

117TH CONGRESS
1ST SESSION

S. 188

To create a Coronavirus Containment Corps.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 3, 2021

Ms. WARREN (for herself, Ms. SMITH, Mr. MERKLEY, and Mr. MARKEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To create a Coronavirus Containment Corps.

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; DEFINITIONS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Coronavirus Containment Corps Act”.

6 (b) DEFINITIONS.—In this Act:

7 (1) APPROPRIATE CONGRESSIONAL COMMIT-
8 TEES.—The term “appropriate congressional com-
9 mittees” means—

10 (A) the Committee on Energy and Com-
11 merce of the House of Representatives;

1 (B) the Committee on Education and
2 Labor of the House of Representatives; and

3 (C) the Committee on Health, Education,
4 Labor, and Pensions of the Senate.

5 (2) COVID–19 PUBLIC HEALTH EMERGENCY.—

6 The term “COVID–19 public health emergency”
7 means—

8 (A) the public health emergency declared
9 by the Secretary of Health and Human Services
10 pursuant to section 319 of the Public Health
11 Service Act (42 U.S.C. 247d) on January 31,
12 2020, as a result of confirmed cases of 2019
13 Novel Coronavirus (2019–nCoV) and any suc-
14 cessor to such declaration; or

15 (B) the national emergency declared by the
16 President under the National Emergencies Act
17 (50 U.S.C. 1601 et seq.) on March 13, 2020,
18 as a result of confirmed cases of 2019 Novel
19 Coronavirus (2019–nCoV).

20 (3) INDIAN TRIBE.—The term “Indian Tribe”
21 shall have the meaning given such term in the In-
22 dian Self-Determination and Education Assistance
23 Act (25 U.S.C. 450 et seq.).

1 (4) SECRETARY.—Except as otherwise provided
2 in this Act, the term “Secretary” means the Sec-
3 retary of Health and Human Services.

4 (5) STATE.—The term “State” includes any of
5 the 50 States, the District of Columbia, Puerto Rico,
6 the Virgin Islands, Guam, American Samoa, and the
7 Commonwealth of the Northern Mariana Islands.

8 (6) TRIBAL ORGANIZATION.—The term “Tribal
9 organization” shall have the meaning given such
10 term in the Indian Self-Determination and Edu-
11 cation Assistance Act (25 U.S.C. 450 et seq.).

12 **SEC. 2. NATIONWIDE CONTACT TRACING STRATEGY.**

13 (a) IN GENERAL.—Not later than 21 days after the
14 date of enactment of this Act, the Secretary, acting
15 through the Director of the Centers for Disease Control
16 and Prevention, shall—

17 (1) provide to the appropriate congressional
18 committees a strategy to expand COVID–19 contact
19 tracing; and

20 (2) include in such strategy recommendations
21 to augment the capacity of State, Tribal, and local
22 public health departments to train and place individ-
23 uals into a Coronavirus Containment Corps to—

24 (A) investigate cases of COVID–19;

1 (B) identify the contacts of individuals
 2 confirmed or presumed to have been infected by
 3 coronavirus;

4 (C) trace such contacts; and

5 (D) provide supports to ensure that such
 6 contacts can take the precautions necessary to
 7 safely quarantine to stop the spread of COVID–
 8 19.

9 (b) CONSULTATION.—In developing the strategy
 10 under subsection (a), the Secretary shall consult with—

11 (1) State public health officials;

12 (2) Tribal public health officials, Indian Tribes,
 13 and Tribal organizations;

14 (3) local public health officials;

15 (4) the Director of the Indian Health Service;

16 and

17 (5) experts with knowledge of or field experi-
 18 ence concerning racial and ethnic disparities in pub-
 19 lic health and historically marginalized communities.

