

116TH CONGRESS
2D SESSION

S. 3606

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

IN THE SENATE OF THE UNITED STATES

MAY 5, 2020

Mrs. GILLIBRAND (for herself, Mr. BENNET, Mr. MARKEY, Mr. VAN HOLLEN, Mr. BOOKER, Ms. DUCKWORTH, Mrs. FEINSTEIN, Mr. REED, Ms. ROSEN, Ms. SMITH, Ms. HARRIS, and Mr. BLUMENTHAL) 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 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 and Re-
5 silience Force Act of 2020”.

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 Americans to respond to the COVID–19 pandemic in their
2 communities, provide capacity for ongoing and future pub-
3 lic health care needs, and build skills for new workers to
4 enter the public health and health care workforce.

5 (b) ESTABLISHMENT.—There shall be established
6 within the Centers for Disease Control and Prevention a
7 Health Force (referred to in this section as the “Force”)
8 composed of community members dedicated to responding
9 to public health emergencies as declared by the Secretary
10 of Health and Human Services under section 319 of the
11 Public Health Service Act, including the COVID–19 emer-
12 gency, and providing increased capacity to address ongo-
13 ing and future public health needs.

14 (c) ORGANIZATION AND ADMINISTRATION.—

15 (1) IN GENERAL.—The Centers for Disease
16 Control and Prevention shall—

17 (A) award grants, contracts, or enter into
18 cooperative agreements for the recruitment, hir-
19 ing, managing, administration, and organization
20 of the Force to States, localities, territories, In-
21 dian Tribes, Tribal organizations, urban Indian
22 health organizations, or health service providers
23 to Tribes through the Public Health Emergency
24 Preparedness and Public Health Crisis Re-

1 sponse programs implemented through such
2 Centers; and

3 (B) provide assistance for expenses in-
4 curred by States, localities, territories, Indian
5 Tribes, Tribal organizations, urban Indian
6 health organizations, or health service providers
7 to Tribes prior to the awarding of a grant, con-
8 tract, or cooperative agreement under subpara-
9 graph (A) to facilitate the implementation of
10 the Force, including assistance for planning and
11 recruitment activities, as provided for in section
12 424 of the Robert T. Stafford Disaster Relief
13 and Emergency Assistance Act (42 U.S.C.
14 5189b).

15 (2) DUTIES OF THE DIRECTOR.—The Director
16 of the Centers for Disease Control and Prevention
17 (referred to in this section as the “Director”)
18 shall—

19 (A) identify training resource packages to
20 be utilized by the Force and develop new train-
21 ing resource packages, as needed, including
22 by—

23 (i) collaborating with other Federal
24 agencies, including the Health Resources
25 and Services Administration; and

1 (ii) collaborating with Centers for Dis-
 2 ease Control and Prevention implementing
 3 partners, including public health, health
 4 care, and community-based organizational
 5 partners, to identify and develop such
 6 training resource packages; and

7 (B) carry out any other activities deter-
 8 mined appropriate by the Director to carry out
 9 this section.

10 (d) SERVICE.—

11 (1) MINIMUM REQUIREMENTS.—

12 (A) IN GENERAL.—The Force shall be
 13 composed of eligible members selected pursuant
 14 to guidelines developed by the Director in con-
 15 sultation with States, localities, territories, In-
 16 dian Tribes, Tribal organizations, urban Indian
 17 health organizations, or health service providers
 18 to Tribes funded entities. At a minimum such
 19 guidelines shall ensure that a member of the
 20 Force—

21 (i) is at least 18 years of age; and

22 (ii) has a high school diploma or
 23 equivalent or has successfully completed an
 24 employment literacy test.

25 (B) OTHER ELIGIBLE INDIVIDUALS.—

1 (i) CITIZENSHIP OR IMMIGRATION
2 STATUS.—An individual who is authorized
3 to work in the United States, including an
4 individual with Deferred Action for Child-
5 hood Arrivals (DACA) or Temporary Pro-
6 tected Status (TPS) under section 244 of
7 the Immigration and Nationality Act (8
8 U.S.C. 1254a), shall not be disqualified for
9 appointment under this section as a mem-
10 ber of the Force because of citizenship or
11 immigration status.

