

117TH CONGRESS
1ST SESSION

H. R. 460

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 HOUSE OF REPRESENTATIVES

JANUARY 25, 2021

Mr. CROW (for himself, Mr. PANETTA, Ms. UNDERWOOD, Mr. PHILLIPS, Ms. HOULAHAN, Ms. NORTON, Ms. DEGETTE, Ms. CHU, Mr. LAWSON of Florida, and Mr. MORELLE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Transportation and Infrastructure, and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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, Resil-
5 ience Force, and Jobs To Fight COVID–19 Act of 2021”.

1 **SEC. 2. HEALTH FORCE.**

2 (a) PURPOSE.—It is the purpose of the Health Force
3 established under this section to recruit, train, and employ
4 a standing workforce of Americans to respond to the
5 COVID–19 pandemic in their communities, provide capac-
6 ity for ongoing and future public health care needs, and
7 build skills for new workers to enter the public health and
8 health care workforce.

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

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

22 (1) award grants, contracts, or enter into coop-
23 erative agreements for the recruitment, hiring, train-
24 ing, managing, administration, and organization of
25 the Force to States, localities, territories, Indian
26 Tribes, Tribal organizations, urban Indian health or-

1 organizations, health service providers to Tribes, Na-
2 tive Hawaiian health organizations, community
3 health centers, or federally qualified health centers
4 (referred to in this section as “Funded Entities”);

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

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

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

24 (d) FUNDING ALLOCATIONS.—

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

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

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

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

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

1 (iii) not less than 40 percent shall be
2 allocated for county and other local health
3 departments within the State.

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

12 (e) SERVICE.—

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

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

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

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

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

1 individuals. First priority in such hiring shall be given
2 to individuals who are previous employees of Funded
3 Entities (or subawardees under paragraph (9)) who
4 were, within the 2020 or 2021 calendar year, fur-
5 loughed, laid off, subject to a reduction in force,
6 placed or went on leave, or have recall rights subject
7 to collective bargaining agreement or applicable per-
8 sonnel policies.

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

21 (5) TRAINING.—

22 (A) CONTACT TRACING TRAINING.—

23 (i) IN GENERAL.—The Director of the
24 Centers for Disease Control and Preven-
25 tion (referred to in this section as “Direc-

tor”) shall continue to provide contact tracing guidance and resources on their public internet website, including contact tracing training plans, for Force members to successfully conduct contact tracing activities under subsection (f)(1). Funded Entities shall determine which Force members will be provided with contact tracing training to meet State, locality, territory, and Tribal public health needs.

(ii) TRAINING BY FUNDED ENTITIES.—Funded Entities may provide contact tracing training using the guidance and resources described in clause (i) or other evidence-informed programs, including training programs carried out by the Association of State and Territorial Health Officials and by academic institutions.

(B) ADDITIONAL TRAINING.—Not later than 90 days after the date of enactment of this Act, the Director shall 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 de-

1 scribe in subsections (f) and (g). Funded Enti-
2 ties shall determine which Force members will
3 be provided with additional training to meet
4 State, locality, territory, and Tribal public
5 health needs.

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

14 (D) TRAINING REQUIREMENTS.—The
15 training programs under this paragraph shall—

16 (i) be adaptable by Funded Entities to
17 meet local needs;

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

23 (iii) be distance-based eLearning that
24 can be accessed electronically, including by
25 using a smartphone, with the goal of lim-

1 iting opportunities for disease transmission
2 while maximizing knowledge and skills ac-
3 quisition and retention among Force train-
4 ees;

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

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

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

18 (E) MISCELLANEOUS.—Where determined
19 necessary, the Director may—

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

23 (ii) collaborate with, including
24 through grants or cooperative agreements,
25 public universities, including nursing, med-

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

15 (iii) develop training and communica-
16 tions materials in multiple languages.

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

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

24 (i) providing additional disaster relief
25 employment and training activities de-

1 scribed in subparagraphs (A) and (C) of
2 section 170(d)(1) of the Workforce Innova-
3 tion and Opportunity Act (29 U.S.C.
4 3225(d)(1)(A) and (C)) and services de-
5 scribed in section 7(a)(1) of the Wagner-
6 Peyser Act (29 U.S.C. 49f(a)(1)), as ap-
7 propriate;

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

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

ernment to such eligible individual for a period of not more than the first year in which the individual is so employed, if such employment is not otherwise subsidized under this or any other Act.

(6) FORCE MEMBER COMPENSATION.—

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

(B) COMPENSATION.—Notwithstanding any other provision of law, for fiscal year 2021 and each fiscal year thereafter, 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 chapter 67 of title 41, United States Code (commonly known as the “Service Contract Act”).

(C) AUTHORITY.—With respect to subparagraph (B), the Secretary of Labor, or the Secretary’s authorized representative, shall have

1 the authority and functions set forth in chapter
2 67 of title 41, United States Code.