20 (c) REQUIREMENTS.—The strategy under subsection
 21 (a) shall identify—

22 (1) the minimum number of persons needed to
 23 investigate cases of COVID–19 and identify the con-
 24 tacts of individuals confirmed or presumed to have

1 been infected by SARS–CoV–19 for each State and
2 Indian Tribe;

3 (2) the minimum number of contact tracers
4 needed for each State and Indian Tribe;

5 (3) the minimum number of specialists needed
6 to connect contacts described in paragraph (1) to so-
7 cial supports to ensure those contacts can take the
8 precautions necessary to safely quarantine to stop
9 the spread of COVID–19 for each State and Indian
10 Tribe;

11 (4) the recommended qualifications necessary
12 for case investigators, contact tracers, and social
13 support specialists to perform such duties success-
14 fully;

15 (5) strategies to enable State, Tribal, and local
16 public health departments to hire, train, and deploy
17 case investigators, contact tracers, and social sup-
18 port specialists;

19 (6) strategies to rapidly develop guidance and
20 training materials (including training on social de-
21 terminants of health, cultural competency, commu-
22 nications skills, and implicit and explicit bias train-
23 ing) necessary to support public health departments
24 in preparing individuals to serve as case investiga-
25 tors, contact tracers, and social support specialists;

1 (7) plans to use mobile or app-based contact
2 tracing technology, including—

3 (A) plans to prevent the misuse of data
4 and to ensure the automatic deletion of data
5 after the conclusion of the COVID–19 public
6 health emergency; and

7 (B) plans to prohibit data sharing with
8 and within the Federal Government, with the
9 exceptions of the Centers for Disease Control
10 and Prevention and the Indian Health Service;

11 (8) strategies to record and publicly report
12 deidentified data, while protecting—

13 (A) the privacy of individuals and informa-
14 tion regarding their personal health; and

15 (B) Tribal data sovereignty;

16 (9) protocols to limit the risks posed to indi-
17 vidual privacy and data security, including through
18 data minimization, anonymizing and redacting, and
19 limitations on sharing and storing personally identi-
20 fiable information;

21 (10) strategies to monitor and evaluate best
22 practices in contact tracing, with input from State,
23 Tribal, and local public health departments; and

1 (11) strategies to coordinate with State and
 2 Tribal workforce agencies to recruit newly unem-
 3 ployed individuals—

4 (A) prioritizing individuals from within the
 5 communities in which they will work; and

6 (B) reflecting the diversity of that commu-
 7 nity.

8 (d) STRATEGIES TO ENABLE HIRING, TRAINING,
 9 AND DEPLOYMENT.—Not later than 7 days after the
 10 strategy under subsection (a) is provided to the appro-
 11 priate congressional committees, the Secretary shall pro-
 12 vide the strategies described in subsection (c)(5) to States
 13 and Tribes.

14 (e) COORDINATION.—The Director of the Centers for
 15 Disease Control and Prevention shall coordinate with the
 16 Director of the Indian Health Service to ensure the strat-
 17 egy developed under this section meets the needs of Indian
 18 Tribes.

19 **SEC. 3. GRANTS TO PUBLIC HEALTH DEPARTMENTS.**

20 (a) IN GENERAL.—Subject to the availability of ap-
 21 propriations, the Secretary, acting through the Director
 22 of the Centers for Disease Control and Prevention, shall
 23 award a grant to each State and local public health de-
 24 partment that seeks a grant in accordance with this sec-
 25 tion to implement the strategy under section 2(a).

1 (b) FORMULA.—The Secretary shall allocate amounts
 2 made available pursuant to subsection (a) in accordance
 3 with a formula to be established by the Secretary that—

4 (1) provides a minimum level of funding to each
 5 grantee; and

6 (2) allocates—

7 (A) additional funding among grantees
 8 based on—

9 (i) population, including the presence
 10 of medically underserved populations (as
 11 defined in section 330(b)(3) of the Public
 12 Health Service Act (42 U.S.C. 254b(b)));;

13 (ii) projected need for COVID–19 in
 14 vitro diagnostic tests (as defined in section
 15 809.3 of title 21, Code of Federal Regula-
 16 tions (or successor regulations)) during the
 17 period of the grant;

18 (iii) the percentage of COVID–19
 19 cases per 10,000 persons as of the date of
 20 submission of the application for the grant;

21 (iv) COVID–19 case growth rate; and

22 (v) projected number of COVID–19
 23 cases during the period of the grant; and

1 (B) an additional increment for States that
2 have a plan to increase the percentage of the
3 population that will be tested.

4 (c) REQUIRED USES OF FUNDS.—Amounts made
5 available to a grantee pursuant to subsection (a) shall be
6 used for the following activities:

7 (1) Costs, including wages and benefits, includ-
8 ing health care benefits, as appropriate, related to
9 the recruiting and hiring of individuals—

10 (A) to serve as case investigators, contact
11 tracers, and social support specialists described
12 in paragraphs (1), (2), and (3), respectively, of
13 section 2(c); and

14 (B) employed by—

15 (i) the State or local government in-
16 volved; or

17 (ii) a nonprofit organization with
18 demonstrated expertise in implementing
19 public health programs.