12 (ii) BANKRUPTCY.—An individual
13 shall not be disqualified for appointment
14 under this section as a member of the
15 Force because of the bankruptcy or poor
16 credit rating of such individual determined
17 to be the result of the coronavirus public
18 health emergency.

19 (2) RECRUITMENT.—

20 (A) IN GENERAL.—The guidelines devel-
21 oped under paragraph (1) shall provide for
22 Force recruitment information to be distributed
23 at the national level through all available chan-
24 nels and partnerships as practicable. Such
25 guidelines shall also, as practicable, require that

1 all graduating high school seniors be made
2 aware of Force employment opportunities while
3 in their senior year, and every 2 years there-
4 after, unless they opt out of receiving notifica-
5 tions or have joined the Force. As practicable,
6 Federal and State Departments of Labor shall
7 share information about Force opportunities
8 with those individuals applying for or receiving
9 unemployment benefits.

10 (B) RECRUITMENT BY STATE, LOCALITY,
11 TERRITORY, INDIAN TRIBES, TRIBAL ORGANIZA-
12 TIONS, URBAN INDIAN HEALTH ORGANIZA-
13 TIONS, OR HEALTH SERVICE PROVIDERS TO
14 TRIBES FUNDED ENTITIES.—With respect to
15 the employment of Force members in States, lo-
16 calities, territories, Indian Tribes, Tribal orga-
17 nizations, urban Indian health organizations, or
18 health service providers to Tribes funded enti-
19 ties, such areas and entities shall support ex-
20 tensive recruitment efforts for Force personnel,
21 including efforts to recruit Force members
22 among focal communities as described in sub-
23 section (g), as well as low-income, minority, and
24 historically marginalized populations.

1 (3) PREFERENCE.—Preference in the hiring of
2 Force members shall be given to individuals who are
3 veterans, unemployed or underemployed, recently
4 furloughed community-based nonprofit, public health
5 or health care professionals, or from focal commu-
6 nities as described in subsection (g).

7 (4) TRAINING.—

8 (A) INITIAL TRAINING.—

9 (i) IN GENERAL.—Not later than 14
10 days after the date of enactment of this
11 Act, the Director shall identify an evi-
12 dence-informed training program for Force
13 members in accordance with this para-
14 graph. Such initial training program shall
15 focus on building public health surveillance
16 knowledge and skills, particularly contact
17 tracing knowledge and skills, to address
18 training requirements for Force members
19 to successfully conduct contact tracing ac-
20 tivities under subsection (e)(1). States, lo-
21 calities, territories, Indian Tribes, Tribal
22 organizations, urban Indian health organi-
23 zations, or health service providers to
24 Tribes shall determine which Force re-
25 cruits will be provided with initial training

1 to meet State, locality, territory, and Trib-
2 al public health needs.

3 (ii) REQUIREMENTS.—The initial
4 training program under this subparagraph
5 shall—

6 (I) be adaptable by State, local-
7 ity, territorial, Indian Tribe, Tribal
8 organization, urban Indian health or-
9 ganization, or health service providers
10 to Tribes funded entities to meet local
11 needs;

12 (II) be implemented as quickly as
13 possible by either or both of the Cen-
14 ters for Disease Control and Preven-
15 tion and State, locality, territorial, In-
16 dian Tribe, Tribal organization, urban
17 Indian health organization, or health
18 service providers to Tribes funded en-
19 tities, based on local needs and abili-
20 ties;

21 (III) be distance-based eLearning
22 that can be accessed with a
23 smartphone, with the goal of limiting
24 opportunities for disease transmission
25 while maximizing knowledge and skills

1 acquisition and retention among
2 Force trainees;

3 (IV) include refresher training at
4 regular and frequent intervals as de-
5 termined appropriate by the Director;

6 (V) include training components
7 on personal safety, including staying
8 safe around animals in home- and
9 community-based settings, use of per-
10 sonal protective equipment, and health
11 privacy and ethics;

12 (VI) include standardized testing
13 to measure knowledge and skills ac-
14 quisition and retention; and

15 (VII) use individual results of
16 such standardized testing to ensure
17 that only successfully trained individ-
18 uals are maintained as Force mem-
19 bers.

