I

116TH CONGRESS
2D SESSION

H. R. 6808

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 HOUSE OF REPRESENTATIVES

MAY 12, 2020

Mr. CROW (for himself, Mr. PANETTA, Ms. UNDERWOOD, Ms. SEWELL of Alabama, Mr. SUOZZI, Mrs. HAYES, Mr. SCHNEIDER, Ms. NORTON, Mr. MEEKS, Mr. COX of California, Ms. DEGETTE, Mr. BISHOP of Georgia, Mr. CISNEROS, Mr. HASTINGS, Mr. HUFFMAN, Mr. PHILLIPS, Ms. HOULAHAN, and Ms. JUDY CHU of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Transportation and Infrastructure, and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

---

A BILL

To provide for the establishment of a 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''.

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

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

8 (b) ESTABLISHMENT.—The Centers for Disease Con-
9 trol and Prevention through its State, local, territorial,
10 and tribal partners, shall establish a Health Force (re-
11 ferred to in this section as the ''Force'') composed of com-
12 munity members dedicated to responding to public health
13 emergencies as declared by the Secretary of Health and
14 Human Services under section 319 of the Public Health
15 Service Act, including the COVID–19 emergency, and pro-
16 viding increased capacity to address ongoing and future
17 public health needs.

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

20 (1) award grants, contracts, or enter into coop-
21 erative agreements for the recruitment, hiring, man-
22 aging, administration, and organization of the Force
23 to States, localities, territories, Indian Tribes, Tribal
24 organizations, urban Indian health organizations, or
25 health service providers to Tribes; and

1 (2) provide assistance for expenses incurred by
2 States, localities, territories, Indian Tribes, Tribal
3 organizations, urban Indian health organizations, or
4 health service providers to Tribes prior to the award-
5 ing of a grant, contract, or cooperative agreement
6 under subparagraph (A) to facilitate the implemen-
7 tation of the Force, including assistance for planning
8 and recruitment activities, as provided for in section
9 424 of the Robert T. Stafford Disaster Relief and
10 Emergency Assistance Act (42 U.S.C. 5189b).

11 (d) SERVICE.—

12 (1) MINIMUM REQUIREMENTS.—

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

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

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

1 (B) OTHER ELIGIBLE INDIVIDUALS.—
2 (i) CITIZENSHIP OR IMMIGRATION
3 STATUS.—An individual who is authorized
4 to work in the United States, including an
5 individual with Deferred Action for Child-
6 hood Arrivals (DACA) or Temporary Pro-
7 tected Status (TPS) under section 244 of
8 the Immigration and Nationality Act (8
9 U.S.C. 1254a), shall not be disqualified for
10 appointment under this section as a mem-
11 ber of the Force because of citizenship or
12 immigration status.
13 (ii) BANKRUPTCY.—An individual
14 shall not be disqualified for appointment
15 under this section as a member of the
16 Force because of the bankruptcy or poor
17 credit rating of such individual determined
18 to be the result of the coronavirus public
19 health emergency.
20 (2) RECRUITMENT.—
21 (A) IN GENERAL.—The guidelines devel-
22 oped under paragraph (1) shall provide for
23 Force recruitment information to be distributed
24 at the national level through all available chan-
25 nels and partnerships as practicable. Such

1 guidelines shall also, as practicable, work with
2 the Corporation for National and Community
3 Service to make graduating high school seniors
4 aware of Force employment opportunities while
5 in their senior year, and every 2 years there-
6 after, unless they opt out of receiving notifica-
7 tions or have joined the Force. As practicable,
8 Federal and State Departments of Labor shall
9 share information about Force opportunities
10 with those individuals applying for or receiving
11 unemployment benefits.
12 (B) RECRUITMENT BY STATE, LOCALITY,
13 TERRITORY, INDIAN TRIBES, TRIBAL ORGANIZA-
14 TIONS, URBAN INDIAN HEALTH ORGANIZA-
15 TIONS, OR HEALTH SERVICE PROVIDERS TO
16 TRIBES FUNDED ENTITIES.—With respect to
17 the employment of Force members in States, lo-
18 calities, territories, Indian Tribes, Tribal orga-
19 nizations, urban Indian health organizations, or
20 health service providers to Tribes funded enti-
21 ties, such areas and entities shall support ex-
22 tensive recruitment efforts for Force personnel,
23 including efforts to recruit Force members
24 among focal communities as described in sub-

