# United States Public Health Service (USPHS) Commissioned Corps FY 2024 Legislative Proposals and Appropriations Request

The President's Budget includes discretionary legislative proposals related to the U.S. Public Health Service (USPHS) Commissioned Corps. These proposals would: (1) align USPHS Commissioned Corps authorities with those of other uniformed services, and (2) add flexibility for efficient management and optimal readiness of the USPHS Commissioned Corps. These proposals fall into three categories: Leave and Benefit Alignment; Readiness and Training; and Force Management Flexibilities.

In addition, the President's Budget requests \$20 million for FY 2024 for the USPHS Commissioned Corps Public Health Emergency Strike Team (PHERST) (\$4 million), Ready Reserve (\$14 million), and readiness and training activities (\$2 million).<sup>\*</sup>

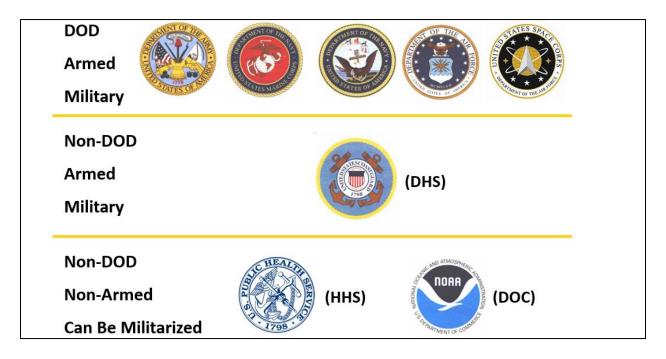
# **USPHS** Commissioned Corps Structure

The USPHS Commissioned Corps is one of the eight Uniformed Services of the United States and is the only uniformed service in the world dedicated solely to public health. The USPHS Commissioned Corps is not, however, part of the Armed Forces or a "military department," as the chart below illustrates. The USPHS Commissioned Corps has two components:

- *Regular Corps, active-duty officers.* Regular Corps officers serve in over 800 locations, including all 50 states and on foreign assignments. For instance, officers serve in the Indian Health Service and with the Federal Bureau of Prisons. A small number of Regular Corps, active-duty officers serve as members of the Public Health Emergency Strike Team (PHERST). PHERST officers are a rapid deployment force and are available to deploy within 8 hours of disease outbreaks, natural disasters, or other emergencies.
- *Ready Reserve Corps officers*. These officers serve in the same capacity as the Armed Forces Reserves or the National Guard. Ready Reserve officers are further divided into three groups (Selected Ready Reserve, Individual Ready Reserve, and Retired Reserve), based on the mission response needs of the USPHS Commissioned Corps service and the training and background of the Reservist. Ready Reserve Officers have specialized skills across over 20 clinical specialties, and they can be mobilized within five days to bolster USPHS Commissioned Corps response efforts. They also backfill for deployed Regular Corps officers, ensuring a sustained response.

<sup>\*</sup>Pages 44-50 of Public Health and Social Services Emergency Fund Chapter of the FY 2024 HHS Budget detail the PHERST, Ready Reserve, and readiness and training budget requests. <u>https://www.hhs.gov/sites/default/files/fy-2024-phssef-cj.pdf</u>.

#### Uniformed Services of the United States



# Leave and Benefit Alignment for Officers of the USPHS Commissioned Corps

There are inconsistencies between the benefits available to members of the Armed Forces and the members of the USPHS Commissioned Corps. However, as part of a uniformed service, Public Health Service officers are more similar to their colleagues in the Armed Forces than to the civilian workforce, so comparable benefits are appropriate.