20 (2) Supplies necessary for grantees to imple-
21 ment the strategy under section 2, including any
22 supplies, equipment, including personal protective
23 equipment, or technology for individuals serving as
24 case investigators, contact tracers, or social support
25 specialists.

1 (3) Administrative costs and activities necessary
 2 for grantees to implement the strategy under section
 3 2.

4 (4) Development of partnerships with State,
 5 Tribal, and local workforce development systems (as
 6 defined in section 3 of the Workforce Innovation and
 7 Opportunity Act (29 U.S.C. 3102)) to provide train-
 8 ing and supportive service for individuals serving as
 9 case investigators, contact tracers, or social support
 10 specialists.

11 (5) Reporting to the Centers for Disease Con-
 12 trol and Prevention on—

13 (A) implementation of the strategy under
 14 section 2; and

15 (B) indicators of performance listed in sec-
 16 tion 5(c)(1).

17 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
 18 out this section, there is authorized to be appropriated
 19 \$10,000,000,000, to remain available until expended.

20 **SEC. 4. AWARDS TO TRIBES AND TRIBAL ORGANIZATIONS.**

21 (a) IN GENERAL.—Subject to the availability of ap-
 22 propriations, the Secretary, acting through the Director
 23 of the Indian Health Service, in coordination with the Di-
 24 rector of the Centers for Disease Control and Prevention
 25 and in consultation with Indian Tribes and Tribal organi-

1 zations, shall award funds to Indian Tribes and Tribal or-
 2 ganizations to implement the strategy under section 2.

3 (b) FORMULA.—The Secretary shall allocate amounts
 4 made available pursuant to subsection (a) in accordance
 5 with a formula to be established by the Secretary in con-
 6 sultation with Indian Tribes and Tribal organizations
 7 that—

8 (1) provides a minimum level of funding to each
 9 federally recognized Indian Tribe; and

10 (2) allocates additional funding on the basis of
 11 population.

12 (c) ELIGIBLE ACTIVITIES.—Amounts made available
 13 to an awardee pursuant to subsection (a) shall be used
 14 for the following activities:

15 (1) Costs, including wages and benefits, includ-
 16 ing health care benefits, as appropriate, related to
 17 the recruiting and hiring of individuals—

18 (A) to serve as case investigators, contact
 19 tracers, and social support specialists, which
 20 may include community health representatives,
 21 described in paragraphs (1), (2), and (3), re-
 22 spectively, of section 2(c); and

23 (B) employed by—

24 (i) the Tribal government involved; or

1 (ii) a nonprofit organization with
2 demonstrated expertise in implementing
3 public health programs.

4 (2) Supplies necessary for awardees to imple-
5 ment the strategy under section 2, including any
6 supplies, equipment, including personal protective
7 equipment, or technology for individuals serving as
8 case investigators, contact tracers, or social support
9 specialists.

10 (3) Administrative costs and activities necessary
11 for awardees to implement the strategy under sec-
12 tion 2.

13 (4) Development of partnerships with State and
14 local workforce development systems (as defined in
15 section 3 of the Workforce Innovation and Oppor-
16 tunity Act (29 U.S.C. 3102)) to provide training and
17 supportive service for individuals serving as case in-
18 vestigators, contact tracers, or social support special-
19 ists.

20 (5) Reporting to the Indian Health Service,
21 which shall then report the information to the Cen-
22 ters for Disease Control and Prevention, on—

23 (A) implementation of the strategy under
24 section 2; and

1 (B) indicators of performance listed in sec-
2 tion 5(c)(1).

3 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
4 out this section, there is authorized to be appropriated
5 \$1,000,000,000, to remain available until expended.

6 **SEC. 5. REPORTING BY THE CENTERS FOR DISEASE CON-**
7 **TROL AND PREVENTION.**

8 (a) IN GENERAL.—Not later than 90 days after the
9 date of enactment of this Act, and every 30 days there-
10 after, the Secretary, acting through the Director of the
11 Centers for Disease Control and Prevention, shall report
12 to the appropriate congressional committees on the imple-
13 mentation of the strategy under section 2.

