

116TH CONGRESS
2D SESSION

H. R. 6871

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

IN THE HOUSE OF REPRESENTATIVES

MAY 14, 2020

Mr. LEVIN of Michigan 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,*

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

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

7 (b) **TABLE OF CONTENTS.**—The table of contents of
8 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.

1 (c) DEFINITIONS.—In this Act:

2 (1) The term “appropriate congressional com-
3 mittees” means—

4 (A) the Committee on Education and
5 Labor of the House of Representatives;

6 (B) the Committee on Energy and Com-
7 merce of the House of Representatives; and

8 (C) the Committee on Health, Education,
9 Labor, and Pensions of the Senate.

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

12 (A) the public health emergency declared
13 by the Secretary of Health and Human Services
14 pursuant to section 319 of the Public Health
15 Service Act (42 U.S.C. 247d) on January 31,
16 2020, as a result of confirmed cases of 2019
17 Novel Coronavirus (2019–nCoV) and any suc-
18 cessor to such declaration; or

19 (B) the national emergency declared by the
20 President under the National Emergencies Act
21 (50 U.S.C. 1601 et seq.) on March 13, 2020,
22 as a result of the COVID–19 outbreak.

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

5 (4) The terms “Indian Tribe” and “Tribal or-
6 ganization” have the meanings given to the terms
7 “Indian Tribe” and “tribal organization”, respec-
8 tively, in section 4 of the Indian Self-Determination
9 and Education Assistance Act (25 U.S.C. 5304).

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

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

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

19 (2) include in such strategy recommendations
20 to augment the capacity of State, Tribal, and local
21 public health departments to train and place individ-
22 uals (to be referred to collectively as the
23 “Coronavirus Containment Corps”) to—

24 (A) investigate cases of COVID–19;

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

4 (C) trace such contacts; and

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

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

11 (1) State public health officials;

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

14 (3) local public health officials;

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

16 and

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

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

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

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

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

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

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

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

19 (6) strategies to rapidly develop guidance and
20 training materials necessary to support public health
21 departments in preparing individuals to serve as
22 case investigators, contact tracers, and social sup-
23 port specialists;

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

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

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

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

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

13 (B) Tribal data sovereignty;

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

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

22 (11) strategies to coordinate with State and
23 Tribal workforce agencies to recruit newly unem-
24 ployed individuals—

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

3 (B) reflecting the diversity of that commu-
4 nity.

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

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

12 (a) IN GENERAL.—Subject to the availability of ap-
13 propriations, the Secretary Health and Human Services
14 (in this section referred to as the “Secretary”), acting
15 through the Director of the Centers for Disease Control
16 and Prevention, shall award a grant to each State and
17 local public health department that seeks a grant in ac-
18 cordance with this section to implement the strategy under
19 section 2(a).

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

23 (1) provides a minimum level of funding to each
24 grantee; and

25 (2) allocates—

1 (A) additional funding among grantees
2 based on—

3 (i) population;

4 (ii) the projected need for COVID–19
5 in vitro diagnostic products (as defined in
6 section 809.3 of title 21, Code of Federal
7 Regulations (or successor regulations))
8 during the period of the grant;

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

12 (iv) the COVID–19 case growth rate;

13 and

14 (v) the projected number of COVID–
15 19 cases during the period of the grant;

16 and

17 (B) an additional increment for States that
18 have a plan to increase the percentage of the
19 population that will be tested.

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

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

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

5 (B) employed by—

6 (i) the State or local government in-
7 volved; or

8 (ii) a nonprofit organization with
9 demonstrated expertise in implementing
10 public health programs.

11 (2) Supplies necessary for grantees to imple-
12 ment the strategy established under section 2, in-
13 cluding any supplies, equipment, or technology for
14 individuals serving as case investigators, contact
15 tracers, or social support specialists.

16 (3) Administrative costs and activities necessary
17 for grantees to implement the strategy established
18 under section 2.

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

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

3 (A) implementation of the strategy estab-
4 lished under section 2; and

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

7 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
8 out this section, there is authorized to be appropriated
9 \$10,000,000,000, to remain available until expended.