#### Uniformed Services Benefits Comparison

	Other Uniformed Services	USPHS Commissioned Corps
Leave Categories	<ul> <li>Annual leave</li> <li>Sick leave</li> <li>Parental leave (including primary and secondary caregiver leave which can be equally utilized for adopting a child, birth of a child, placement of a child in longterm foster care)</li> <li>Convalescent maternity leave</li> <li>Court appearance leave</li> <li>Emergency leave</li> <li>Child support leave</li> <li>Marriage leave for same sex couples</li> <li>Graduation leave</li> </ul>	<ul> <li>Annual leave</li> <li>Sick leave</li> </ul>
Initial Uniform Allowance	\$400	\$250

National Parks and Recreational Lands Pass Program	Eligible*	Not eligible			
*NOAA Officers are currently ineligible for this benefit.					

# **Reserve-Specific Benefits**

Under current law, Ready Reserve officers are not eligible for important health and education benefits. In addition, members of the Armed Forces Reserves and the National Guard can accept a civil service position and receive pay for that position in addition to their pay and allowances as a Reservist or member of the National Guard. They are also entitled to take up to 15 days of leave for active duty and inactive duty training without loss in pay, time, or performance or efficiency rating from their civil service job. These provisions do not include the USPHS Commissioned Corps' Ready Reserve Corps.

Aligning these benefits will help with recruiting and retaining Public Health Service officers.

	Air Force Reserve	Air National Guard	Army National Guard	Army Reserve	Coast Guard Reserve	Marine Corps Reserve	Navy Reserve	USPHS Ready Reserve
Post-9/11 GI Bill	✓	✓	✓	✓	✓	✓	~	Not yet authorized
Montgomery GI Bill— Selected Reserve	√	~	✓	√	✓	√	~	Not yet authorized
TRICARE	V	✓	✓	V	✓	V	~	Not yet authorized
Dual Compensation & Leave for Reserve Service	✓	✓	✓	✓	✓	✓	✓	Not yet authorized

# **Readiness and Training**

Consistent, ongoing training is essential to maintain USPHS Commissioned Corps readiness. Training with other rapid response teams and first responders from entities such as the Department of Defense and training activities geared towards urgent and public health emergency preparedness are crucial to establishing an effective public health and emergency response force. For example, officers need continuous training on the use of the latest medical equipment and techniques, personal protective equipment (PPE), fit testing, and basic life support. When officers have continuous training, they are better prepared to help patients from the first day of deployment.

# Force Management Flexibilities

The last group of legislative proposals would improve force management with new hiring flexibilities as well as new authority to discipline officers who engage in misconduct.

# FY 2024 Legislative Proposals

Legislative Proposal	Statutory Cite	<u>Current Law</u> <u>Improvement(s)</u>	<u>Budget</u> <u>Impact</u>
Leave and Benefit Alignment			
Align the Leave Authorities for the USPHS Commissioned Corps with Those of All Other Uniformed Services	42 U.S.C. § 210-1 10 U.S.C. Chapter 40	The USPHS Commissioned Corps is the only federal entity (both civilian and all other uniformed services) without access to many types of leaves, including parental leave (including primary and secondary caregiver leave which can be equally utilized for adopting a child, birth of a child, placement of a child in longterm foster care) and convalescent maternity leave. This change will expand these statutory leave categories to the USPHS Commissioned Corps.	No
Align the USPHS Commissioned Corps' Ready Reserve Corps' Dual Compensation and Leave Rights with those of the Armed Forces	5 U.S.C. § 5534 5 U.S.C. § 6323	Members of the Armed Forces Reserves and the National Guard can hold a Federal civil service position and receive pay for that position in addition to their pay and allowances as a Reservist or member of the National Guard. In addition, Federal civil service employees may take up to 15 days of nonchargeable leave for active duty and inactive-duty training as Reservists of the Armed Forces or members of the National Guard without a loss in pay, time, or performance or efficiency rating at their civil service job. This change will codify these policies for the USPHS Commissioned Corps' Ready Reserve Corps.	No
Extend Access to TRICARE Reserve Select Health Care and Dental Benefits to Certain Ready Reserve Officers, and to Ready Reserve officers during overnight training*	10 U.S.C. § 1076d 10 U.S.C. § 1076e 10 U.S.C. § 1076a10 U.S.C. § 1074a(a)(3)(4) 10 U.S.C. § 1074(d)(1)	Members of the Armed Forces Reserves and the National Guard have access to these benefits. Extending TRICARE and education benefits to certain Ready Reserve officers will align benefits and help in recruiting and retaining Ready Reserve officers. This also supports educational growth and readiness (for example, nurses attaining nurse practitioner degrees) and creates an additional incentive for the recruitment and retention of officers.	No
Extend Eligibility to the Montgomery GI Select Reserve Program to Certain Ready Reserve officers*	10 U.S.C. § 1613		\$9M/10 years
Extend Post-9/11 GI Bill Educational Benefits to Members of the Ready Reserve officers*	38 U.S.C. § 3301		