14 (b) REPORTING INFRASTRUCTURE.—In carrying out
15 subsection (a), the Secretary shall—

16 (1) support a reporting infrastructure that—

17 (A) minimizes administrative burdens on
18 States, Indian Tribes, Tribal organizations, and
19 localities; and

20 (B) protects the privacy of individuals' in-
21 formation; and

22 (2) consult with Indian Tribes and Tribal orga-
23 nizations and coordinate with the Indian Health
24 Service to create a reporting infrastructure for In-
25 dian Tribes and Tribal organizations that—

1 (A) honors and preserves Tribal data sov-
2 ereignty; and

3 (B) ensures that Indian Tribes and Tribal
4 organizations consent before any Tribal data is
5 reported.

6 (c) REQUIREMENTS.—The report under subsection
7 (a) shall—

8 (1) for each State and Indian Tribe include—

9 (A) the number of case investigators hired,
10 trained, and deployed;

11 (B) the number of contact tracers hired,
12 trained, and deployed;

13 (C) the number of social support special-
14 ists hired, trained, and deployed;

15 (D) the number of case investigations
16 launched;

17 (E) the percentage of contacts reached
18 compared to the percentage of contacts identi-
19 fied;

20 (F) the percentage of contacts quarantined
21 or isolated compared to the percentage of con-
22 tacts reached;

23 (G) the percentage of contacts connected
24 to social supports compared to the percentage

1 of contacts needing such supports to quar-
 2 antine; and

3 (H) a description of any barriers that limit
 4 the ability of contacts to quarantine or isolate
 5 or access needed social supports;

6 (2) contextualize data reported so as to miti-
 7 gate discrimination against historically marginalized
 8 communities; and

9 (3) be made public on the internet website of
 10 the Centers for Disease Control and Prevention.

11 **SEC. 6. GRANTS TO STATE AND TRIBAL WORKFORCE AGEN-**
 12 **CIES.**

13 (a) DEFINITIONS.—

14 (1) IN GENERAL.—Except as otherwise pro-
 15 vided in this section, the terms used in this section
 16 shall have the meanings given such terms in section
 17 3 of the Workforce Innovation and Opportunity Act
 18 (29 U.S.C. 3102).

19 (2) OTHER DEFINITIONS.—In this section:

20 (A) APPRENTICESHIP; APPRENTICESHIP
 21 PROGRAM.—The term “apprenticeship” or “ap-
 22 prenticeship program” means an apprenticeship
 23 program registered under the Act of August 16,
 24 1937 (commonly known as the “National Ap-
 25 prenticeship Act”) (50 Stat. 664, chapter 663;

1 29 U.S.C. 50 et seq.), including any require-
2 ment, standard, or rule promulgated under such
3 Act, as such requirement, standard, or rule was
4 in effect on December 30, 2019.

5 (B) CONTACT TRACING AND RELATED PO-
6 SITIONS.—The term “contact tracing and re-
7 lated positions” means employment related to
8 contact tracing, surveillance, containment, and
9 mitigation activities.

10 (C) ELIGIBLE ENTITY.—The term “eligible
11 entity” means—

12 (i) a State or territory, including the
13 District of Columbia and Puerto Rico;

14 (ii) an Indian Tribe, Tribal organiza-
15 tion, Alaska Native entity, Indian-con-
16 trolled organization serving Indians, urban
17 Indian organization (as defined in section
18 4 of the Indian Health Care Improvement
19 Act (25 U.S.C. 1603)), or a Native Hawai-
20 ian organization;

21 (iii) an outlying area; or

22 (iv) a local board, if an eligible entity
23 under clauses (i) through (iii) has not ap-
24 plied with respect to the area over which
25 the local board has jurisdiction as of the

1 date on which the local board submits an
 2 application under subsection (c).

3 (D) ELIGIBLE INDIVIDUAL.—Notwith-
 4 standing section 170(b)(2) of the Workforce In-
 5 novation and Opportunity Act (29 U.S.C.
 6 3225(b)(2)), the term “eligible individual”
 7 means an individual seeking or securing em-
 8 ployment in contact tracing or related positions
 9 and is served by an eligible entity or commu-
 10 nity-based organization receiving funding under
 11 this section.

12 (E) SECRETARY.—The term “Secretary”
 13 means the Secretary of Labor.

