

**Informational Call
Program Information Notice
2014-01: Health Center
Program Governance
February 12, 2014**

**Bureau of Primary Health Care
Health Resources and Services Administration
Department of Health and Human Services**



PIN 2014-01: Health Center Program Governance

- This PIN is the primary HRSA policy source for information on Health Center Program Governance.
- Pulls all Health Center Program Governance into a single document.
- You are encouraged to read the entire PIN.



Section I: Purpose

- The purpose of this PIN is to convey and clarify statutory and regulatory governance requirements for all look-alikes and Health Center Program grantees.
- The PIN is the primary HRSA policy source for information on Health Center Program Governance.
- Any other previous program guidance on governance that is inconsistent with the policy contained in this PIN is superseded by this PIN.



Section II: Applicability

- This PIN applies to all health centers (look-alikes and Health Center Program grantees.)
- While they are required to have some sort of governance structure, the specific Health Center Program governance requirements do not apply to health centers operated by an Indian tribe or tribal or Indian organization under the Indian Self-Determination Act or an urban Indian organization under the Indian Health Care Improvement Act that are funded under section 330 or designated as look-alikes.



Section III: Governance Requirements

This section explains general governance requirements in detail, including:

- Board composition requirements, including requirements on board size, patient board members, and non-patient board members.
- Special board composition requirements for health centers that receive special-populations funding
- What must be in health center bylaws
- What authorities a health center board must retain
- How an Executive Committee may act, if a health center chooses to have one



Section IV: Public Centers

This section explains elements particular to Public centers, including:

- Public agencies must comply with all health center requirements except as allowed via the exceptions noted in this section
- Allowable governing structures for public agencies, including the co-applicant exception.
- The public agency is the legal grantee/designee accountable to HRSA, however HRSA considers both the public agency and the co-applicant collectively as “the health center” for programmatic purposes.
- Co-applicant model governing requirements including the limited set of general fiscal and personnel policy authorities that may be retained by the public agency.
- What the written co-applicant agreement must include



Section V: Waivers

This section explains in detail the waiver authority, including:

- Only (g), (h), (i), and (p) are eligible to request a governance waiver.
- Only requests to waive the “patient majority” governance waiver will be granted.
- No more monthly meeting waivers will be granted.
- What the health center must demonstrate to be approved for a waiver, including a definition of “good cause.”
- Required elements of an acceptable alternative mechanism plan for addressing patient representation



Section VI: Additional Considerations

This section discusses additional governance considerations including:

- That health centers with affiliation agreements must ensure that the governing board's required authorities are retained by the health center, and must not be compromised or limited in any way.
- A minimum list of types of agreements HRSA would need to review from this programmatic perspective
- These same concerns extend to a health center's Executive Committee
- Types of "delegation" that are not permissible



Section VII: Effective Date

This section discusses the effective date for this policy, including:

- The PIN was made effective upon issuance, and HRSA will work within the Progressive Action policy and process described in PAL 2010-01
- HRSA recognizes that, in limited cases, existing health centers may be able to justify the need for additional time to alter governance structures and/or documents. HRSA may allow such health centers up to two years to demonstrate compliance
- Health centers should contact their Project Officer with any questions.



Additional Questions?

- Health centers should direct questions related to their individual circumstances to their BPHC Project Officer.
- General policy questions (typically from the general public or external parties) may be directed to BPHCPolicy@hrsa.gov.

