

Data Exchange Framework Stakeholder Advisory Group Meeting #6

California Health & Human Services Agency

Thursday, March 3, 2022
10:00 a.m. to 1:00 pm

Meeting Participation Options

Written Comments

- Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by Advisory Group staff.
- Participants may also submit comments and questions – as well as requests to receive Data Exchange Framework updates – to CDII@chhs.ca.gov.

Meeting Participation Options

Spoken Comments

- *Participants and Advisory Group Members* must “raise their hand” for Zoom facilitators to unmute them to share comments; the Chair will notify participants/Members of appropriate time to volunteer feedback.

If you logged on via phone-only

Press “*9” on your phone to “raise your hand”

Listen for your phone number to be called by moderator

If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6”

If you logged on via Zoom interface

Press “Raise Hand” in the “Reactions” button on the screen

If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking

Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to CDII@chhs.ca.gov.

Agenda

| | |
|----------|---|
| 10:00 AM | Welcome and Roll Call <ul style="list-style-type: none">• <i>John Ohanian, Chief Data Officer, California Health and Human Services</i> |
| 10:05 AM | Vision and Meeting Objectives <ul style="list-style-type: none">• <i>Dr. Mark Ghaly, Secretary, California Health and Human Services</i> |
| 10:15 AM | Potential DxF Governance Model <ul style="list-style-type: none">• <i>Jonah Frohlich, Senior Managing Director, Manatt Health Strategies</i> |
| 11:40 AM | <u>Public Comment</u> |
| 11:55 AM | Digital Identity Strategy Update <ul style="list-style-type: none">• <i>Dr. Rim Cothren, Independent HIE Consultant to CDII</i> |
| 12:15 PM | Data Sharing Agreement Subcommittee Update <ul style="list-style-type: none">• <i>Jennifer Schwartz, Chief Counsel, CalHHS CDII</i> |
| 12:25 PM | AG 5 Gaps and Opportunities Update and Closing Remarks <ul style="list-style-type: none">• <i>John Ohanian</i> |
| 12:30 PM | TEFCA Overview <ul style="list-style-type: none">• <i>ONC</i> |

Welcome and Roll Call

Advisory Group Members

Stakeholder Organizations (1 of 3)

| Name | Title | Organization |
|---|---|---|
| Mark Ghaly (Chair) | Secretary | California Health and Human Services Agency |
| Jamie Almanza | CEO | Bay Area Community Services |
| Charles Bacchi | President and CEO | California Association of Health Plans |
| Andrew Bindman <i>designated by Greg A. Adams</i> | Executive Vice President; Chief Medical Officer | Kaiser Permanente |
| Michelle Doty Cabrera | Executive Director | County Behavioral Health Directors Association of California |
| Carmela Coyle | President and CEO | California Hospital Association |
| Rahul Dhawan <i>designated by Don Crane</i> | Associate Medical Director | MedPoint Management (representing America's Physician Groups) |
| Joe Diaz <i>designated by Craig Cornett</i> | Senior Policy Director and Regional Director | California Association of Health Facilities |
| David Ford <i>designated by Dustin Corcoran</i> | Vice President, Health Information Technology | California Medical Association |
| Liz Gibboney | CEO | Partnership HealthPlan of California |

Note: Complete bios for each member are available in a publicly posted biography listing; updated on Sept. 30th at 5pm PT

Advisory Group Members

Stakeholder Organizations (2 of 3)

| Name | Title | Organization |
|--|--|---|
| Michelle Gibbons <i>designated by Colleen Chawla</i> | Executive Director | County Health Executives Association of California |
| Lori Hack | Interim Executive Director | California Association of Health Information Exchanges |
| Matt Legé <i>delegate for Tia Orr</i> | Government Relations Advocate | Service Employees International Union California |
| Sandra Hernández | President and CEO | California Health Care Foundation |
| Cameron Kaiser <i>designated by Karen Relucio</i> | Deputy Public Health Officer | County of San Diego (representing the California Conference of Local Health Officers) |
| Andrew Kiefer <i>designated by Paul Markovich</i> | Vice President, State Government Affairs | Blue Shield of California |
| Linnea Koopmans | CEO | Local Health Plans of California |
| David Lindeman | Director, CITRIS Health | UC Center for Information Technology Research in the Interest of Society |
| Amanda McAllister-Wallner <i>designated by Anthony E. Wright</i> | Deputy Director | Health Access California |