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

11 (a) IN GENERAL.—Subject to the availability of ap-
12 propriations, the Secretary of Health and Human Services
13 (in this section referred to as the “Secretary”), acting
14 through the Director of the Indian Health Service, in co-
15 ordination with the Director of the Centers for Disease
16 Control and Prevention, in consultation with Indian
17 Tribes and Tribal organizations, shall award funds to In-
18 dian Tribes and Tribal organizations to implement the
19 strategy established under section 2.

20 (b) FORMULA.—The Secretary shall allocate amounts
21 made available pursuant to subsection (a) in accordance
22 with a formula to be established by the Secretary in con-
23 sultation with Indian Tribes and Tribal organizations
24 that—

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

3 (2) allocates additional funding on the basis of
4 population.

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

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

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

15 (B) employed by—

16 (i) the Tribal government involved; or

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

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

1 through the Director of the Centers for Disease Control
2 and Prevention (in this section referred to as the “Sec-
3 retary”) shall report to the appropriate congressional com-
4 mittees on the implementation of the strategy established
5 under section 2.

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

8 (1) support a reporting infrastructure that—

9 (A) minimizes administrative burdens on
10 States, Indian Tribes, Tribal organizations, and
11 localities; and

12 (B) protects the privacy of individuals’ in-
13 formation; and

14 (2) consult with Indian Tribes and Tribal orga-
15 nizations and coordinate with the Indian Health
16 Service to create a reporting infrastructure for In-
17 dian Tribes and Tribal organizations that—

18 (A) honors and preserves Tribal data sov-
19 ereignty; and

20 (B) ensures that Indian Tribes and Tribal
21 organizations consent before any Tribal data is
22 reported.

23 (c) REQUIREMENTS.—The report under subsection
24 (a) shall—

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

1 (A) the number of case investigators hired,
2 trained, and deployed;

3 (B) the number of contact tracers hired,
4 trained, and deployed;

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

7 (D) the number of case investigations
8 launched;

9 (E) the percentage of contacts reached
10 compared to the percentage of contacts identi-
11 fied;

12 (F) the percentage of contacts quarantined
13 or isolated compared to the percentage of con-
14 tacts reached;

15 (G) the percentage of contacts connected
16 to social supports compared to the percentage
17 of contacts needing such supports to quar-
18 antine; and

19 (H) a description of any barriers that limit
20 the ability of contacts to quarantine, to isolate,
21 or to access needed social supports;

22 (2) contextualize the data that is reported so as
23 to mitigate discrimination against historically
24 marginalized communities; and

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

3 **SEC. 6. GRANTS TO STATE AND TRIBAL WORKFORCE AGEN-**
4 **CIES.**

5 (a) DEFINITIONS.—

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

10 (2) APPRENTICESHIP; APPRENTICESHIP PRO-
11 GRAM.—The term “apprenticeship” or “apprentice-
12 ship program” means an apprenticeship program
13 registered under the Act of August 16, 1937 (com-
14 monly known as the “National Apprenticeship Act”)
15 (50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.),
16 including any requirement, standard, or rule promul-
17 gated under such Act, as such requirement, stand-
18 ard, or rule was in effect on December 30, 2019.

19 (3) CONTACT TRACING AND RELATED POSI-
20 TIONS.—The term “contact tracing and related posi-
21 tions” means employment related to contact tracing,
22 surveillance, containment, and mitigation activities.

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

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

3 (B) an Indian Tribe, Tribal organization,
4 Urban Indian organization, Alaska Native enti-
5 ty, Indian-controlled organization serving Indi-
6 ans, or Native Hawaiian organization;

7 (C) an outlying area; or

8 (D) a local board, if an eligible entity
9 under subparagraphs (A) through (C) has not
10 applied with respect to the area over which the
11 local board has jurisdiction as of the date on
12 which the local board submits an application
13 under subsection (c).

14 (5) ELIGIBLE INDIVIDUAL.—Notwithstanding
15 section 170(b)(2) of the Workforce Innovation and
16 Opportunity Act (29 U.S.C. 3225(b)(2)), the term
17 “eligible individual” means an individual seeking or
18 securing employment in contact tracing or related
19 positions and is served by an eligible entity or com-
20 munity-based organization receiving funding under
21 this section.

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

24 (7) URBAN INDIAN ORGANIZATION.—The term
25 “Urban Indian organization” has the meaning given

1 to such term in section 4 of the Indian Health Care
2 Improvement Act (25 U.S.C. 1603).