14 (b) GRANTS.—

15 (1) IN GENERAL.—Subject to the availability of
 16 appropriations under subsection (g), the Secretary
 17 shall award national dislocated worker grants under
 18 section 170(b)(1)(B) of the Workforce Innovation
 19 and Opportunity Act (29 U.S.C. 3225(b)(1)(B)) to
 20 each eligible entity that seeks a grant to assist local
 21 boards and community-based organizations in car-
 22 rying out activities under subsections (f) and (d), re-
 23 spectively, for the following purposes:

24 (A) To support the recruitment, place-
 25 ment, and training, as applicable, of eligible in-

1 individuals seeking employment in contact tracing
2 and related positions in accordance with the
3 strategy established under section 2.

4 (B) To assist with the employment transi-
5 tion to new employment or education and train-
6 ing of individuals employed under this section
7 in preparation for and upon termination of such
8 employment.

9 (2) TIMELINE.—The Secretary shall—

10 (A) issue application requirements under
11 subsection (c) not later than 10 days after the
12 date of enactment of this section; and

13 (B) award grants to an eligible entity
14 under paragraph (1) not later than 10 days
15 after the date on which the Secretary receives
16 an application from such entity.

17 (c) GRANT APPLICATION.—An eligible entity apply-
18 ing for a grant under this section shall submit an applica-
19 tion to the Secretary, at such time and in such form and
20 manner as the Secretary may reasonably require, which
21 shall include a description of—

22 (1) how the eligible entity will support the re-
23 cruitment, placement, and training, as applicable, of
24 eligible individuals seeking employment in contact
25 tracing and related positions by partnering with—

1 (A) a State, local, Tribal, or territorial
2 health department; or

3 (B) a community-based organization
4 partnering with such health departments;

5 (2) how the activities described in paragraph
6 (1) will support State efforts to address the demand
7 for contact tracing and related positions with respect
8 to—

9 (A) the State plans referred to in the head-
10 ing “Public Health and Social Services Emer-
11 gency Fund” in title I of division B of the Pay-
12 check Protection Program and Health Care En-
13 hancement Act (Public Law 116–139);

14 (B) the strategy established under section
15 2; and

16 (C) the number of eligible individuals that
17 the State plans to recruit and train under the
18 plans and strategies described in subparagraphs
19 (A) and (B);

20 (3) the specific strategies for recruiting and
21 placement of eligible individuals from or residing
22 within the communities in which they will work, in-
23 cluding—

24 (A) plans for the recruitment of eligible in-
25 dividuals to serve as contact tracers and related

positions, including dislocated workers, individuals with barriers to employment, veterans, new entrants in the workforce, or underemployed or furloughed workers, who are from or reside in or near the local area in which they will serve, and who, to the extent practicable—

(i) have experience or a background in industry-sectors and occupations such as public health, social services, customer service, case management, or occupations that require related qualifications, skills, or competencies, such as strong interpersonal and communication skills, needed for contact tracing or related positions; or

(ii) seek to transition to public health and public health related occupations upon the conclusion of employment in contact tracing or related positions; and

(B) how such strategies will take into account the diversity of such community, including racial, ethnic, socioeconomic, linguistic, or geographic diversity;

(4) the amount, timing, and mechanisms for distribution of funds provided to local boards or through subgrants as described in subsection (d);

(5) for eligible entities described in subparagraphs (A) through (C) of subsection (a)(4), a description of how the eligible entity will ensure the equitable distribution of funds with respect to—

(A) geography (such as urban and rural distribution);

(B) medically underserved populations (as defined in section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)));

(C) health professional shortage areas (as defined under section 332(a) of the Public Health Service Act (42 U.S.C. 254e(a))); and

(D) the racial and ethnic diversity of the area; and

(6) for eligible entities who are local boards, a description of how a grant to such eligible entity would serve the equitable distribution of funds as described in paragraph (5).

(d) SUBGRANT AUTHORIZATION AND APPLICATION PROCESS.—

(1) IN GENERAL.—An eligible entity may award a subgrant to a community-based organization for the purposes of partnering with a State or local board to conduct outreach and education activities to inform potentially eligible individuals about em-

1 employment opportunities in contact tracing and re-
2 lated positions.