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

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

20 (7) SUPERVISORY STRUCTURES.—Members of
21 the Force shall receive ongoing supportive super-
22 vision from staff members of Funded Entities (or
23 subawardees under paragraph (9)), in accordance
24 with evidence-informed practices. Entities funded
25 under this section may choose the most appropriate

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

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

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

1 health care, and community-based services in accord-
2 ance with paragraph (6).

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

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

19 (A) prevent and respond to future public
20 health crises and emergencies; and

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

1 (12) LIMITATION.—A Force member may not
2 be assigned for international deployment on behalf
3 of the Health Force.

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

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

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

1 local regulations, scope of practice, and certification re-
2 quirements and evidence-informed practices and include—

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

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

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

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

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

1 lic health emergencies, and respond to ongoing and future
2 public health and health care needs. Under this sub-
3 section, Force members shall carry out or assist with ac-
4 tivities described in subsection (f), as well as any of the
5 following activities, where aligned with State licensure re-
6 quirements and evidence-informed practices:

7 (1) Providing support services, including—

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

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

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

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

22 (2) Other activities determined appropriate by
23 the Director.

24 (3) Other activities, including response to local-
25 ized public health emergencies, as determined appro-

1 prate by Funded Entities and in accordance with
2 grant and cooperative agreement scope and stipula-
3 tions.

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

8 (1) bear a disproportionate burden of disease;

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

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

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

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

(i) COORDINATION AND COLLABORATION.—

(1) FACILITATION.—

(A) IN GENERAL.—The Director shall facilitate coordination and collaboration between the Force and other national public health service programs within and external to the Department of Health and Human Services, including the Public Health Service and Medical Reserve Corps, as well as the Federal Emergency Management Agency’s Resilience Force.

(B) ADVISORY GROUP.—Not later than 6 months after the date of enactment of this Act, the Director shall convene a stakeholder advisory group comprised of—

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

(ii) other relevant Federal offices and agencies, including the Department of Labor, Employment and Training Administration, Health Resources and Services

Administration, Health and Human Services Office of the Assistant Secretary for Preparedness and Response, and Occupational Health and Safety Administration; and

(iii) leaders representing Funded Entities.

Such advisory group shall meet on a yearly basis to provide guidance for the programmatic success and longevity of the Force. Such guidance shall be codified in an annual report of recommendations and evidence-informed practices to be shared publicly.

(2) STATES, LOCALITIES, TERRITORIES, INDIAN TRIBES, TRIBAL ORGANIZATIONS, URBAN INDIAN HEALTH ORGANIZATIONS, HEALTH SERVICE PROVIDERS TO TRIBES, OR NATIVE HAWAIIAN HEALTH ORGANIZATIONS COLLABORATION.—

(A) IN GENERAL.—Funded Entities shall ensure coordination and, as appropriate, collaboration between the Force and local public health, and health care, and community-based organizations, to ensure complementarity and further strengthen the local public health response.

1 (B) LOCAL ADVISORY GROUP.—Not later
2 than 3 months after the date of enactment of
3 this Act, an entity that receives a grant, con-
4 tract, or cooperative agreement under this sec-
5 tion shall convene a stakeholder advisory group
6 comprised of community leaders, health offi-
7 cials, labor organizations, local advocates, indi-
8 viduals directly impacted by COVID–19, and
9 other key stakeholders to meet on a regular, re-
10 curring basis to provide formal guidance, in-
11 cluding priority setting and funding guidance,
12 for the programmatic success and longevity of
13 the Force.

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

1 for making such agreements and compacts ef-
2 fective.

3 (j) MONITORING.—The Director shall develop a per-
4 formance monitoring template for adaptation and use by
5 Funded Entities under this section. Such template shall
6 at a minimum require the reporting of the number of
7 Force members hired, the role hired into, and the demo-
8 graphic characteristics of Force members. Such data shall
9 be shared by entities receiving grants, contracts, or coop-
10 erative agreements under this section to the Centers for
11 Disease Control and Prevention on a regular, recurring
12 basis. Such data shall be made publicly available.

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

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

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

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

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

13 (4) the number of individuals recruited, hired,
14 and trained for Force member positions under this
15 section;

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

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

22 (7) the number of Force members who continue
23 to be employed—

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

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

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

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

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

23 (o) TRIBAL DATA SOVEREIGNTY.—The Director
24 shall consult with Indian Tribes and Tribal organizations
25 and coordinate with Tribal health organizations to ensure

1 that any reporting process under this section honors and
 2 preserves the data sovereignty of individuals who are
 3 members of Indian Tribes or Tribal organizations (as such
 4 terms are defined in section 166 of the Workforce Innova-
 5 tion and Opportunity Act (29 U.S.C. 3221)), including in-
 6 dividuals who are members of Native Hawaiian organiza-
 7 tions (as defined in such section 166), and urban Indian
 8 organizations.

