

Changes to Section 330 Statute Included in Bipartisan Budget Agreement of 2018
Monday 2/12/18

Preserves key programs while eliminating outdated language:

- Makes no change to the Loan Guarantee Program for buildings (which is based in Title XVI.)
- Eliminates loan guarantees for networks and managed care plans, which have not been used since the 1990s. *See former subsection (d).*
- Retains the authority for HCCN grants at (e)(5)(B), and expands the list of activities which are explicitly named as allowable uses of HCCN funding (*see subsection (e)(1)(C)*).
- Eliminates HRSA's authority to support managed care networks and plans, which has not been used. *See former subsection (c)(1)(B).*

New Access Point (NAP) and Expanded Service (ES) Awards: Subsection (e)(6)

- Gives HRSA explicit authority to make NAP and ES awards.
- Requires applicants to demonstrate that they “consulted with appropriate State and local government agencies, and health care providers regarding the need for the health services to be provided at the proposed delivery site.” *Subsection (k)(2)(D)*
- For NAPs, permits (but does not require) HRSA to:
 - consider Service Area Overlap, and/or
 - give priority to applicants who propose to serve sparsely populated areas and areas with relatively high unmet need.
- Gives NAP awardees 120 days from the date of award to submit a implementation plan that complies with all 330 requirements.
- For ES, permits (but does not require) HRSA to give priority to applications that address emerging public health and behavioral health issues, including substance use disorders.

Requires all health centers to:

- Employ their CEO directly. *Subsection (k)(3)(H)(ii)*
- Have written policies and procedures in place to ensure that all Federal funds are being used in a manner that complies with all Federal rules. *Subsection (k)(3)(N)*

Requires HRSA to:

- Reduces from two years to one year the maximum project period for new awardees who do not meet certain Section 330 requirements *Subsection (e)(1)(B)*.
- Limit spending on T/TA activities (both HRSA activities and those provided via cooperative agreement) to 3% of total Section 330 funding. *Subsection (l)*
- Limit waivers to audit requirements to a maximum of one year. *Subsection (q)(4)*
- Report additional data to Congress each year, such as the urban/rural breakdown of funding, and the amount of unexpended funding in the Loan Guarantee Program. *Subsection (r)(3)*

Explicitly permits (but does not require) HRSA to:

- Consider a health center's sustainability plans when making supplemental quality awards. *(d)(2)*
- Give grants for “innovative programs” targeting homeless veterans. *Subsection(h)(1)*

Provides additional \$25 million for FY2018 for health centers to participate in NIH's Precision Medicine Initiative. Subsection (r)(5)