3 (2) APPLICATION.—A community-based organi-
4 zation shall submit an application at such time and
5 in such manner as the eligible entity may reasonably
6 require, including—

7 (A) a demonstration of the community-
8 based organization’s established expertise and
9 effectiveness in community outreach in the local
10 area that such organization plans to serve;

11 (B) a demonstration of the community-
12 based organization’s expertise in providing em-
13 ployment or public health information to the
14 local areas in which such organization plans to
15 serve; and

16 (C) a description of the expertise of the
17 community-based organization in utilizing cul-
18 turally competent and multilingual strategies in
19 the provision of services.

20 (e) GRANT DISTRIBUTION.—

21 (1) FEDERAL DISTRIBUTION.—

22 (A) USE OF FUNDS.—The Secretary shall
23 use funds appropriated to carry out this section
24 as follows:

1 (i) Subject to clause (ii), the Secretary
2 shall distribute funds among eligible enti-
3 ties in accordance with a formula to be es-
4 tablished by the Secretary that provides a
5 minimum level of funding to each eligible
6 entity that seeks a grant under this section
7 and allocates additional funding based on a
8 formula that shall give first priority based
9 on the number and proportion of contact
10 tracing and related positions that the State
11 plans to recruit, place, and train individ-
12 uals as a part of the State strategy de-
13 scribed in subsection (c)(2)(A).

14 (ii) Not more than 2 percent of the
15 funding for administration of the grants
16 and for providing technical assistance to
17 recipients of funds under this section.

18 (B) **EQUITABLE DISTRIBUTION.**—If the ge-
19 ographic region served by 1 or more eligible en-
20 tities overlaps, the Secretary shall distribute
21 funds among such entities in such a manner
22 that ensures equitable distribution with respect
23 to the factors under in subsection (c)(5).

1 (2) ELIGIBLE ENTITY USE OF FUNDS.—An eli-
2 gible entity described in subparagraphs (A) through
3 (C) of subsection (a)(4)—

4 (A) shall, not later than 30 days after the
5 date on which the entity receives grant funds
6 under this section, provide not less than 70 per-
7 cent of grant funds to local boards for the pur-
8 pose of carrying out activities in subsection (f);

9 (B) may use up to 20 percent of such
10 funds to make subgrants to community-based
11 organizations in the service area to conduct out-
12 reach, to potential eligible individuals, as de-
13 scribed in subsection (d);

14 (C) in providing funds to local boards and
15 awarding subgrants under this subsection shall
16 ensure the equitable distribution with respect to
17 the factors described in subsection (c)(5); and

18 (D) may use not more than 10 percent of
19 the funds awarded under this section for the
20 administrative costs of carrying out the grant
21 and for providing technical assistance to local
22 boards and community-based organizations.

23 (3) LOCAL BOARD USE OF FUNDS.—A local
24 board, or an eligible entity that is a local board,
25 shall use—

1 (A) not less than 60 percent of the funds
 2 for recruitment and training for activities in ac-
 3 cordance with the strategy established under
 4 section 2;

5 (B) not less than 30 of the funds to sup-
 6 port the transition of individuals hired as con-
 7 tact tracers and related positions into an edu-
 8 cation or training program, or unsubsidized em-
 9 ployment upon completion of such positions;
 10 and

11 (C) not more than 10 percent of the funds
 12 for administrative costs.

13 (f) ELIGIBLE ACTIVITIES.—The State or local boards
 14 shall use funds awarded under this section to support the
 15 recruitment and placement of eligible individuals, training
 16 and employment transition as related to contact tracing
 17 and related positions, and for the following activities:

18 (1) Establishing or expanding partnerships
 19 with—

20 (A) State, local, Tribal, and territorial
 21 public health departments;

22 (B) community-based health providers, in-
 23 cluding community health centers and rural
 24 health clinics;

1 (C) labor organizations or joint labor man-
2 agement organizations;

3 (D) 2-year and 4-year institutions of high-
4 er education (as defined in section 101 of the
5 Higher Education Act of 1965 (20 U.S.C.
6 1001)), including institutions eligible to receive
7 funds under section 371(a) of the Higher Edu-
8 cation Act of 1965 (20 U.S.C. 1067q(a)); and

9 (E) community action agencies or other
10 community-based organizations serving local
11 areas in which there is a demand for contact
12 tracers and related positions.