20 (B) ADDITIONAL TRAINING.—Not later
21 than 90 days after the date of enactment of
22 this Act, the Director shall identify and, as nec-
23 essary, develop additional evidence-informed
24 training resource packages to provide Force
25 members the knowledge and skills necessary to

1 conduct the full complement of activities de-
2 scribe in subsections (e) and (f). States, local-
3 ities, territories, Indian Tribes, Tribal organiza-
4 tions, urban Indian health organizations, or
5 health service providers to Tribes shall deter-
6 mine which Force members will be provided
7 with additional training to meet State, locality,
8 territory, and Tribal public health needs.

9 (C) MISCELLANEOUS.—Where determined
10 necessary, the Director may—

11 (i) recommend training under this
12 subparagraph that includes face-to-face
13 interaction;

14 (ii) collaborate with public univer-
15 sities, including nursing, medical, and vet-
16 erinary schools, community colleges, or
17 other career and technical education insti-
18 tutes, community health centers and other
19 community-based organizations, federally
20 recognized Minority Serving Institutions,
21 as well as public health associations and
22 State and local health departments, to de-
23 velop and implement training under this
24 subparagraph, particularly for skills that
25 typically have licensure requirements; and

1 (iii) develop training and communica-
2 tions materials in multiple languages.

3 (D) TIMING.—The training provided under
4 subparagraph (A)(i) shall be designed to be
5 completed by Force members within 14 days of
6 the start of such training. The training pro-
7 grams under subparagraph (B) shall be made
8 available where necessary to ensure that Force
9 members are fully trained as soon as possible
10 after commencing such training.

11 (E) SPECIALIZED TRAINING.—In orga-
12 nizing the Force under this section, the Direc-
13 tor may elect to establish divisions of Force
14 members who receive specialized comprehensive
15 training, including divisions of Force members
16 who have met State licensure requirements,
17 have prior relevant experience, or have super-
18 visory skills or demonstrated aptitude.

19 (F) PAYMENT DURING TRAINING.—Indi-
20 viduals shall be paid for each hour spent in
21 training (including refresher training) under
22 this paragraph at a rate of not less than \$15
23 per hour (to be increased each year based on
24 increases in the Consumer Price Index for such
25 year).

1 (5) SALARY AND BENEFITS.—

2 (A) IN GENERAL.—Members of the Force
3 shall be paid directly by State, locality, terri-
4 torial, Indian Tribe, Tribal organization, urban
5 Indian health organization, or health service
6 providers to Tribes funded entities and sub-
7 partners using funds provided by the Centers
8 for Disease Control and Prevention under
9 grants, contracts, or cooperative agreements
10 under this section. All Force positions shall be
11 salaried with health and retirement benefits, in-
12 cluding paid family leave. Payment of salaries
13 and benefits shall be in accordance with the
14 policies of the State or unit of local government
15 involved and have the approval of the State or
16 the Centers for Disease Control and Prevention,
17 as applicable.

18 (B) OVERTIME PAY.—The entire amount
19 of overtime costs, including payments related to
20 backfilling personnel, that are the direct result
21 of time spent on the design, development and
22 conduct of Force activities are allowable ex-
23 penses under this section. Such costs shall be
24 allowed only to the extent that payment for
25 such services is in accordance with the policies

1 of the State or unit of local government in-
2 volved and have the approval of the State or the
3 Centers for Disease Control and Prevention, as
4 applicable. Dual compensation under this para-
5 graph shall be prohibited.