Advisory Group Members

Stakeholder Organizations (3 of 3)

| Name | Title | Organization |
|--|---|---|
| DeeAnne McCallin <i>designated by Robert Beaudry</i> | Director of Health Information Technology | California Primary Care Association |
| Ali Modaressi | CEO | Los Angeles Network for Enhanced Services |
| Erica Murray | President and CEO | California Association of Public Hospitals & Health Systems |
| Janice O'Malley <i>designated by Art Pulaski</i> | Legislative Advocate | California Labor Federation |
| Mark Savage | Managing Director, Digital Health Strategy and Policy | Savage & Savage LLC |
| Kiran Savage-Sangwan | Executive Director | California Pan-Ethnic Health Network |
| Cathy Senderling-McDonald | Executive Director | County Welfare Directors Association |
| Claudia Williams | CEO | Manifest MedEx |
| William York | President and CEO | San Diego Community Information Exchange |

Advisory Group Members

State Departments (1 of 2)

| Name | Title | Organization |
|--|-----------------------------------|--|
| Ashrith Amarnath | Medical Director | California Health Benefit Exchange |
| Jim Switzgable <i>designated by Nancy Bargmann</i> | Deputy Director | Department of Developmental Services |
| Mark Beckley | Chief Deputy Director | Department of Aging |
| Scott Christman | Chief Deputy Director | Department of Health Care Access and Information |
| David Cowling | Chief, Center for Information | California Public Employees' Retirement System |
| Kayte Fisher | Attorney | Department of Insurance |
| Brent Houser | Chief Deputy Director, Operations | Department of State Hospitals |
| Julie Lo | Executive Officer | Business, Consumer Services & Housing Agency |

Advisory Group Members

State Departments (2 of 2)

| Name | Title | Organization |
|---------------------------|--|--|
| Dana E. Moore | Acting Deputy Director | Department of Public Health |
| Nathan Nau | Deputy Director, Office of Plan Monitoring | Department of Managed Health Care |
| Linette Scott | Chief Data Officer | Department of Health Care Services |
| Diana Toche | Undersecretary, Health Services | Department of Corrections and Rehabilitation |
| Julianna Vignalats | Assistant Deputy Director | Department of Social Services |
| Leslie Witten-Rood | Chief, Office of Health Information Exchange | Emergency Medical Services Authority |

Vision & Meeting Objectives

Vision for Data Exchange in CA

Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.

Progress and Next Steps

| Status | Step |
|--------------|--|
| ✓ | Convene DxF Stakeholder Advisory Group (AG) |
| ✓ | Convene AG Data Sharing Agreement Subcommittee |
| ✓ | Identify key barriers to data exchange across technical infrastructure and standards, financing and business operations, and regulatory and policy domains |
| ✓ | Establish guiding principles for health and human services data exchange in California |
| ✓ | Provide feedback on options for resolving infrastructure gaps (HIT) |
| ✓ | Provide feedback on resolution options for standards and consumer access gaps |
| Today | Provide feedback on a potential governance model |
| 4/7 | Provide feedback on a potential governance model and for resolving regulatory, policy, and business operations gaps |
| 5/18 | Provide feedback on elements of draft DxF and DSA |
| 6/23 | Review updates to the draft DxF and DSA based on submitted feedback |