1 section (g), as well as low-income, minority, and
2 historically marginalized populations.
3 (3) PREFERENCE.—Preference in the hiring of
4 Force members shall be given to individuals who are
5 veterans, unemployed or underemployed, recently
6 furloughed community-based nonprofit, public health
7 or health care professionals, or from focal commu-
8 nities as described in subsection (g).
9 (4) TRAINING.—
10 (A) CONTACT TRACING TRAINING.—The
11 Director shall continue to provide Contact Trac-
12 ing Guidance and Resources, including contact
13 tracing training plan(s) to address training re-
14 quirements for Force members to successfully
15 conduct contact tracing activities under sub-
16 section (e)(1). States, localities, territories, In-
17 dian Tribes, Tribal organizations, urban Indian
18 health organizations, or health service providers
19 to Tribes funded entities shall determine which
20 Force recruits will be provided with contact
21 tracing training to meet State, locality, terri-
22 tory, and Tribal public health needs.
23 (B) ADDITIONAL TRAINING.—Not later
24 than 90 days after the date of enactment of
25 this Act, the Director shall identify and, as nec-

1 essary, develop additional evidence-informed
2 training resource packages to provide Force
3 members the knowledge and skills necessary to
4 conduct the full complement of activities de-
5 scribed in subsections (e) and (f). States, local-
6 ities, territories, Indian Tribes, Tribal organiza-
7 tions, urban Indian health organizations, or
8 health service providers to Tribes shall deter-
9 mine which Force members will be provided
10 with additional training to meet State, locality,
11 territory, and Tribal public health needs.

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

20 (D) TRAINING REQUIREMENTS.—The
21 training programs under this subparagraph
22 shall—

23 (i) be adaptable by State, locality, ter-
24 ritorial, Indian Tribe, Tribal organization,
25 urban Indian health organization, or health

1 service providers to Tribes funded entities
2 to meet local needs;
3 (ii) be implemented as quickly as pos-
4 sible by either or both of the Centers for
5 Disease Control and Prevention and fund-
6 ed entities, based on local needs and abili-
7 ties;
8 (iii) be distance-based eLearning that
9 can be accessed electronically, including by
10 using a smartphone, with the goal of lim-
11 iting opportunities for disease transmission
12 while maximizing knowledge and skills ac-
13 quisition and retention among Force train-
14 ees;
15 (iv) include refresher training at reg-
16 ular and frequent intervals as determined
17 appropriate by the Director and/or funded
18 entities;
19 (v) incorporate training components
20 on personal safety, including staying safe
21 around animals in the context of home vis-
22 its, use of personal protective equipment,
23 and health privacy and ethics; and
24 (vi) leverage existing training and cer-
25 tification programs approved by States,

1 territories, tribal nations, and community
2 health worker certifying bodies.
3 (E) MISCELLANEOUS.—Where determined
4 necessary, the Director may—
5 (i) recommend training under this
6 subparagraph that includes face-to-face
7 interaction;
8 (ii) collaborate with, including
9 through grants or cooperative agreements,
10 public universities, including nursing, med-
11 ical, and veterinary schools, community
12 colleges, or other career and technical edu-
13 cation institutes, community health cen-
14 ters, community health worker and com-
15 munity health representative training and
16 certification programs, and other commu-
17 nity-based organizations, Federally recog-
18 nized Minority Serving Institutions, as well
19 as public health associations and State and
20 local health departments, to develop and
21 implement training under this subpara-
22 graph, particularly for skills that typically
23 have licensure requirements; and
24 (iii) develop training and communica-
25 tions materials in multiple languages.

1 (F) TIMING.—The training provided under
2 subparagraph (A) shall be designed to be com-
3 pleted by Force members within 14 days of the
4 start of such training. The training programs
5 under subparagraph (B) shall be made available
6 where necessary to ensure that Force members
7 are fully trained as soon as possible after com-
8 mencing such training.
9 (G) PAYMENT DURING TRAINING.—Indi-
10 viduals shall be paid for each hour spent in
11 training including refresher training.
12 (5) SALARY AND BENEFITS.—
13 (A) IN GENERAL.—Members of the Force
14 shall be paid directly by State, locality, terri-
15 torial, Indian Tribe, Tribal organization, urban
16 Indian health organization, or health service
17 providers to Tribes funded entities and sub-
18 partners using funds provided by the Centers
19 for Disease Control and Prevention under
20 grants, contracts, or cooperative agreements
21 under this section. All Force positions shall be
22 salaried with health and retirement benefits, in-
23 cluding paid family leave. Payment of salaries
24 and benefits shall be in accordance with pre-
25 vailing wages.