6 (6) PLACEMENT.—To the extent feasible, as de-
7 termined by State, locality, territorial, Indian Tribe,
8 Tribal organization, urban Indian health organiza-
9 tion, or health service providers to Tribes funded en-
10 tities, members of the Force shall be recruited from
11 and serve in their home communities. Force mem-
12 bers may be physically co-located with local public
13 health, health care, and community-based organiza-
14 tions, including community health centers, as deter-
15 mined appropriate by funded entities.

16 (7) SUPERVISORY STRUCTURES.—Members of
17 the Force shall receive ongoing supportive super-
18 vision from staff members of State, locality, terri-
19 torial, Indian Tribe, Tribal organization, urban In-
20 dian health organization, or health service providers
21 to Tribes funded entities or their sub-partners, as
22 described in paragraph (9). Entities funded under
23 this section may choose the most appropriate super-
24 visory structure to use based on local needs, and
25 may promote Force members into supervisory roles.

1 Such supervision may be also be provided by Disease
2 Intervention Specialists. The Centers for Disease
3 Control and Prevention shall provide or direct their
4 implementing partners to provide, technical assist-
5 ance and training opportunities to such funded enti-
6 ties to strengthen supportive supervision skills and
7 practices.

8 (8) SUPPLIES AND EQUIPMENT.—Members of
9 the Force and their supervisors shall receive all nec-
10 essary supplies and equipment, including personal
11 protective equipment, through State, locality, terri-
12 torial, Indian Tribe, Tribal organization, urban In-
13 dian health organization, or health service providers
14 to Tribes funded entities, which may use funds
15 awarded under grants, contracts, or cooperative
16 agreements under this section to pay for such sup-
17 plies and equipment.

18 (9) SUBAWARDS.—As authorized by the Centers
19 for Disease Control and Prevention, State, locality,
20 territorial, Indian Tribe, Tribal organization, urban
21 Indian health organization, or health service pro-
22 viders to Tribes funded entities may make sub-
23 awards to local partners, including community
24 health centers and other community-based and non-
25 profit organizations, in order to facilitate Force

1 member recruitment, management, supervision,
 2 management, and retention as well as to facilitate
 3 Force integration into existing public health, health
 4 care, and community-based services.

5 (10) SERVICE IN PUBLIC HEALTH EMER-
 6 GENCY.—A State, locality, territory, Indian Tribe,
 7 Tribal organization, urban Indian health organiza-
 8 tion, or health service providers to Tribes receiving
 9 funding under a grant, contract, or cooperative
 10 agreement this section shall assign one or more
 11 Force members to respond to a public health emer-
 12 gency in the area served by such entity. Such Force
 13 members shall be under the supervision and manage-
 14 ment of the State, locality, territory, Indian Tribe,
 15 Tribal organization, urban Indian health organiza-
 16 tion, or health service providers to Tribes involved.

17 (11) SERVICE POST EMERGENCY.—A State, lo-
 18 cality, territory, Indian Tribe, Tribal organization,
 19 urban Indian health organization, or health service
 20 providers to Tribes may retain one or more Force
 21 members to continue to work in the area served by
 22 the entity after a public health emergency has ended
 23 in order to—

24 (A) prevent and respond to future public
 25 health emergencies; and

1 (B) respond to ongoing and future public
2 health and health care needs.

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

6 (13) FUNDING.—All costs associated with the
7 service and functions of Force members under this
8 section, including salary and employment benefits as
9 well as associated direct and indirect costs, shall be
10 paid by the Federal Government through grants,
11 contracts, or cooperative agreements to States, local-
12 ities, territories, Indian Tribes, Tribal organizations,
13 urban Indian health organizations, or health service
14 providers to Tribes.