3 (b) GRANTS.—

4 (1) IN GENERAL.—Subject to the availability of
5 appropriations under subsection (g), the Secretary
6 shall award national dislocated worker grants under
7 section 170(b)(1)(B) of the Workforce Innovation
8 and Opportunity Act (29 U.S.C. 3225(b)(1)(B)) to
9 each eligible entity that seeks a grant to assist local
10 boards and community-based organizations in car-
11 rying out activities under subsections (f) and (d), re-
12 spectively, for the following purposes:

13 (A) To support the recruitment, place-
14 ment, and training, as applicable, of eligible in-
15 dividuals seeking employment in contact tracing
16 and related positions in accordance with the
17 strategy established under section 2 of this Act.

18 (B) To assist with the employment transi-
19 tion to new employment or education and train-
20 ing of individuals employed under this section
21 in preparation for and upon termination of such
22 employment.

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

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

4 (B) award grants to an eligible entity
5 under paragraph (1) not later than 10 days
6 after the date on which the Secretary receives
7 an application from such entity.

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

13 (1) how the eligible entity will support the re-
14 cruitment, placement, and training, as applicable, of
15 eligible individuals seeking employment in contact
16 tracing and related positions by partnering with—

17 (A) a State, local, Tribal, or territorial
18 health department; or

19 (B) a community-based organization
20 partnering with such health departments;

21 (2) how the activities described in paragraph
22 (1) will support State efforts to address the demand
23 for contact tracing and related positions with respect
24 to—

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

6 (B) the strategy established under section
7 2 of this Act; and

8 (C) the number of eligible individuals that
9 the State plans to recruit and train under the
10 plans and strategies described in subparagraphs
11 (A) and (B);

12 (3) the specific strategies for recruiting and
13 placement of eligible individuals from or residing
14 within the communities in which they will work, in-
15 cluding—

16 (A) plans for the recruitment of eligible in-
17 dividuals to serve as contact tracers and related
18 positions, including dislocated workers, individ-
19 uals with barriers to employment, veterans, new
20 entrants in the workforce, or underemployed or
21 furloughed workers, who are from or reside in
22 or near the local area in which they will serve,
23 and who, to the extent practicable—

24 (i) have experience or a background in
25 industry-sectors and occupations such as

1 public health, social services, customer
2 service, case management, or occupations
3 that require related qualifications, skills, or
4 competencies, such as strong interpersonal
5 and communication skills, needed for con-
6 tact tracing or related positions; or

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

11 (B) how such strategies will take into ac-
12 count the diversity of such community, includ-
13 ing racial, ethnic, socioeconomic, linguistic, or
14 geographic diversity;

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

18 (5) for eligible entities described in subpara-
19 graphs (A) through (C) of subsection (a)(4), a de-
20 scription of how the eligible entity will ensure the eq-
21 uitable distribution of funds with respect to—

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

1 (B) medically underserved populations (as
2 defined in section 33(b)(3) of the Public Health
3 Service Act (42 U.S.C. 254b(b)));

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

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

9 (6) for eligible entities who are local boards, a
10 description of how a grant to such eligible entity
11 would serve the equitable distribution of funds as de-
12 scribed in paragraph (5).

13 (d) SUBGRANT AUTHORIZATION AND APPLICATION
14 PROCESS.—

15 (1) IN GENERAL.—An eligible entity may award
16 a subgrant to a community-based organization for
17 the purposes of partnering with a State or local
18 board to conduct outreach and education activities
19 to inform potentially eligible individuals about em-
20 ployment opportunities in contact tracing and re-
21 lated positions.

22 (2) APPLICATION.—A community-based organi-
23 zation shall submit an application at such time and
24 in such manner as the eligible entity may reasonably
25 require, including—

1 (A) a demonstration of the community-
2 based organization's established expertise and
3 effectiveness in community outreach in the local
4 area that such organization plans to serve;

5 (B) a demonstration of the community-
6 based organization's expertise in providing em-
7 ployment or public health information to the
8 local areas in which such organization plans to
9 serve; and

10 (C) a description of the expertise of the
11 community-based organization in utilizing cul-
12 turally competent and multilingual strategies in
13 the provision of services.