1 (B) OVERTIME PAY.—The entire amount
2 of overtime costs, including payments related to
3 backfilling personnel, that are the direct result
4 of time spent on the design, development and
5 conduct of Force activities are allowable ex-
6 penses under this section.
7 (6) PLACEMENT.—To the extent feasible, as de-
8 termined by State, locality, territorial, Indian Tribe,
9 Tribal organization, urban Indian health organiza-
10 tion, or health service providers to Tribes funded en-
11 tities, members of the Force shall be recruited from
12 and serve in their home communities. Force mem-
13 bers may be physically co-located with local public
14 health, health care, and community-based organiza-
15 tions, including community health centers, as deter-
16 mined appropriate by funded entities.
17 (7) SUPERVISORY STRUCTURES.—Members of
18 the Force shall receive ongoing supportive super-
19 vision from staff members of State, locality, terri-
20 torial, Indian Tribe, Tribal organization, urban In-
21 dian health organization, or health service providers
22 to Tribes funded entities or their sub-partners, as
23 described in paragraph (9), in accordance with the
24 evidence-informed practices. Entities funded under
25 this section may choose the most appropriate super-

1 visory structure to use based on local needs, and
2 may promote Force members into supervisory roles.
3 Such supervision may be also be provided by Disease
4 Intervention Specialists. Funded entities may use
5 funds award under grants, contacts, or cooperative
6 agreements under this section to pay for such super-
7 visory staff and structures.

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 Force members to
21 continue to work in the area served by the entity
22 after a public health emergency has ended in order
23 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.—For the duration of the public health emer-
17 gency declared by the Secretary of Health and Human
18 Services under section 319 of the Public Health Service
19 Act (42 U.S.C. 247d) on January 31, 2020, with respect
20 to COVID–19, the Force shall provide for the training and
21 employment of Force personnel to execute a testing, con-
22 tact tracing, containment and mitigation strategy to com-
23 bat the COVID–19 pandemic, these activities should align
24 with State licensure requirements and evidence-informed
25 practices, including national standards developed and

1 being developed by the National Committee on Quality As-
2 surance:
3 (1) Providing contact tracing, including the
4 identification of cases of COVID–19 and their con-
5 tacts in a culturally competent, multilingual manner.
6 (2) When available, supporting the administra-
7 tion of diagnostic, serologic, or other COVID–19
8 tests.
9 (3) Providing support that addresses social,
10 economic, behavioral and preventive health needs for
11 individuals affected by COVID–19, including those
12 who are asked to voluntarily isolate or quarantine in
13 their homes.
14 (f) ACTIVITIES POST-EMERGENCY.—After the public
15 health emergency declared by the Secretary of Health and
16 Human Services under section 319 of the Public Health
17 Service Act (42 U.S.C. 247d) on January 31, 2020, with
18 respect to COVID–19 concludes, the Force shall provide
19 for the training and employment of Force personnel to
20 prevent and respond to future public health emergencies
21 and respond to ongoing and future public health and
22 health care needs. Under this subsection, Force members
23 shall carry out or assist with activities described in sub-
24 section (e) as well as any of the following activities, where
25 aligned with State licensure requirements:

1 (1) Providing support services, including but
2 not limited to—
3 (A) sharing public health messages with
4 community members;
5 (B) helping community members address
6 social, economic, behavioral health, and preven-
7 tive health needs using evidence-informed mod-
8 els and in accordance with standards, including
9 national community health worker standards
10 being developed by the National Center for
11 Quality Assurance; and
12 (C) providing community-based informa-
13 tion to local and tribal health departments to
14 inform and improve health programming for
15 hard-to-reach communities.
16 (2) Other activities determined appropriate by
17 the Director.
18 (3) Other activities, including response to local-
19 ized public health emergencies, as determined appro-
20 priate by State, locality, territory, Indian Tribe,
21 Tribal organization, urban Indian health organiza-
22 tion, or health service providers to Tribes funding
23 recipients and in accordance with grant and coopera-
24 tive agreement scope and stipulations.

