

# United States Senate

WASHINGTON, DC 20510-3205

March 24, 2021

The Honorable Xavier Becerra  
Secretary of Health and Human Services  
200 Independence Avenue, S.W.  
Washington D.C., 20201

Rochelle P. Walensky, M.D.  
Director of the Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329

Dear Secretary Becerra and Director Walensky:

Thank you for your ongoing efforts to end the pandemic. We write regarding your agency's implementation of *the American Rescue Plan Act of 2021's Title II, Subtitle F, Section 2501 – funding for public health workforce (Section 2501)*, and the integral role the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) will play in using "\$7,660,000,000... to carry out activities related to establishing, expanding, and sustaining a public health workforce..." Additionally, *Title XI, Section 11001(a)(1)(G) – Indian Health Service, public health workforce (Section 11001)* provides \$240,000,000 for the Indian Health Service (IHS) to conduct similar activities in indigenous communities. We were proud to work with Congressional leadership to ensure that *Sections 2501 and 11001* were aligned as closely as possible to *S. 32 of the 117<sup>th</sup> Congress – Health Force, Resilience Force, and Jobs to Fight COVID-19 Act (Health Force)*, but we recognize that restrictions in the Budget Reconciliation process did not afford the precision and detail required of a legislative and programmatic endeavor on this scale. Therefore, as you implement such sections of the *American Rescue Plan Act of 2021* and work to deliver on the public health jobs promise made by President Biden, we respectfully request your consideration of the Congressional intent of *Health Force*, and its commitment to health equity, sustainability, and the creation of new careers in health for underserved communities.

The national COVID-19 vaccination and surveillance challenge, existing public health needs, and a growing urgency to address racial health disparities have underscored the necessity for the *Health Force*; the purpose of which is to recruit, train, and employ a standing workforce of Americans to respond to the COVID-19 pandemic in their communities, provide capacity for ongoing and future public health care needs, and build skills for new workers to enter the public health and health care workforce. This public health jobs program is inspired by the Depression-era Works Progress Administration which similarly tapped thousands of job seekers to help the nation recover from a sharp economic downturn. Health Force members would be recruited from and hired to work in their local communities, ensuring cultural competence and creating local

jobs. They would perform vital tasks like vaccine outreach in the near term, and in the long-term they would build our public health capacity by improving baseline health outcomes and reducing need for costly care, especially for low-income and underserved communities.

As you work to implement *Sections 2501* and *11001* of the *American Rescue Plan Act of 2021*, we respectfully request your consideration of the following policies:

#### Organization and Administration

We respectfully recommend that the Health Force be organized and administered by the Secretary of Health and Human Services (HHS) which, in accordance with *Sections 2501* and *11001*, would include awarding grants, contracts, or entering into cooperative agreements for the recruitment, hiring, training, managing, administration, and organization of the Health Force to States, localities, territories, Indian Tribes, Tribal organizations, urban Indian health organizations, health service providers to Tribes, or Native Hawaiian health organizations (the “Funded Entities”). In addition, we recommend that CDC ensure that State, county, local health departments, agencies, and community-based organizations, including community health centers and clinics, receive funding from Funded Entities or directly from the CDC for the recruitment, hiring, training, managing, administration, and organization of the Force, as appropriate.

#### Funding Allocations

We respectfully recommend the inclusion of a funding allocation formula aligned with *S. 32 – Health Force* that provides guarantees of equitable funding for all types and sizes of funded entities.

We recommend a formula funding allocation that ensures:

- Of funding awarded to States and territories, 60% would be awarded proportional to population size, 20% would be awarded according to burden of disease and disability, and 20% would be awarded based on the number of jobs lost over the preceding 12 months in each State or territory as a proportion of all jobs lost nationally during that timeframe.
- Of funding awarded to States and territories, at least 40% would be allocated for State health departments and at least 40% would be allocated for county and other local health departments within the State.
- Of funding awarded to Tribes through IHS, 80% would be awarded proportional to population size and 20% would be awarded according to burden of preventable disease and disability.

As authorized by the CDC already, Funded Entities may make subawards to local partners, including community health centers, labor organizations, labor-management partnerships, and other community-based and nonprofit organizations.