Align the USPHS Commissioned Corps Uniform Allowance with That of the Armed Forces*	37 U.S.C. § 415(c)	This policy will increase the once per career USPHS Commissioned Corps Uniform Allowance to \$400 to align with other uniformed services. Currently, one set of the USPHS Commissioned Corps' required uniforms with their required components cost over \$1,000 plus necessary tailoring and any components.	No
Extend the National Parks and Federal Recreational Lands Pass Program USPHS Commissioned Corps Officers*	16 U.S.C. § 6804(b)(3)	Members of the Armed Forces Reserves and the National Guard have access to these recreational benefits. The USPHS Commissioned Corps and National Parks Service enjoy a century-long partnership where Public Health Service officers provide medical care and environmental health services throughout the National Parks.	No
Readiness and Training			
Authorize the Surgeon General to Call the Ready Reserve to Active Duty for Training Voluntarily or Involuntarily	42 U.S.C. § 204(c)(2)	The Surgeon General's current authority allows for him to call the Ready Reserve to active duty for training, but it does not specifically allow for calls to involuntary service except for during emergencies.	No
		The pandemic has shown that officers need consistent training both voluntarily and involuntarily to ensure public health preparedness. This proposal would allow the Surgeon General to call the Reservists to active duty for training both voluntarily and involuntarily based upon the needs of the nation.	
Authority to Detail PHS Personnel Directly to Certain State, Local, or Nonprofit Health or Mental Health Entities	42 U.S.C. §215(b) and (c)	Currently, the Surgeon General may detail personnel to these entities, but for only limited purposes. This will improve readiness because officers embedded within state and local health departments will have visibility into existing public health assets and needs.	No
Deeming Training in Emergency Response as a Federal Activity	42 U.S.C. § 204a	Under current law, the deployment of Public Health Service officers in response to "urgent or emergency public health care needs" is a "Federal Activity," which in turn authorizes pay, allowances, and benefits for that deployment.	No
		This language does not include deployments for training to prepare officers for public health and other emergencies. As a result, some agencies have resisted deployments for training. This change will help ensure that Public Health Service officers are ready for public health emergencies and disasters.	

Force management			
Authorize Permissive Constructive	42 U.S.C. § 209(d)(1)	Makes the constructive service credit optional providing the USPHS	No
Service Credit for Select Candidates		Commissioned Corps flexibility to recruit candidates at competitive salaries	
		based on the needs of the Department and the current competition with the	
		private sector. This change helps the USPHS Commissioned Corps meet	
		future specialized recruitment challenges by allowing the Service to	
		determine who receives the higher service credit based on merit, subject	
		matter expertise, and relevant experience.	
Expand the "Recall to Active Duty"	42 U.S.C. § 212(c)	Provides the USPHS Commissioned Corps with discretion and flexibility to	No
Authority to Allow the Secretary to	10 U.S.C. § 688	take administrative actions against a retired officer, who allegedly engaged	
Involuntarily Recall Retired Public	10 U.S.C. § 8385	in misconduct, even when the officer's actions took place while on active	
Health Service Officers	10 U.S.C. § 801(a)	duty and to recall retired officers when needed, especially for assisting in	
		emergency and public health preparedness and for discipline. This proposal	
		also increases transparency and trust in government, bolsters compliance	
		and oversight, and assists in emergency and public health preparedness.	
*Denotes new proposal for FY 2024			