1 (g) FOCAL COMMUNITIES.—State, locality, terri-
2 torial, Indian Tribe, Tribal organization, urban Indian
3 health organization, or health service providers to Tribes
4 funded entities shall dedicate a substantial number of
5 Force members to addressing the needs of focal commu-
6 nities. To be designated as a focal community, a commu-
7 nity shall at a minimum—
8 (1) be in the bottom 50 percent of the United
9 States in terms of infant mortality, poverty, or other
10 measure, as recommended by the National Acad-
11 emies of Sciences, Engineering, and Medicine and
12 approved by the Director;
13 (2) be identified as a ''most vulnerable'' com-
14 munity according to the Centers for Disease Control
15 and Prevention's Social Vulnerability Index; or
16 (3) be designated as a Health Professional
17 Shortage Area, Medically Underserved Area, or
18 Medically Underserved Population.
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, including but
8 not limited to the Public Health Service Corps,
9 Medical Response Corps, and FEMA CORE;
10 other relevant Federal offices and agencies, in-
11 cluding but not limited to the Department of
12 Labor, Health Resources and Services Adminis-
13 tration, Health and Human Services Office of
14 the Assistant Secretary for Preparedness and
15 Response, and Occupational Health and Safety
16 Administration; and leaders representing State,
17 locality, territorial, Indian Tribe, Tribal organi-
18 zation, urban Indian health organization, or
19 health service providers to Tribes funded enti-
20 ties. Such advisory group shall meet on a yearly
21 basis to provide guidance for the programmatic
22 success and longevity of the Force.
23 (2) STATES, LOCALITIES, TERRITORIES, INDIAN
24 TRIBES, TRIBAL ORGANIZATIONS, URBAN INDIAN

1 HEALTH ORGANIZATIONS, OR HEALTH SERVICE PRO-
2 VIDERS TO TRIBES COLLABORATION.—
3 (A) IN GENERAL.—States, localities, terri-
4 tories, Indian Tribes, Tribal organizations,
5 urban Indian health organizations, or health
6 service providers to tribes shall ensure coordina-
7 tion and, as appropriate, collaboration between
8 the Force and local public health, and health
9 care, and community-based programs, to ensure
10 complementarity and further strengthen the
11 local public health response.
12 (B) ADVISORY GROUP.—Not later than 3
13 months after the date of enactment of this Act,
14 an entity that receives a grant, contract, or co-
15 operative agreement under this section shall
16 convene a stakeholder advisory group comprised
17 of community leaders and other key stake-
18 holders to meet on a regular, recurring basis to
19 provide guidance for the programmatic success
20 and longevity of the Force.
21 (C) STATE COMPACTS.—In accordance
22 with section 115 of the Housing and Commu-
23 nity Development Act of 1974 (42 U.S.C.
24 5315), two or more States to enter into agree-
25 ments or compacts, for cooperative effort and

mutual assistance in support of community development planning and programs carried out under this section as such programs pertain to interstate areas and to localities within such States, and to establish such agencies, joint or otherwise, as such States determine appropriate for making such agreements and compacts effective.

(i) MONITORING.—The Director shall develop a performance monitoring template for State, locality, territorial, Indian Tribe, Tribal organization, urban Indian health organization, or health service providers to Tribes funded entities adaptation and use under this section. Such template shall at a minimum require the reporting of the number of Force members hired, the role hired into, and the demographic characteristics of Force members. Such data shall be shared by entities receiving grants, contracts, or cooperative agreements under this section to the Centers for Disease Control and Prevention on a regular, recurring basis. Such data shall be made publicly available.

(j) LEARNING AND ADAPTATION.—The Director shall develop a learning and evaluation component of the Force to identify successful components of local activities conducted under this section that may be replicated, to iden-

1 tify opportunities for continuing education and career ad-
2 vancement for Force members, and to evaluate the degree
3 to which the Force created a pathway to longer-term pub-
4 lic health and health care careers among Force members,
5 and to identify how the Force impacted the health knowl-
6 edge, behaviors, and outcomes of the community members
7 served. Results of this learning shall be made publicly
8 available.

