

117TH CONGRESS
1ST SESSION

H. R. 710

To create a Coronavirus Containment Corps, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 2, 2021

Mr. LEVIN of Michigan (for himself, Ms. ADAMS, Mr. AUCHINCLOSS, Ms. BARRAGÁN, Ms. BASS, Mrs. BEATTY, Ms. BONAMICI, Mr. BOWMAN, Mr. CARSON, Ms. DEAN, Ms. DEGETTE, Mr. DESAULNIER, Mrs. DINGELL, Mr. EVANS, Mr. GALLEG0, Mr. GARCÍA of Illinois, Mr. GREEN of Texas, Mr. GRIJALVA, Mr. HASTINGS, Mrs. HAYES, Ms. JACKSON LEE, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Mr. KHANNA, Mr. LAWSON of Florida, Ms. LEE of California, Mr. LIEU, Ms. NORTON, Mr. PAYNE, Mr. POCAN, Ms. PORTER, Mr. RASKIN, Ms. ROSS, Ms. ROYBAL-ALLARD, Mr. SABLON, Ms. SCANLON, Mr. TAKANO, Ms. TLAIB, Mr. TRONE, and Mr. VARGAS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and Natural Resources, 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 create a Coronavirus Containment Corps, and for other purposes.

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

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS; DEFINI-**
 2 **TIONS.**

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

5 (b) TABLE OF CONTENTS.—The table of contents of
 6 this Act is as follows:

- Sec. 1. Short title; table of contents; definitions.
- Sec. 2. Nationwide contact tracing strategy.
- Sec. 3. Grants to public health departments.
- Sec. 4. Awards to Tribes and Tribal organizations.
- Sec. 5. Reporting by the Centers for Disease Control and Prevention.
- Sec. 6. Grants to State and Tribal workforce agencies.
- Sec. 7. GAO study.
- Sec. 8. Application of the Service Contract Act to contracts and grants.
- Sec. 9. Rule of construction.

7 (c) DEFINITIONS.—In this Act:

8 (1) The term “appropriate congressional com-
 9 mittees” means—

10 (A) the Committee on Education and
 11 Labor of the House of Representatives;

12 (B) the Committee on Energy and Com-
 13 merce of the House of Representatives; and

14 (C) the Committee on Health, Education,
 15 Labor, and Pensions of the Senate.

16 (2) The term “COVID–19 public health emer-
 17 gency” means—

18 (A) the public health emergency declared
 19 by the Secretary of Health and Human Services
 20 pursuant to section 319 of the Public Health
 21 Service Act (42 U.S.C. 247d) on January 31,

1 2020, as a result of confirmed cases of 2019
2 Novel Coronavirus (2019–nCoV) and any suc-
3 cessor to such declaration; or

4 (B) the national emergency declared by the
5 President under the National Emergencies Act
6 (50 U.S.C. 1601 et seq.) on March 13, 2020,
7 as a result of the COVID–19 outbreak.

8 (3) The term “State” includes any of the 50
9 States, the District of Columbia, Puerto Rico, the
10 Virgin Islands, Guam, American Samoa, and the
11 Commonwealth of the Northern Mariana Islands.

12 (4) The terms “Indian Tribe” and “Tribal or-
13 ganization” have the meanings given to the terms
14 “Indian Tribe” and “Tribal organization”, respec-
15 tively, in section 4 of the Indian Self-Determination
16 and Education Assistance Act (25 U.S.C. 5304).

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

18 (a) IN GENERAL.—Not later than 21 days after the
19 date of the enactment of this Act, the Secretary of Health
20 and Human Services (in this section referred to as the
21 “Secretary”), acting through the Director of the Centers
22 for Disease Control and Prevention, shall—

23 (1) provide to the appropriate congressional
24 committees a strategy to expand COVID–19 contact
25 tracing; and

(2) include in such strategy recommendations to augment the capacity of State, Tribal, and local public health departments to train and place individuals (to be referred to collectively as the “Coronavirus Containment Corps”) to—

(A) investigate cases of COVID–19;

(B) identify the contacts of individuals confirmed or presumed to have been infected by SARS–CoV–2;

(C) trace such contacts; and

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

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

(1) State public health officials;

(2) Tribal public health officials, Tribal nations, and Tribal organizations;

(3) local public health officials;

(4) the Director of the Indian Health Service;

and

(5) experts with knowledge of, or field experience concerning, racial and ethnic disparities in public health and historically marginalized communities.