14 (e) GRANT DISTRIBUTION.—

15 (1) FEDERAL DISTRIBUTION.—

16 (A) USE OF FUNDS.—The Secretary of
17 Labor shall use the funds appropriated to carry
18 out this section as follows:

19 (i) Subject to clause (ii), the Secretary
20 shall distribute funds among eligible enti-
21 ties in accordance with a formula to be es-
22 tablished by the Secretary that—

23 (I) provides a minimum level of
24 funding to each eligible entity that
25 seeks a grant under this section; and

1 (II) allocates additional funding
2 with priority given based on the num-
3 ber and proportion of contact tracing
4 and related positions that the State
5 plans to recruit, place, and train as a
6 part of the State plans described in
7 subsection (c)(2)(A).

8 (ii) Not more than 2 percent of the
9 funding may be used for administration of
10 the grants and for providing technical as-
11 sistance to recipients of funds under this
12 section.

13 (B) **EQUITABLE DISTRIBUTION.**—If the ge-
14 ographic region served by one or more eligible
15 entities overlaps, the Secretary shall distribute
16 funds among such entities in such a manner
17 that ensures equitable distribution with respect
18 to the factors under in subsection (c)(5).

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

22 (A) shall, not later than 30 days after the
23 date on which the entity receives grant funds
24 under this section, provide not less than 70 per-

1 cent of grant funds to local boards for the pur-
2 pose of carrying out activities in subsection (f);

3 (B) may use up to 20 percent of such
4 funds to make subgrants to community-based
5 organizations in the service area to conduct out-
6 reach, to potential eligible individuals, as de-
7 scribed in subsection (d);

8 (C) in providing funds to local boards and
9 awarding subgrants under this subsection shall
10 ensure the equitable distribution with respect to
11 the factors described in subsection (c)(5); and

12 (D) may use not more than 10 percent of
13 the funds awarded under this section for the
14 administrative costs of carrying out the grant
15 and for providing technical assistance to local
16 boards and community-based organizations.

17 (3) LOCAL BOARD USE OF FUNDS.—A local
18 board, or an eligible entity that is a local board,
19 shall use—

20 (A) not less than 60 percent of the funds
21 for recruitment and training for activities in ac-
22 cordance with the strategy established under
23 section 2;

24 (B) not less than 30 of the funds to sup-
25 port the transition of individuals hired as con-

1 tact tracers and related positions into an edu-
2 cation or training program, or unsubsidized em-
3 ployment upon completion of such positions;
4 and

5 (C) not more than 10 percent of the funds
6 for administrative costs.

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

12 (1) Establishing or expanding partnerships
13 with—

14 (A) State, local, Tribal, and territorial
15 public health departments;

16 (B) community-based health providers, in-
17 cluding community health centers and rural
18 health clinics;

19 (C) labor organizations or joint labor man-
20 agement organizations;

21 (D) two-year and four-year institutions of
22 higher education (as defined in section 101 of
23 the Higher Education Act of 1965 (20 U.S.C.
24 1001)), including institutions eligible to receive

1 funds under section 371(a) of the Higher Edu-
2 cation Act of 1965 (20 U.S.C. 1067q(a)); and

3 (E) community action agencies or other
4 community-based organizations serving local
5 areas in which there is a demand for contact
6 tracers and related positions.

7 (2) Providing training for contact tracing and
8 related positions in coordination with State, local,
9 Tribal, or territorial health departments that is con-
10 sistent with the State or territorial testing and con-
11 tact tracing strategy and ensuring that eligible indi-
12 viduals receive compensation while participating in
13 such training.

14 (3) Providing eligible individuals with—

15 (A) adequate and safe equipment, environ-
16 ments, and facilities for training and super-
17 vision, as applicable;

18 (B) information regarding the wages and
19 benefits related to contact tracing and related
20 positions, as compared to State, local, and na-
21 tional averages;

22 (C) supplies and equipment needed by the
23 program participants to support placement of
24 an individual in contact tracing and related po-
25 sitions, as applicable;

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

3 (i) in coordination with the entity em-
4 ploying the eligible individual in a contact
5 tracing or related position; and

6 (ii) which shall include providing a
7 case manager to work with each eligible in-
8 dividual to develop the plan, which may in-
9 clude—

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

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

18 (E) services for the period during which
19 the individual is employed in a contact tracing
20 and related position to ensure job retention,
21 which may include—

22 (i) supportive services throughout the
23 term of employment;

24 (ii) a continuation of skills training as
25 related to employment as a contact tracer

1 or related positions, that is conducted in
2 collaboration with the employers of such
3 participants;

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

6 (iv) targeted training for managers
7 and workers working with eligible individ-
8 uals (such as mentors), and human re-
9 source representatives.