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

12 (1) a description of the progress made in ac-
13 complishing the objectives of Force under this sec-
14 tion;

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

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

1 (4) a description of the activities carried out
2 under this section.
3 (l) AUTHORIZATION OF APPROPRIATIONS.—
4 (1) IN GENERAL.—There is authorized to be
5 appropriated, and there is appropriated, to carry out
6 this section, $55,000,000,000 for each of fiscal years
7 2020 and 2021, such amounts to remain available
8 until expended.
9 (2) EMERGENCY.—The amounts appropriated
10 under paragraph (1) are designated as an emergency
11 requirement pursuant to section 4(g) of the Statu-
12 tory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).
13 (3) DESIGNATION IN SENATE.—In the Senate,
14 this section is designated as an emergency require-
15 ment pursuant to section 4112(a) of H. Con. Res.
16 71 (115th Congress), the concurrent resolution on
17 the budget for fiscal year 2018.
18 **SEC. 3. RESILIENCE FORCE.**
19 (a) IN GENERAL.—For the period of fiscal years
20 2020 through 2022, the Administrator of the Federal
21 Emergency Management Agency shall appoint, admin-
22 ister, and expedite the training of a 62,000 Cadre of On-
23 Call Response/Recovery Employees, under the Response
24 and Recover Directorate (referred to in this section as a
25 ''CORE employee'') under the Office of Response and Re-

1 covery, above the level of such employees in fiscal year
2 2019, to address the coronavirus public health emergency
3 and other disasters and public emergencies.
4 (b) DETAIL OF CORE EMPLOYEES.—A CORE em-
5 ployee may be detailed, through mutual agreement, to any
6 Federal agency that is a participating agency in the White
7 House Coronavirus Task Force, or to a State, local, or
8 Tribal government to fulfill an assignment for the Task
9 Force, including—
10 (1) providing logistical support for the supply
11 chain of medical equipment and other goods involved
12 in COVID–19 response efforts;
13 (2) supporting COVID–19 testing and surveil-
14 lance activities;
15 (3) providing nutritional assistance to vulner-
16 able populations; and
17 (4) carrying out other disaster preparedness
18 and response functions for other emergencies and
19 natural disasters.
20 (c) REQUIREMENT.—As soon as practicable, the Ad-
21 ministrator of the Federal Emergency Management Agen-
22 cy shall make public job announcements to fill the CORE
23 employee positions authorized under subsection (a), which
24 shall prioritize hiring from among the following groups of
25 individuals:

1 (1) Unemployed veterans of the Armed Forces.
2 (2) Individuals who have become unemployed or
3 underemployed as a result of the coronavirus public
4 health emergency.
5 (3) AmeriCorps members, Peace Corps Volun-
6 teers, or United States Fulbright Scholars who have
7 had their service terms ended as a result of the
8 coronavirus public health emergency.
9 (4) Recent graduates of public health, medical,
10 nursing, social work or related health-services pro-
11 grams.
12 (5) Members of communities who have experi-
13 enced a disproportionately high number of COVID–
14 19 cases.
15 (d) HIRING.—The Federal Emergency Management
16 Agency shall hire employees under this section, pursuant
17 to section 306 of the Robert T. Stafford Disaster Relief
18 and Emergency Assistance Act (42 U.S.C. 5149), and
19 make use of existing statutory authorities that permit re-
20 gional offices and site managers to advertise for and hire
21 such employees.
22 (e) TRAINING.—The Administrator of the Federal
23 Emergency Management Agency may make appropriate
24 adjustments to the standard training course curriculum
25 for employees under this section to include on-site

1 trainings at Federal Emergency Management Agency re-
2 gional offices, virtual trainings, or trainings conducted by
3 other Federal, State, local or Tribal agencies, including
4 training described in section 2(d)(4).

5 (f) CLARIFICATION.—For the purposes of employing
6 individuals under this section—

7 (1) no individual who is authorized to work in
8 the United States, including individuals with De-
9 ferred Action for Childhood Arrivals (DACA) or
10 Temporary Protected Status (TPS) under section
11 244 of the Immigration and Nationality Act (8
12 U.S.C. 1254a), shall be disqualified for appointment
13 under this section because of citizenship or immigra-
14 tion status; and

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

19 (g) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to the Administrator of
21 the Federal Emergency Management Agency,
22 $6,500,000,000, for each of fiscal years 2020 through
23 2022, not less than $1,500,000,000 of which shall be

1 made available each such fiscal year for the administrative
2 costs associated with carrying out this section.

○