Meeting #6 Objectives



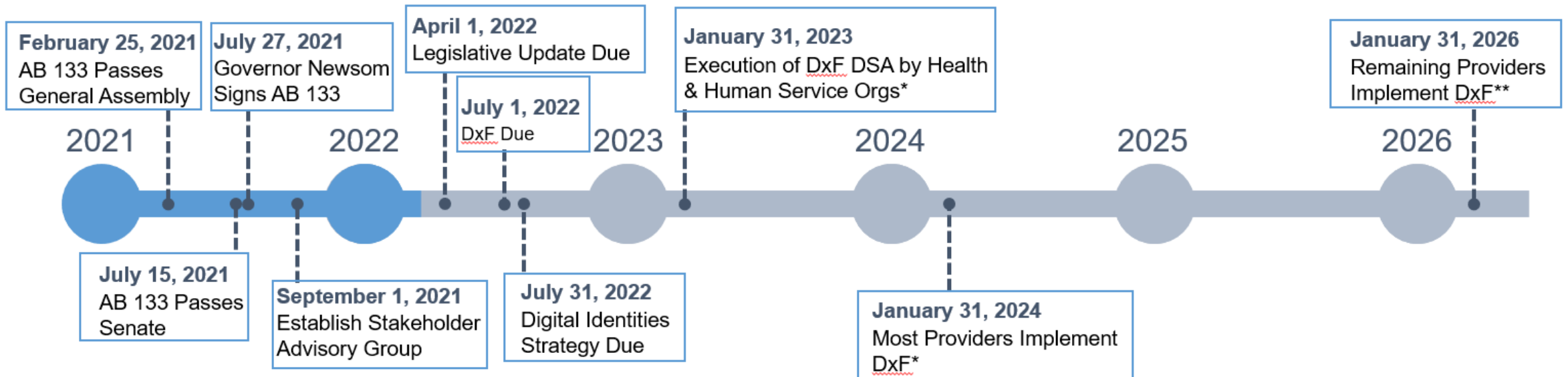
1. Consider a potential model for **establishing DxF governance**
2. Provide a **digital identity strategy update**
3. Provide a **Data Sharing Agreement Subcommittee update**
4. Provide an **overview of TEFCA** and its implications for the DxF

California Health & Human Services Data Exchange Framework – **Considering a Potential Model for Governance**

Statutory Requirements & Timeline

AB 133 put California on the path to building a Health and Human Services Data Exchange Framework (DxF) that will advance and govern the exchange of electronic health information across the state.

AB 133 Implementation Timeline

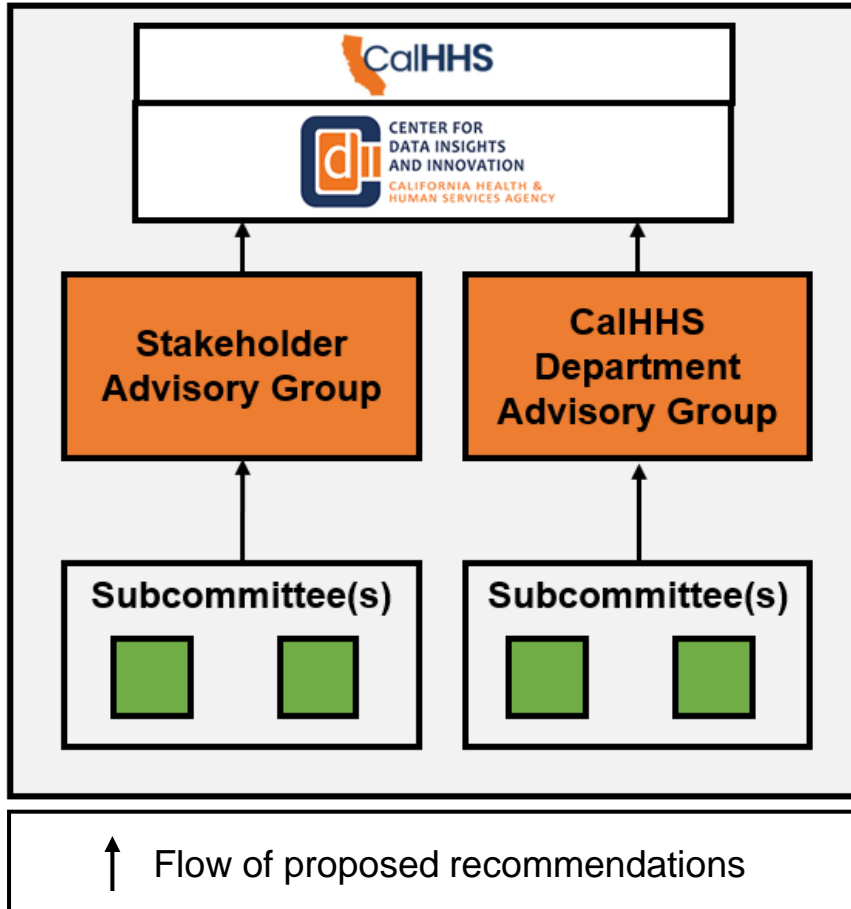


*General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.

**Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers

TODAY'S GOAL: Consider Functions and Structure of Effective Governance

Proposed Data Exchange Governance



Key questions for Stakeholders:

Overall:

1. What are the right data exchange governance functions?
2. What is the right data exchange governance model for California?
3. Will the proposed structure help California advance its vision and goals for data exchange?

Why is Governance Needed? What Should Governance Do?

Gap: California currently lacks a single governing body to develop, implement, and oversee policies that will advance the meaningful exchange and use of health and human services data throughout the state.

Relevant AB 133 Provision(s): *Assess governance structures to help guide policy decisions and general oversight.*
[§130290(c)(3)(J)]

Key Considerations:

Health and human service data exchange and use is governed by an array of state and local government agencies and departments as well as other public and private stakeholders. The governance approaches and policies of these many actors may align in some instances but can also be conflicting.

Research has shown that states with successful health and human service data exchange governance models have the following characteristics:¹⁻³

- **The State Takes a Strong Leadership Role:** States that have been most successful typically have a high-level official in a health and human services agency who can use rulemaking authority and access federal funding to advance the statewide health and human service data exchange.^{1,2}
- **Multi-Stakeholder Committees Provide Transparency and Accountability:** Successful states have multi-stakeholder committee(s) to help provide oversight, set priorities, and craft policies for statewide health and human service data exchange.¹

Overview of Draft Governance Model

1 Purpose and Goals of Governance Structure

2 Governance Legal and Contractual Framework

3 Core Governance Functions

Purpose and Goals of Governance Structure

Formalized Governance is needed to drive and oversee the successful implementation and ongoing refinement of the DxF and state HIE policies and procedures, programs and priorities.

DxF Governance Goals

1. Oversee the DxF that includes development, implementation, refinement and ongoing maintenance of the state's data sharing agreement and common set of policies and procedures, requirements and guidelines that will govern the exchange of health information among healthcare entities and government agencies.
2. Adopt and advance DxF Guiding Principles.
3. Create opportunities for stakeholders and the public to have open access to, engage and offer input into governance policy and procedure development, decision-making, oversight and monitoring processes that support adoption of the Data Exchange Framework and the Data Sharing Agreement, while ensuring security, privacy and other protections.
4. Provide a forum for the state to consider, respond to and support adaptation of state laws, regulations, policies and priorities as the health and human services environment and the needs of Californians change over time.
5. Encourage collaboration among stakeholders serving diverse functions across the California health and human service industry.
6. Identify, prioritize, and address policies and procedures, programs, guidelines and investments needed to support implementation of the DxF and the Data Sharing Agreement.

Governance Legal and Contractual Framework

CDII, as an Office within CalHHS, would oversee implementation of the Data Sharing Agreement and enforce policies and procedures (P&Ps) and requirements for entities subject to AB 133's data sharing mandate.

1



Health and human service entities as defined in AB 133 will execute the DxF DSA with CalHHS/CDII.

2



Pursuant to the DSA, health and human service entities as specified in AB133 will share data with other health and human service entities in California.

3



The DSA will incorporate Policies and Procedures that DSA signatories would be required contractually to comply with.

4



In addition to the terms of the DSA, health and human service entities must also comply with other data sharing P&Ps and requirements, developed via the Governance Structure.

Core Governance Functions

| | |
|---|--|
| 1. Harmonization of state law with federal law | 7. Program development and financing |
| 2. Development of and modifications to DSA Policies and Procedures (P&Ps) | 8. Identification and qualification of exchange intermediaries |
| 3. Enactment of data sharing P&Ps and Requirements | 9. Communications and education |
| 4. Review of Federal standards and national efforts impacting data exchange | 10. Ongoing review of DSA |
| 5. Enforcement and monitoring compliance with P&Ps, requirements and guidelines | 11. Coordination with other branches of state and local government |
| 6. Dispute resolution | |

For Discussion: Core Governance Functions (1-2)

1. Harmonization of state law with federal law

- Facilitate and oversee a process to identify state laws, regulations, P&Ps and guidelines that may conflict with federal law and that prohibits (or creates ambiguity and uncertainty that stymies) secure data sharing
- Advance policy proposals to refine rules and policies and advance proposals to legislative leaders to amend or establish state law as needed.
- Identify challenges with federal law and regulations and develop approaches to engage with federal partners to resolve conflicts or issues (e.g., HRSA and USCDI v2 data standard conflicts)