1 (c) REQUIREMENTS.—The strategy under subsection
2 (a) shall identify—

3 (1) the minimum number of persons needed to
4 investigate cases of COVID–19 and identify the con-
5 tacts of individuals confirmed or presumed to have
6 been infected by SARS–CoV–2 for each State and
7 Indian Tribe;

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

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

16 (4) the recommended qualifications necessary
17 for case investigators, contact tracers, and social
18 support specialists to perform such duties success-
19 fully;

20 (5) strategies to enable State, Tribal, and local
21 public health departments to hire, train, and deploy
22 case investigators, contact tracers, and social sup-
23 port specialists;

24 (6) strategies to rapidly develop guidance and
25 training materials necessary to support public health

1 departments in preparing individuals to serve as
2 case investigators, contact tracers, and social sup-
3 port specialists;

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

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

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

14 (8) strategies to record and publicly report de-
15 identified data, while protecting—

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

18 (B) Tribal data sovereignty;

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

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

4 (11) strategies to coordinate with State and
 5 Tribal workforce agencies to recruit newly unem-
 6 ployed individuals—

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

9 (B) reflecting the diversity of that commu-
 10 nity.

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

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

18 (a) IN GENERAL.—Subject to the availability of ap-
 19 propriations, the Secretary Health and Human Services
 20 (in this section referred to as the “Secretary”), acting
 21 through the Director of the Centers for Disease Control
 22 and Prevention, shall award a grant to each State and
 23 local public health department that seeks a grant in ac-
 24 cordance with this section to implement the strategy under
 25 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.
13 254b(b)(3)));

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

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

22 (iv) the COVID–19 case growth rate;
23 and

1 (v) the projected number of COVID–
2 19 cases during the period of the grant;
3 and

4 (B) an additional increment for States that
5 have a plan to increase the percentage of the
6 population that will be tested.

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

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

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

17 (B) employed by—

18 (i) the State or local government in-
19 volved; or

20 (ii) a nonprofit organization with
21 demonstrated expertise in implementing
22 public health programs.

23 (2) Supplies necessary for grantees to imple-
24 ment the strategy established under section 2, in-
25 cluding any supplies, equipment, or technology for

1 individuals serving as case investigators, contact
 2 tracers, or social support specialists.

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

6 (4) Development of partnerships with State and
 7 local workforce development systems as defined in
 8 section 3 of the Workforce Innovation and Oppor-
 9 tunity Act (29 U.S.C. 3102) to provide training and
 10 supportive service for individuals serving as case in-
 11 vestigators, contact tracers, or social support special-
 12 ists.

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

15 (A) implementation of the strategy estab-
 16 lished under section 2; and

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

19 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
 20 out this section, there is authorized to be appropriated
 21 \$10,000,000,000, to remain available until expended.

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

23 (a) IN GENERAL.—Subject to the availability of ap-
 24 propriations, the Secretary of Health and Human Services
 25 (in this section referred to as the “Secretary”), acting

1 through the Director of the Indian Health Service, in co-
2 ordination with the Director of the Centers for Disease
3 Control and Prevention, in consultation with Indian
4 Tribes and Tribal organizations, shall award funds to In-
5 dian Tribes and Tribal organizations to implement the
6 strategy established under section 2.

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

12 (1) provides a minimum level of funding to each
13 Indian Tribe and Tribal organization; and

14 (2) allocates additional funding on the basis of
15 population.

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

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

22 (A) to serve as case investigators, contact
23 tracers, and social support specialists described
24 in paragraphs (1), (2), and (3), respectively, of
25 section 2(c); and

1 (B) employed by—

2 (i) the Tribal government involved; or

3 (ii) a nonprofit organizations with
4 demonstrated expertise in implementing
5 public health programs.

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

11 (3) Administrative costs and activities necessary
12 for awardees to implement the strategy established
13 under section 2.

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

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

24 (A) implementation of the strategy estab-
25 lished under 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 of Health and Human Services acting
11 through the Director of the Centers for Disease Control
12 and Prevention (in this section referred to as the “Sec-
13 retary”) shall report to the appropriate congressional com-
14 mittees on the implementation of the strategy established
15 under section 2.

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

18 (1) support a reporting infrastructure that—

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

22 (B) protects the privacy of individuals’ in-
23 formation; and

24 (2) consult with Indian Tribes and Tribal orga-
25 nizations and coordinate with the Indian Health

1 Service to create a reporting infrastructure for In-
2 dian Tribes and Tribal organizations that—

3 (A) honors and preserves Tribal data sov-
4 ereignty; and

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

8 (c) REQUIREMENTS.—The report under subsection
9 (a) shall—

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

11 (A) the number of case investigators hired,
12 trained, and deployed;

13 (B) the number of contact tracers hired,
14 trained, and deployed;

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

17 (D) the number of case investigations
18 launched;

19 (E) the percentage of contacts reached
20 compared to the percentage of contacts identi-
21 fied;

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

1 (G) the percentage of contacts connected
 2 to social supports compared to the percentage
 3 of contacts needing such supports to quar-
 4 antine; and

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

8 (2) contextualize the data that is reported so as
 9 to mitigate discrimination against historically
 10 marginalized communities; and

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

13 **SEC. 6. GRANTS TO STATE AND TRIBAL WORKFORCE AGEN-**
 14 **CIES.**

15 (a) DEFINITIONS.—

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

20 (2) APPRENTICESHIP; APPRENTICESHIP PRO-
 21 GRAM.—The term “apprenticeship” or “apprentice-
 22 ship program” means an apprenticeship program
 23 registered under the Act of August 16, 1937 (com-
 24 monly known as the “National Apprenticeship Act”)
 25 (50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.),

1 including any requirement, standard, or rule promul-
2 gated under such Act, as such requirement, stand-
3 ard, or rule was in effect on December 30, 2019.