10 (4) Supporting the transition and placement in
11 unsubsidized employment for eligible individuals
12 serving in the contact tracing or related positions
13 after such positions are no longer necessary in the
14 State or local area, including—

15 (A) any additional training and employ-
16 ment activities as described in section 170(d)(4)
17 of the Workforce Innovation and Opportunity
18 Act (29 U.S.C. 3225(d)(4));

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

23 (C) services to assist eligible individuals in
24 maintaining employment for not less than 12
25 months after the completion of employment in

1 contact tracing or related positions, as appro-
2 priate.

3 (5) Any other activities as described in sub-
4 sections (a)(3) and (b) of section 134 of the Work-
5 force Innovation and Opportunity Act (29 U.S.C.
6 3174).

7 (g) LIMITATION.—Notwithstanding section
8 170(d)(3)(A) of the Workforce Innovation and Oppor-
9 tunity Act (29 U.S.C. 3225(d)(3)(A)), a person may be
10 employed in a contact tracing or related position using
11 funds under this section for a period not greater than 2
12 years.

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

14 (1) IN GENERAL.—Not later than 120 days of
15 the enactment of this Act, and once grant funds
16 have been expended under this section, the Secretary
17 shall report to the Committee on Education and
18 Labor of the House of Representatives and the Com-
19 mittee on Health, Education, Labor, and Pensions
20 of the Senate, and make publicly available a report
21 containing a description of—

22 (A) the number of eligible individuals re-
23 cruited, hired, trained as contact tracers or in
24 related positions;

1 (B) the number of individuals successfully
2 transitioned to unsubsidized employment or
3 training at the completion of employment in
4 contact tracing or related positions using funds
5 under this subtitle;

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

9 (D) the performance of each program sup-
10 ported by funds under this subtitle with respect
11 to the indicators of performance under section
12 116 of the Workforce Innovation and Oppor-
13 tunity Act (29 U.S.C. 3141), as applicable;

14 (E) the number of individuals in unsub-
15 sidized employment within six months and 1
16 year, respectively, of the conclusion of employ-
17 ment in contact tracing or related positions
18 and, of those, the number of individuals within
19 a State, territorial, or local public health de-
20 partment in an occupation related to public
21 health;

22 (F) any information on how eligible enti-
23 ties, local boards, or community-based organiza-
24 tions that received funding under this sub-
25 section were able to support the goals of the

1 strategy established under section 2 of this Act;
2 and

3 (G) best practices for improving and in-
4 creasing the transition of individuals employed
5 in contact tracing or related positions to perma-
6 nent, full-time employment.

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

16 (i) SPECIAL RULE.—Any funds used for programs
17 under this section that are used to fund an apprenticeship
18 or apprenticeship program shall only be used for, or pro-
19 vided to, an apprenticeship or apprenticeship program
20 that meets the definition of such term subsection (a) of
21 this section, including any funds awarded for the purposes
22 of grants, contracts, or cooperative agreements, or the de-
23 velopment, implementation, or administration, of an ap-
24 prenticeship or an apprenticeship program.

1 (j) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$500,000,000.

4 **SEC. 7. GAO STUDY.**

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

7 (1) the strategies, components, policies, and
8 practices used by recipients of funding under this
9 Act to successfully assist—

10 (A) State, Tribal, and local health depart-
11 ments; and

12 (B) State, Tribal, and local workforce de-
13 velopment systems; and

14 (2) any challenges associated with implementa-
15 tion of such strategies, components, policies, and
16 practices.

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

22 (1) Centers for Disease Control and Prevention
23 employees.

24 (2) Department of Labor employees.

25 (3) State and local public health departments.

1 (4) State and local workforce development sys-
2 tems.

3 (5) Indian Tribes and Tribal organizations.

4 (6) Case investigators, contact tracers, and so-
5 cial support specialists.

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

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

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

1 Control and Prevention and contractors or grantees per-
2 forming contact tracing for State public health agencies.

3 **SEC. 9. RULE OF CONSTRUCTION.**

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

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