De-
10 ferred Action for Childhood Arrivals (DACA) or
11 Temporary Protected Status (TPS) under section
12 244 of the Immigration and Nationality Act (8
13 U.S.C. 1254a), shall be disqualified for appointment
14 under this section because of citizenship or immigra-
15 tion status; and

16 (2) no individual shall be disqualified for ap-
17 pointment under this section because of bankruptcy
18 or a poor credit rating, determined by the Adminis-
19 trator of the Federal Emergency Management Agen-
20 cy, to be the result of the Coronavirus public health
21 emergency.

22 (i) ELIGIBLE INSTITUTION DEFINED.—In this Act
23 “eligible institution” means a public 2-year institution of
24 higher education, as defined under section 101 of the
25 Higher Education Act of 1965 (20 U.S.C. 1001).

1 (j) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to the Administrator of
3 the Federal Emergency Management Agency,
4 \$6,500,000,000, for each of fiscal years 2021 through
5 2023, not less than \$1,500,000,000 of which shall be
6 made available each such fiscal year for the administrative
7 costs associated with carrying out this section.

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