13 (2) Providing training for contact tracing and
14 related positions in coordination with State, local,
15 Tribal, or territorial health departments that is con-
16 sistent with the State or territorial testing and con-
17 tact tracing strategy and ensuring that eligible indi-
18 viduals receive compensation while participating in
19 such training.

20 (3) Providing eligible individuals with—

21 (A) adequate and safe equipment, environ-
22 ments, and facilities for training and super-
23 vision, as applicable;

24 (B) information regarding the wages and
25 benefits related to contact tracing and related

positions, as compared to State, local, and national averages;

(C) supplies and equipment needed by the program participants to support placement of an individual in contact tracing and related positions, as applicable;

(D) an individualized employment plan for each eligible individual, as applicable—

(i) in coordination with the entity employing the eligible individual in a contact tracing or related position; and

(ii) which shall include providing a case manager to work with each eligible individual to develop the plan, which may include—

(I) identifying employment and career goals, and setting appropriate achievement objectives to attain such goals; and

(II) exploring career pathways that lead to in-demand industries and sectors, including in public health and related occupations; and

(E) services for the period during which the individual is employed in a contact tracing

1 and related position to ensure job retention,
2 which may include—

3 (i) supportive services throughout the
4 term of employment;

5 (ii) a continuation of skills training as
6 related to employment as a contact tracer
7 or related positions, that is conducted in
8 collaboration with the employers of such
9 participants;

10 (iii) mentorship services and job re-
11 tention support for eligible individuals; or

12 (iv) targeted training for managers
13 and workers working with eligible individ-
14 uals (such as mentors), and human re-
15 source representatives.

16 (4) Supporting the transition and placement in
17 unsubsidized employment for eligible individuals
18 serving in the contact tracing or related positions
19 after such positions are no longer necessary in the
20 State or local area, including—

21 (A) any additional training and employ-
22 ment activities as described in section 170(d)(4)
23 of the Workforce Innovation and Opportunity
24 Act (29 U.S.C. 3225(d)(4));

1 (B) developing the appropriate combina-
 2 tion of services to enable the eligible individual
 3 to achieve the employment and career goals
 4 identified under paragraph (3)(D)(ii)(I); and

5 (C) services to assist eligible individuals in
 6 maintaining employment for not less than 12
 7 months after the completion of employment in
 8 contact tracing or related positions, as appro-
 9 priate.

10 (5) Any other activities as described in sub-
 11 sections (a)(3) and (b) of section 134 of the Work-
 12 force Innovation and Opportunity Act (29 U.S.C.
 13 3174).

14 (g) LIMITATION.—Notwithstanding section
 15 170(d)(3)(A) of the Workforce Innovation and Oppor-
 16 tunity Act (29 U.S.C. 3225(d)(3)(A)), a person may be
 17 employed in a contact tracing or related position using
 18 funds under this section for a period not greater than 2
 19 years.

20 (h) REPORTING BY THE DEPARTMENT OF LABOR.—

21 (1) IN GENERAL.—Not later than 120 days
 22 after the date of enactment of this Act, and once
 23 grant funds have been expended under this section,
 24 the Secretary shall report to the Committee on
 25 Health, Education, Labor, and Pensions of the Sen-

1 ate and the Committee on Education and Labor of
2 the House of Representatives, and make publicly
3 available a report containing a description of—

4 (A) the number of eligible individuals re-
5 cruited, hired, or trained as contact tracers or
6 in related positions;

7 (B) the number of individuals successfully
8 transitioned to unsubsidized employment or
9 training at the completion of employment in
10 contact tracing or related positions using funds
11 under this section;

12 (C) the number of such individuals who
13 were unemployed prior to being hired, trained,
14 or deployed as described in paragraph (1);

15 (D) the performance of each program sup-
16 ported by funds under this section with respect
17 to the indicators of performance under section
18 116 of the Workforce Innovation and Oppor-
19 tunity Act (29 U.S.C. 3141), as applicable;

20 (E) the number of individuals in unsub-
21 sidized employment within 6 months and 1
22 year, respectively, of the conclusion of employ-
23 ment in contact tracing or related positions
24 and, of those, the number of individuals within
25 a State, territorial, or local public health de-

1 partment in an occupation related to public
2 health;

3 (F) any information on how eligible enti-
4 ties, local boards, or community-based organiza-
5 tions that received funding under this section
6 were able to support the goals of the strategy
7 established under section 2; and

8 (G) best practices for improving and in-
9 creasing the transition of individuals employed
10 in contact tracing or related positions to perma-
11 nent, full-time employment.