9 (p) REQUIREMENTS FOR TRANSITION BACK TO UN-
 10 EMPLOYMENT COMPENSATION.—As a condition of a State
 11 receiving funds under this section, the law of the State
 12 (as defined in section 205 of the Federal-State Extended
 13 Unemployment Compensation Act of 1970 (26 U.S.C.
 14 3304 note)) shall, in the case of an individual who is re-
 15 ceiving unemployment compensation at the time the indi-
 16 vidual is hired as a Force member, provide for the fol-
 17 lowing:

18 (1) Such individual shall be eligible to resume
 19 receiving unemployment compensation after leaving
 20 the Force if the individual returns to unemployment.

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

23 (A) the weekly benefit amount such indi-
 24 vidual was receiving when such individual en-
 25 tered the program; or

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

4 (q) AUTHORIZATION OF APPROPRIATIONS.—

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

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

22 (3) DESIGNATION IN SENATE.—In the Senate,
23 this section is designated as an emergency require-
24 ment pursuant to section 4112(a) of H. Con. Res.

1 71 (115th Congress), the concurrent resolution on
2 the budget for fiscal year 2018.

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

4 (a) PURPOSE.—It is the purpose of the Resilience
5 Force established under this section to recruit, train, and
6 augment the existing cadre of first responders at the Fed-
7 eral Emergency Management Agency to assist in the im-
8 mediate COVID–19 pandemic response, to provide a surge
9 capacity to address other national emergencies, and to
10 strengthen America’s public health infrastructure.

11 (b) IN GENERAL.—For the period of fiscal years
12 2021 through 2023, the Administrator of the Federal
13 Emergency Management Agency shall appoint, admin-
14 ister, and expedite the training of 62,000 Cadre of On-
15 Call Response/Recovery Employees, under the Response
16 and Recover Directorate (referred to in this section as
17 “CORE employees”) under the Office of Response and
18 Recovery, above the level of such employees in fiscal year
19 2020, to address the coronavirus public health emergency
20 and other disasters and public emergencies, subject to ap-
21 propriations.

22 (c) DETAIL OF CORE EMPLOYEES.—A CORE em-
23 ployee may be detailed, through mutual agreement, to any
24 Federal agency or to a State, local, or Tribal Government
25 to fulfill an assignment, consistent with the Stafford Act

1 or “emergency work” as defined under section 206.225
2 of title 44, Code of Federal Regulations, including—

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

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

9 (3) providing nutritional assistance to vulner-
10 able populations; and

11 (4) carrying out other disaster preparedness
12 and response functions for other emergencies and
13 natural disasters, including work to design, con-
14 struct, repair, upgrade, and fortify critical public
15 health and health care infrastructure.

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

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

25 (1) Unemployed veterans of the Armed Forces.

1 (2) Individuals who live in a “high unemploy-
2 ment” area, which includes census tracts with unem-
3 ployment 150 percent or higher than the national
4 unemployment rate, as determined by the Bureau of
5 Labor Statistics based on the most recent data on
6 the total unemployed, the U–3 unemployment meas-
7 ure or similar measure, available on the date of en-
8 actment of this Act.

9 (3) Unemployed individuals who served in the
10 AmeriCorps, Peace Corps, or as United States Ful-
11 bright Scholars, particularly those whose service
12 terms ended as a result of the coronavirus public
13 health emergency.

14 (4) Recent graduates of public health, medical,
15 nursing, social work or related health-services pro-
16 grams.

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

20 (f) **HIRING.**—The Federal Emergency Management
21 Agency shall hire employees under this section, pursuant
22 to section 306(b)(1) of the Robert T. Stafford Disaster
23 Relief and Emergency Assistance Act (42 U.S.C.
24 5149(b)(1)), and make use of existing statutory authori-

1 ties that permit regional offices and site managers to ad-
2 vertise for and hire such employees.

3 (g) TRAINING.—The Administrator of the Federal
4 Emergency Management Agency may make appropriate
5 adjustments to the standard training course curriculum
6 for employees under this section to include on-site
7 trainings at Federal Emergency Management Agency re-
8 gional offices, virtual trainings, or trainings conducted by
9 other Federal, State, local or Tribal agencies, or eligible
10 institutions defined in subsection (i), including training
11 described in section 2(e)(5).

12 (h) CLARIFICATION.—For the purposes of employing
13 individuals under this section—

14 (1) no individual who is authorized to work in
15 the United States, including individuals with De-
16 ferred Action for Childhood Arrivals (DACA) or
17 Temporary Protected Status (TPS) under section
18 244 of the Immigration and Nationality Act (8
19 U.S.C. 1254a), shall be disqualified for appointment
20 under this section because of citizenship or immigra-
21 tion status; and

22 (2) no individual shall be disqualified for ap-
23 pointment under this section because of bankruptcy
24 or a poor credit rating, determined by the Adminis-
25 trator of the Federal Emergency Management Agen-

1 cy, to be the result of the Coronavirus public health
2 emergency.

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

7 (j) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to the Administrator of
9 the Federal Emergency Management Agency,
10 \$6,500,000,000, for each of fiscal years 2021 through
11 2023, not less than \$1,500,000,000 of which shall be
12 made available each such fiscal year for the administrative
13 costs associated with carrying out this section.

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