We also recommend making efforts to make clear that these funds would be used to supplement, not supplant any existing funding for Indian Tribes, Tribal organizations, urban Indian health organizations, health service providers to Tribes, Native Hawaiian health organizations, States, territories, State health departments, county and other local health departments.

We also recommend that these funds be awarded on an up-front grant basis, not as a reimbursement, particularly for any funds to be passed through to community-based organizations.

### Focal Communities

We respectfully recommend a “Focal Communities” definition that would be used to prioritize Health Force funding and activities. Funded Entities would dedicate a substantial proportion of Health Force members and resources to addressing the needs of focal communities. To be designated as a focal community, a community would:

- Bear a disproportionate burden of disease; or
- Be identified as a “most vulnerable” community according to the CDC’s Social Vulnerability Index; or
- Be identified as a “high poverty” area, which includes census tracts with poverty rates of 25 percent or higher, as defined by the Workforce Innovation and Opportunity Act; or
- Be identified as a “high unemployment” area, which includes census tracts with unemployment 150 percent or higher than the national unemployment rate, as determined by the Bureau of Labor Statistics based on the most recent data on the total unemployed, the U-6 unemployment measure or similar measure, available on the date of enactment of this Act; or
- Be designated as a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population; or
- Communities with limited English language proficiency, determined at the discretion of State, county, or local health departments.

### Service

We respectfully request consideration of minimum service requirements for Health Force, such as ensuring membership is not restricted based on education or citizenship status. The Health Force would support recruitment efforts for personnel who are from or reside in the locality in which they would serve, including efforts to recruit among “focal communities” as well as dislocated workers, individuals with barriers to employment, veterans, new entrants in the workforce, underemployed or furloughed workers, graduates and students from Historically Black Colleges and Universities, Tribal Colleges and Universities, Hispanic Serving Institutions, and historically marginalized populations. We request that you consider working with state labor offices to share information about Health Force opportunities with individuals applying for or receiving unemployment benefits.

### Hiring Preference

We respectfully request that you consider giving hiring preference to individuals who are dislocated workers, individuals with barriers to employment, veterans, new entrants in the workforce, underemployed or furloughed workers, or community-based nonprofit, paraprofessionals in harm reduction and similar fields, or public health or health care professionals, from focal communities as described above, or unemployed or underemployed individuals. We recommend that first priority be given to previous employees of Funded Entities

or subawardees who were recently furloughed, laid off, subject to a reduction in force, on leave, or have recall rights.

We respectfully request that to the extent feasible, Health Force members be recruited from and serve in their home communities and that they be physically co-located with health departments or other eligible organizations. According to local needs, Health Force members could be physically co-located with local public health, health care, and community-based organizations, including community health centers, as determined appropriate by funded entities.

### Training

We respectfully request the consideration of a robust and specialized job training for Health Force members, including those described in *Sections 2301* and *11001* and the following:

- **Training:** We recommend that within 90 days, your office identify and, as necessary, develop evidence-informed training resource packages to provide a baseline set of knowledge and skills necessary to conduct the full complement of Health Force activities described in *S. 32 – Health Force* and in *Sections 2301* and *11001*. Funded Entities could determine which members would be provided with additional training.
- **Specialized Training:** We recommend that your office elect to establish divisions of Health Force members who receive specialized, comprehensive training.
- **Requirements:** We recommend that the training program:
  - Be adaptable by Funded Entities to meet local needs;
  - Be implemented as quickly as possible;
  - Be distance-based eLearning accessible by smartphone and other devices;
  - Include refresher training and regular and frequent intervals;
  - Incorporate components on personal safety and health privacy and ethics;
  - Leverage existing training and certification programs.
- **Miscellaneous:** We recommend that when deemed necessary, your office:
  - Recommend training that includes face-to-face interaction;
  - Collaborate with a variety of organizations to develop and implement training;
  - Develop training and communications materials in multiple languages, as defined by the Affordable Care Act’s Section 1557.
- **Payment:** We recommend that individuals be paid for each hour they spend in training.
- **Career Growth:** We strongly recommend that Funded Entities support Health Force members’ career growth, including by providing disaster relief employment, additional training activities, and additional opportunities for Health Force members to maintain employment after the COVID–19 public health emergency has concluded.