15 (e) ACTIVITIES TO RESPOND TO THE COVID-19
16 PANDEMIC.—The Force shall provide for the training and
17 employment of Force personnel to address the COVID-
18 19 pandemic, including by conducting or assisting with the
19 following activities, where such activities are aligned with
20 State licensure requirements:

- 21 (1) Conducting COVID-19 related contact trac-
22 ing.
- 23 (2) When available, supporting the administra-
24 tion of diagnostic, serologic, or other COVID-19
25 tests.

1 (3) As appropriate based on State licensing re-
2 quirements, supporting the provision of palliative
3 care, including by providing support to palliative
4 care teams for seriously ill patients.

5 (4) When available, supporting the provision of
6 COVID–19 vaccinations, flu vaccinations, and rec-
7 ommended vaccinations for individuals who have
8 missed vaccinations because of the pandemic.

9 (5) Sharing COVID–19 public health messages
10 with community members, including debunking
11 myths and misperceptions, and building health lit-
12 eracy.

13 (6) Providing data collection and entry or other
14 administrative duties in support of epidemic surveil-
15 lance and to meet broader health information system
16 requirements.

17 (7) Providing community-based and direct-care
18 services, including food and medical supply delivery.

19 (8) Providing coordination or case management
20 of public health and human services needs related to
21 COVID–19.

22 (9) Carrying out any other activities, including
23 those described in subsection (f), as determined ap-
24 propriate by the Director.

1 (10) Carrying out any other activities, including
2 those described in subsection (f), as determined ap-
3 propriate by State, locality, territory, Indian Tribe,
4 Tribal organization, urban Indian health organiza-
5 tion, or health service providers to Tribes funding
6 recipients, in accordance with grant, contract, and
7 cooperative agreement scope and stipulations.

8 (f) ACTIVITIES POST-EMERGENCY.—After the
9 COVID–19 emergency concludes, the Force shall provide
10 for the training and employment of Force personnel to
11 prevent and respond to future public health emergencies
12 and respond to ongoing and future public health and
13 health care needs. Under this subsection, Force members
14 shall carry out or assist with activities described in sub-
15 section (e) as well as any of the following activities, where
16 aligned with State licensure requirements:

17 (1) Sharing public health messages with com-
18 munity members.

19 (2) Providing home-based check-ins for new
20 mothers and infants.

21 (3) Providing vaccination schedule reminders,
22 especially for parents and legal guardians of children
23 under the age of 6.

1 (4) Providing services to help community mem-
2 bers navigate medical, behavioral health, well health,
3 and social services.

4 (5) Connecting community members with health
5 and social services, including services provided by
6 the Federal or State Governments and community-
7 based organizations.

8 (6) Providing or supportive provision of addi-
9 tional perinatal health services, such as serving as
10 doulas, peer supporters, certified lactation consult-
11 ants, and home visitors.

12 (7) Providing community-based information to
13 local health departments to inform and improve
14 health programming for hard-to-reach communities.

15 (8) Preventing the spread of sexually trans-
16 mitted disease, including through contact tracing.

17 (9) Supporting the provision of mental and be-
18 havioral health services, including mental health first
19 aid and peer-to-peer support.

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

22 (11) Other activities, including response to lo-
23 calized public health emergencies, as determined ap-
24 propriate by State, locality, territory, Indian Tribe,
25 Tribal organization, urban Indian health organiza-

1 tion, or health service providers to Tribes funding
 2 recipients and in accordance with grant and coopera-
 3 tive agreement scope and stipulations.

4 (g) FOCAL COMMUNITIES.—State, locality, terri-
 5 torial, Indian Tribe, Tribal organization, urban Indian
 6 health organization, or health service providers to Tribes
 7 funded entities shall dedicate a substantial number of
 8 Force members to addressing the needs of focal commu-
 9 nities. To be designated as a focal community, a commu-
 10 nity shall at a minimum—

11 (1) be in the bottom 50 percent of the United
 12 States in terms of life expectancy, infant mortality,
 13 poverty, or other measure, as recommended by the
 14 National Academies of Sciences, Engineering, and
 15 Medicine and approved by the Director; or

16 (2) be identified as a “most vulnerable” com-
 17 munity according to the Centers for Disease Control
 18 and Prevention’s Social Vulnerability Index.