12 (2) DISAGGREGATION.—All data reported under
13 paragraph (1) shall be disaggregated by race, eth-
14 nicity, sex, age, and, with respect to individuals with
15 barriers to employment, subpopulation of such indi-
16 viduals, except for when the number of participants
17 in a category is insufficient to yield statistically reli-
18 able information or when the results would reveal
19 personally identifiable information about an indi-
20 vidual participant.

21 (i) SPECIAL RULE.—Any funds for programs under
22 this section that are used to fund an apprenticeship or
23 apprenticeship program shall only be used for, or provided
24 to, an apprenticeship or apprenticeship program that
25 meets the definition of such term under subsection (a),

1 including any funds awarded for the purposes of grants,
 2 contracts, or cooperative agreements, or the development,
 3 implementation, or administration, of an apprenticeship or
 4 an apprenticeship program.

5 (j) DISPLACEMENT.—

6 (1) PROHIBITION.—A participant in a program
 7 or activity authorized under this Act (referred to in
 8 this subsection as a “specified activity”) shall not
 9 displace (including a partial displacement, such as a
 10 reduction in the hours of nonovertime work, wages,
 11 or employment benefits) any currently employed em-
 12 ployee (as of the date of the participation).

13 (2) PROHIBITION ON IMPAIRMENT OF CON-
 14 TRACTS.—A specified activity shall not impair an ex-
 15 isting contract for services or collective bargaining
 16 agreement, and no such activity that would be incon-
 17 sistent with the terms of a collective bargaining
 18 agreement shall be undertaken without the written
 19 concurrence of the labor organization and employer
 20 concerned.

21 (k) AUTHORIZATION OF APPROPRIATIONS.—There
 22 are authorized to be appropriated to carry out this section
 23 \$500,000,000.

1 **SEC. 7. GOVERNMENT ACCOUNTABILITY OFFICE STUDY.**

2 (a) SCOPE OF STUDY.—The Comptroller General of
3 the United States shall conduct a study to evaluate—

4 (1) the strategies, components, policies, and
5 practices used by recipients of funding under this
6 Act to successfully assist—

7 (A) State, Tribal, and local health depart-
8 ments; and

9 (B) State, Tribal, and local workforce de-
10 velopment systems; and

11 (2) any challenges associated with implementa-
12 tion of such strategies, components, policies, and
13 practices.

14 (b) CONSULTATION.—In carrying out the study
15 under subsection (a), the Comptroller General shall con-
16 sult with a geographically diverse (including urban, subur-
17 ban, and rural) representation of individuals engaged in
18 implementation of this Act, including the following:

19 (1) Centers for Disease Control and Prevention
20 employees.

21 (2) Department of Labor employees.

22 (3) State and local public health departments.

23 (4) State and local workforce development sys-
24 tems.

25 (5) Indian Tribes and Tribal organizations.

1 (6) Case investigators, contact tracers, and so-
2 cial support specialists.

3 (c) SUBMISSION.—Not later than 2 years after the
4 date of enactment of this Act, the Comptroller General
5 shall submit the study conducted under subsection (a) to
6 the appropriate congressional committees.

7 **SEC. 8. APPLICATION OF THE SERVICE CONTRACT ACT TO**
8 **CONTRACTS AND GRANTS.**

9 Contracts and grants, which include contact tracing
10 as part of the scope of work and that are awarded under
11 this Act, shall require that contact tracers and related po-
12 sitions are paid not less than the prevailing wage and
13 fringe rates required under chapter 67 of title 41, United
14 States Code (commonly known as the “Service Contract
15 Act”), for the area in which the work is performed. To
16 the extent that a nonstandard wage determination is re-
17 quired to establish a prevailing wage for contact tracers
18 and related positions for purposes of this Act, the Sec-
19 retary of Labor shall issue such determination not later
20 than 14 days after the date of enactment of this Act,
21 based on a job description used by the Centers for Disease
22 Control and Prevention and contractors or grantees per-
23 forming contact tracing for State public health agencies.

1 **SEC. 9. RULE OF CONSTRUCTION.**

2 Nothing in this Act shall be construed to restrict or
3 in any way infringe upon individuals' freedom of associa-
4 tion.