4 (3) CONTACT TRACING AND RELATED POSI-
5 TIONS.—The term “contact tracing and related posi-
6 tions” means employment related to contact tracing,
7 surveillance, containment, and mitigation activities.

8 (4) ELIGIBLE ENTITY.—The term “eligible enti-
9 ty” means—

10 (A) a State or territory, including the Dis-
11 trict of Columbia and Puerto Rico;

12 (B) an Indian Tribe, Tribal organization,
13 Urban Indian organization, Alaska Native enti-
14 ty, Indian-controlled organization serving Indi-
15 ans, or Native Hawaiian organization;

16 (C) an outlying area; or

17 (D) a local board, if an eligible entity
18 under subparagraphs (A) through (C) has not
19 applied with respect to the area over which the
20 local board has jurisdiction as of the date on
21 which the local board submits an application
22 under subsection (c).

23 (5) ELIGIBLE INDIVIDUAL.—Notwithstanding
24 section 170(b)(2) of the Workforce Innovation and
25 Opportunity Act (29 U.S.C. 3225(b)(2)), the term

1 “eligible individual” means an individual seeking or
2 securing employment in contact tracing or related
3 positions and is served by an eligible entity or com-
4 munity-based organization receiving funding under
5 this section.

6 (6) SECRETARY.—The term “Secretary” means
7 the Secretary of Labor.

8 (7) URBAN INDIAN ORGANIZATION.—The term
9 “Urban Indian organization” has the meaning given
10 to such term in section 4 of the Indian Health Care
11 Improvement Act (25 U.S.C. 1603).

12 (b) GRANTS.—

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

22 (A) To support the recruitment, place-
23 ment, and training, as applicable, of eligible in-
24 dividuals seeking employment in contact tracing

1 and related positions in accordance with the
2 strategy established under section 2 of this Act.

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

8 (2) TIMELINE.—The Secretary of Labor shall—

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

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

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

21 (1) how the eligible entity will support the re-
22 cruitment, placement, and training, as applicable, of
23 eligible individuals seeking employment in contact
24 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 of this Act; 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;

(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 33(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 of
23 Labor shall use the funds appropriated to carry
24 out this section 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—

5 (I) provides a minimum level of
6 funding to each eligible entity that
7 seeks a grant under this section; and

8 (II) allocates additional funding
9 with priority given based on the num-
10 ber and proportion of contact tracing
11 and related positions that the State
12 plans to recruit, place, and train as a
13 part of the State plans described in
14 subsection (c)(2)(A).

15 (ii) Not more than 2 percent of the
16 funding may be used for administration of
17 the grants and for providing technical as-
18 sistance to recipients of funds under this
19 section.

20 (B) EQUITABLE DISTRIBUTION.—If the ge-
21 ographic region served by one or more eligible
22 entities overlaps, the Secretary shall distribute
23 funds among such entities in such a manner
24 that ensures equitable distribution with respect
25 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) two-year and four-year institutions of
4 higher education (as defined in section 101 of
5 the 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 of
 22 the enactment of this Act, and once grant funds
 23 have been expended under this section, the Secretary
 24 shall report to the Committee on Education and
 25 Labor of the House of Representatives and the Com-

1 mittee on Health, Education, Labor, and Pensions
2 of the Senate, and make publicly available a report
3 containing a description of—

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

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 subtitle 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 six 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 sub-
6 section were able to support the goals of the
7 strategy established under section 2 of this Act;
8 and

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

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

22 (i) SPECIAL RULE.—Any funds used for programs
23 under this section that are used to fund an apprenticeship
24 or apprenticeship program shall only be used for, or pro-
25 vided to, an apprenticeship or apprenticeship program

1 that meets the definition of such term subsection (a) of
2 this section, including any funds awarded for the purposes
3 of grants, contracts, or cooperative agreements, or the de-
4 velopment, implementation, or administration, of an ap-
5 prenticeship or an apprenticeship program.

6 (j) DISPLACEMENT.—

7 (1) PROHIBITION.—A participant in a program
8 or activity authorized under this section 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 program or activity authorized under
15 this section shall not impair an existing contract for
16 services or collective bargaining agreement, and no
17 such activity that would be inconsistent with the
18 terms of a collective bargaining agreement shall be
19 undertaken without the written concurrence of the
20 labor organization and employer 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. GAO 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 two 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 subtitle shall require that contact tracers and related
12 positions 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 subtitle, 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.