19 (h) COORDINATION AND COLLABORATION.—

20 (1) FACILITATION.—

21 (A) IN GENERAL.—The Director shall fa-
 22 cilitate coordination and collaboration between
 23 the Force and other national public health serv-
 24 ice programs within and external to the Depart-
 25 ment of Health and Human Services, including

1 the Public Health Service and Medical Reserve
2 Corps.

3 (B) ADVISORY GROUP.—Not later than 6
4 months after the date of enactment of this Act,
5 the Director shall convene a stakeholder advi-
6 sory group comprised of the leadership of other
7 national health service programs, other relevant
8 Federal agencies, including the Department of
9 Labor and the Centers for Medicare & Medicaid
10 Services, and leaders representing State, local-
11 ity, territorial, Indian Tribe, Tribal organiza-
12 tion, urban Indian health organization, or
13 health service providers to Tribes funded enti-
14 ties. Such advisory group shall meet on a yearly
15 basis to provide guidance for the programmatic
16 success and longevity of the Force.

17 (2) STATES, LOCALITIES, TERRITORIES, INDIAN
18 TRIBES, TRIBAL ORGANIZATIONS, URBAN INDIAN
19 HEALTH ORGANIZATIONS, OR HEALTH SERVICE PRO-
20 VIDERS TO TRIBES COLLABORATION.—

21 (A) IN GENERAL.—States, localities, terri-
22 tories, Indian Tribes, Tribal organizations,
23 urban Indian health organizations, or health
24 service providers to tribes shall ensure coordina-
25 tion and, as appropriate, collaboration between

1 the Force and local public health, and health
2 care, and community-based programs, to ensure
3 complementarity and further strengthen the
4 local public health response.

5 (B) ADVISORY GROUP.—Not later than 3
6 months after the date of enactment of this Act,
7 an entity that receives a grant, contract, or co-
8 operative agreement under this section shall
9 convene a stakeholder advisory group comprised
10 of community leaders and other key stake-
11 holders to meet on a regular, recurring basis to
12 provide guidance for the programmatic success
13 and longevity of 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 (i) MONITORING.—The Director shall develop a per-
4 formance monitoring template for State, locality, terri-
5 torial, Indian Tribe, Tribal organization, urban Indian
6 health organization, or health service providers to Tribes
7 funded entities adaptation and use under this section.
8 Such template shall at a minimum require the reporting
9 of the number of Force members hired, the role hired into,
10 and the demographic characteristics of Force members.
11 Such data shall be shared by entities receiving grants, con-
12 tracts, or cooperative agreements under this section to the
13 Centers for Disease Control and Prevention on a regular,
14 recurring basis. Such data shall be made publicly avail-
15 able.

16 (j) LEARNING AND ADAPTATION.—The Director shall
17 develop a learning and evaluation component of the Force
18 to identify successful components of local activities con-
19 ducted under this section that may be replicated, to iden-
20 tify opportunities for continuing education and career ad-
21 vancement for Force members, and to evaluate the degree
22 to which the Force created a pathway to longer-term pub-
23 lic health and health care careers among Force members,
24 and to identify how the Force impacted the health knowl-
25 edge, behaviors, and outcomes of the community members

1 served. Results of this learning shall be made publicly
2 available.

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

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

9 (2) a summary of the use of funds under this
10 section during the preceding fiscal year;

11 (3) a list of each recipient of a grant, contract,
12 or cooperative agreement under this section and the
13 amount of such grant, contract, or cooperative
14 agreement, as well as a brief summary of the
15 projects funded by each such recipient, the extent of
16 financial participation by other public or private en-
17 tities, and the impact on employment and economic
18 activity of such projects during the previous fiscal
19 year; and

20 (4) a description of the activities carried out
21 under this section.