### Health Force Member Compensation

We respectfully request that members of the Health Force be full-time and paid directly by funded entities and their subawardees using funds provided by the CDC and IHS. We recommend that all Health Force members, including supervisors, be paid not less than the higher of 1) a \$15 an hour wage or 2) the prevailing wage rate for the applicable area and occupation in accordance with the *Service Contract Act*. We also recommend that all Health Force members, including supervisors, receive prevailing benefits in accordance with the *Service Contract Act*. We recommend working with the Department of Labor to issue a nonstandard

wage determination, subject to periodic revision. We also recommend working with the Department of Labor to establish minimum wages and fringe benefits for each class of Health Force members in accordance with the prevailing rates for those positions or, where a collective-bargaining agreement is in effect, in accordance with the rates provided for in the agreement. We recommend that Health Force member compensation include health, retirement, and paid family and medical leave benefits. In addition, we recommend making clear that these labor standards are a minimum standard, and states retain the discretion to impose higher labor standards.

### Supplies and Equipment

We respectfully request that Funded Entities be provided all necessary supplies and equipment for Force Members, and that funded entities may use awarded funds to pay for such supplies and equipment.

### Activities to Respond to the COVID-19 Pandemic

*Section 2501* details that this funding "...shall be used for the recruiting, hiring, and training of individuals— to serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts, and any other positions as may be required to prevent, prepare for, and respond to COVID-19..."

We also respectfully recommend that, for the duration of the COVID-19 Public Health Emergency and future public health emergencies, Health Force members be trained and employed to:

- When available, support the administration of diagnostic, serologic, or other COVID-19 tests and vaccinations;
- Provide support that addresses social, economic, behavioral and preventive health needs for individuals affected by COVID-19, including those who are asked to voluntarily isolate or quarantine; and
- Carry out or assist with other activities as determined appropriate by funded entities.

We also recommend that the specific naming of community health workers, social support specialists, and case investigators in *Section 2501* be backed by guidance to ensure these essential community-based roles are in alignment with best practices for their specific roles.

### Activities Post-Emergency

We respectfully and strongly recommend that, after the COVID-19 Public Health Emergency concludes, Health Force members be trained and employed to continue carrying out and assisting with relevant emergency activities, and also:

- Carry out or assist with "emergency" activities described above and elsewhere in this letter;
- Provide support services, including but not limited to:
  - Expanding public health information sharing, including by sharing public health messages with community members and organizations;

- Helping community members address social, economic, behavioral health, and preventive health needs using evidence-informed models and in accordance with existing standards;
- Sharing community-based information with State, local, and Tribal health departments to inform and improve health programming, especially for hard-to-reach communities; and
- Promote linkages to other Federal, State, and local health and social programs.
- Carry out or assist with other activities as determined appropriate by the Director of CDC and/or funded entities.

### Coordination and Collaboration

We respectfully recommend that your office facilitate coordination and collaboration between the Health Force and other national public health services programs, including the Public Health Service and Medical Reserve Corps, as well as the Federal Emergency Management Agency's Resilience Force. We also respectfully request consideration of the convening of a stakeholder advisory group comprised of the leadership of: other national health service programs; other relevant Federal offices and agencies; and leaders representing funded entities. We suggest the group meet yearly to provide guidance for the programmatic success and longevity of the Health Force and that such guidance be codified in an annual report of recommendations and evidence-informed practices to be shared publicly.

We also respectfully request guidance to Funded Entities that would ensure coordination and, as appropriate, collaboration between the Health Force and local public health, health care, and community-based organizations, to ensure complementarity and further strengthen the local public health response. We also respectfully request consideration of guidance for each Funded Entity on the convening of their own stakeholder advisory group comprised of community leaders, health officials, labor organizations, local advocates, individuals directly impacted by COVID-19 and other key stakeholders to meet on a regular, recurring basis to provide formal guidance, including priority setting and funding guidance, for the programmatic success and longevity of the Health Force. We also respectfully request consideration of guidance making clear that funded entities may enter into agreements or compacts for cooperative effort and mutual assistance.

### Monitoring

We recommend that your office develop a performance monitoring template for Funded Entities to adapt and use. The template would require the reporting of the number of Health Force members hired, the role hired into, and the demographic characteristics of Health Force members. Funded entities would share these data with CDC on a regular, recurring basis and these data would be made publicly available.

### Learning and Adaptation

We respectfully request that your office, in consultation with the Advisory Group and local advisory groups, develop a learning and evaluation component to identify successful components of local activities that may be replicated, to identify opportunities for continuing education and career advancement for Health Force members, to evaluate the degree to which the Health Force

created a pathway to longer-term public health and health care careers among Health Force members, and to identify how the Force impacted the health knowledge, behaviors, and outcomes of the community members served. Results of this learning would be made publicly available.

### Reporting

We respectfully recommend that within 180 days after the end of each fiscal year, your office would submit to Congress a report which would contain—

- A description of the progress made in accomplishing the objectives of the Health Force;
- A summary of the use of funds during the preceding fiscal year;
- A description of the application of the funding formula;
- Demographic information about the Health Force, including race/ethnicity, sexual orientation, gender identity, and disability demographics.
- The number of individuals recruited, hired, and retained;
- The number of Health Force members who transition to other public health roles;
- The number of Health Force member who were unemployed prior to being hired;
- The number of Health Force members who continue to be employed within 6 months and 1 year of hire and within 6 months and 1 year of the conclusion of the COVID-19 public health emergency;
- Any information on the outcomes and impact of Health Force on health and employment.

### Financial Reporting

We respectfully recommend that within 45 days of the CDC receiving public health workforce funds from the American Rescue Plan Act, and every 60 days thereafter for the first 12 months after such date, the Director would submit to Congress a report describing awards made, funding obligated, and expenditures to date. We recommend that the report provide details on the application of the funding allocation formula specified in this letter and in *S. 32 – Health Force of the 117<sup>th</sup> Congress*, including the amount awarded to each funded entity.

### Sustaining the Public Health Workforce

We respectfully request that the CDC discourage the use of precarious, contingent employment practices and instead encourage long-term employment where practical to address the long-term public health impacts of COVID-19. *The American Rescue Plan Act of 2021* and *S. 32 – Health Force* both include language that makes clear the intent for these roles to be sustained, and any agency guidance or regulation should ensure this principle throughout.

Additional sections of the *American Rescue Plan Act of 2021*, such as those pertaining to vaccine administration in *Section 2301* and those pertaining to community health centers in *Section 2601*, are written broadly enough to enable hiring of public health workers similar to Health Force members. We recommend that *American Rescue Plan Act of 2021* funding from other sections being used for hiring public and community health workers also adhere to the recommendations and principles described in this letter.

We recognize that you, the CDC, and your partners are tasked with the unprecedented challenge of “...establishing, expanding, and sustaining a public health workforce” for which the United States is long overdue. Our Congressional coalition stands ready to collaborate with you and your team. We will work tirelessly to provide the resources and support necessary to accomplish this ambitious, necessary goal of a public health workforce to end this pandemic and prepare us for all future health challenges. We are grateful for all that you and the CDC have already done, and we look forward to working together to establish, expand, and sustain a Health Force.

Sincerely,



\_\_\_\_\_  
Kirsten Gillibrand  
United States Senator



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Michael F. Bennet  
United States Senator

\_\_\_\_\_/s/\_\_\_\_\_  
Chris Van Hollen  
United States Senator

\_\_\_\_\_/s/\_\_\_\_\_  
Amy Klobuchar  
United States Senator

\_\_\_\_\_/s/\_\_\_\_\_  
Tina Smith  
United States Senator

\_\_\_\_\_/s/\_\_\_\_\_  
Cory A. Booker  
United States Senator

CC: Susan Rice, Assistant to the President for Domestic Policy  
Dr. Marcella Nunez-Smith, Chair of the COVID-19 Equity Task Force