22 (l) AUTHORIZATION OF APPROPRIATIONS.—

23 (1) IN GENERAL.—There is authorized to be
24 appropriated, and there is appropriated, to carry out
25 this section, \$55,000,000,000 for each of fiscal years

1 2020 and 2021, such amounts to remain available
2 until expended.

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

7 (3) DESIGNATION IN SENATE.—In the Senate,
8 this section is designated as an emergency require-
9 ment pursuant to section 4112(a) of H. Con. Res.
10 71 (115th Congress), the concurrent resolution on
11 the budget for fiscal year 2018.

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

13 (a) IN GENERAL.—For the period of fiscal years
14 2020 through 2022, the Administrator of the Federal
15 Emergency Management Agency shall appoint, admin-
16 ister, and expedite the training of a 62,000 Cadre of On-
17 Call Response/Recovery Employees, under the Response
18 and Recover Directorate (referred to in this section as a
19 “CORE employee”) under the Office of Response and Re-
20 covery, above the level of such employees in fiscal year
21 2019, to address the coronavirus public health emergency
22 and other disasters and public emergencies.

23 (b) DETAIL OF CORE EMPLOYEES.—A CORE em-
24 ployee may be detailed, through mutual agreement, to any
25 Federal agency that is a participating agency in the White

1 House Coronavirus Task Force, or to a State, Local, or
2 Tribal Government to fulfill an assignment for the Task
3 force, including—

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

7 (2) supporting COVID–19 testing and 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.

14 (c) REQUIREMENT.—As soon as practicable, the Ad-
15 ministrator of the Federal Emergency Management Agen-
16 cy shall make public job announcements to fill the CORE
17 employee positions authorized under subsection (a), which
18 shall prioritize hiring from among the following groups of
19 individuals:

20 (1) Unemployed veterans of the Armed Forces.

21 (2) Individuals who have become unemployed or
22 underemployed as a result of the coronavirus public
23 health emergency.

24 (3) AmeriCorps members, Peace Corps Volun-
25 teers, or United States Fulbright Scholars who have

1 had their service terms ended as a result of the
2 coronavirus public health emergency.

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

6 (5) Members of communities who have experi-
7 enced a disproportionately high number of COVID-
8 19 cases.

9 (d) HIRING.—The Federal Emergency Management
10 Agency shall hire employees under this section, pursuant
11 to section 306 of the Robert T. Stafford Disaster Relief
12 and Emergency Assistance Act (42 U.S.C. 5149), and
13 make use of existing statutory authorities that permit re-
14 gional offices and site managers to advertise for and hire
15 such employees.

16 (e) TRAINING.—The Administrator of the Federal
17 Emergency Management Agency may make appropriate
18 adjustments to the standard training course curriculum
19 for employees under this section to include on-site
20 trainings at Federal Emergency Management Agency re-
21 gional offices, virtual trainings, or trainings conducted by
22 other Federal, State, local or Tribal agencies, including
23 training described in section 2(d)(4).

24 (f) CLARIFICATION.—For the purposes of employing
25 individuals under this section—

1 (1) no individual who is authorized to work in
2 the United States, including individuals with De-
3 ferred Action for Childhood Arrivals (DACA) or
4 Temporary Protected Status (TPS) under section
5 244 of the Immigration and Nationality Act (8
6 U.S.C. 1254a), shall be disqualified for appointment
7 under this section because of citizenship or immigra-
8 tion status; and

9 (2) no individual shall be disqualified for ap-
10 pointment under this section because of bankruptcy
11 or a poor credit rating determined to be the result
12 of the Coronavirus public health emergency.

13 (g) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to the Administrator of
15 the Federal Emergency Management Agency,
16 \$6,500,000,000, for each of fiscal years 2020 through
17 2022, not less than \$1,500,000,000 of which shall be
18 made available each such fiscal year for the administrative
19 costs associated with carrying out this section.

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