2. Development of and modifications to DSA Policies and Procedures (P&Ps)

- DSA P&Ps should cover topics that are expected to evolve over time
- P&Ps should be developed and updated accordingly, potentially topics may include:
 1. Privacy, security, and data sharing consent requirements
 2. Exchange purposes – permitted purposes vs. prohibited purposes
 3. Event notification policies
 4. Data quality
 5. Authorizations
 6. Individual Access Services
 7. Minimum technical requirements
 8. Other minimum requirements, e.g., insurance, including cyber liability coverage
 9. Dispute resolution process
 10. Others as identified by state governance and its committees

For Discussion: Core Governance Functions (3-4)

3. Enactment of data sharing P&Ps and Requirements

Develop and institute requirements that cover topics of more permanency than DSA P&Ps and may include:

- Obligation to cooperate with respect to the Data Exchange Framework
- Non-discrimination – including restrictions from prohibiting or impeding exchange with other health and human service entities
- Obligations to provide notification of any adverse security events
- Others as defined by CalHHS

4. Review of Federal standards and national efforts impacting data exchange

- Identify gaps and consider opportunities to expand upon federal standards and policy – where federal standards/policies fall short or have not been developed.
- Engage with federal agencies regarding updates to federal standards and policies and advance policy recommendations to Federal agencies, including CMS, OCR, CDC and others.

For Discussion: Core Governance Functions (5-6)

5. Enforcement and monitoring compliance with P&Ps, requirements and guidelines

- **Monitor compliance** with DSA policies and procedures, requirements and guidelines and other, state policy, and identify and address breaches or non-compliance, potentially through attestations, audits, grievance processes and other mechanisms.
- **Enforcement:** respond to breaches or non-compliance with DSA P&Ps, requirements and guidelines and other state rules, potentially with sanctions and remedies, that may include monetary penalties, remediation plans, and/or suspension of participation.
 - Enforcement process should include a process for appeals

6. Oversee dispute resolution and grievance processes

- Regular discussion of any widespread issues affecting the Data Exchange Framework.
- Oversee dispute resolution and grievance processes set forth in P&Ps, requirements and guidelines

For Discussion: Core Governance Functions (7)

7. Program development and financing

- Identify areas of need and growth and opportunities to expand HIE
 - Identify additional priority exchange activities
 - Develop HIE use cases to be integrated into programs, P&Ps, requirements, guidelines and contracting requirements
 - Consider need and potential changes to privacy and security laws and regulations in order to inform modification of privacy and security policies and procedures
 - Develop SDOH and demographic/SOGI data collection and use incentive programs
- Establish framework and parameters for programs to support the adoption and implementation of the Data Exchange Framework
 - Technical assistance for small/under-resourced providers (e.g., to support organizations' adoption of EHRs)
 - Establish incentive programs across public and private payers aligned with use case priorities and with consistent terms and requirements (e.g., potential EHR and HIE onboarding incentive programs)
- Develop and approve annual strategic plans that set forth goals, priorities and budget requests
- Support activities that enhance interagency and inter-departmental data sharing practices and activities

For Discussion: Core Governance Functions (8-9)

8. Identification and qualification of exchange intermediaries

- Identify entities and intermediaries who meet minimum state requirements and can support data exchange
- Establish, revise and oversee compliance with requirements intermediaries must meet to qualify, receive state funds, and help DxF participants meet their obligations under the DSA. Examples include:
 - Form of entity and state of organization
 - Consider how qualifying requirements should address national exchange intermediaries such as CareQuality
 - Minimum assets and/or services
 - Minimum insurance requirements
 - Attestations to conform with DSA policies and procedures and other state requirements and guidelines

9. Communications and education

- Market and promote the Data Exchange Framework to encourage adoption and usage
- Develop best practices regarding the Data Exchange Framework via informational guidelines
- Report on participation and new developments
- Connect needs and support requests with available resources and tools

For Discussion: Core Governance Functions (10-11)

10. Ongoing review of the Data Sharing Agreement

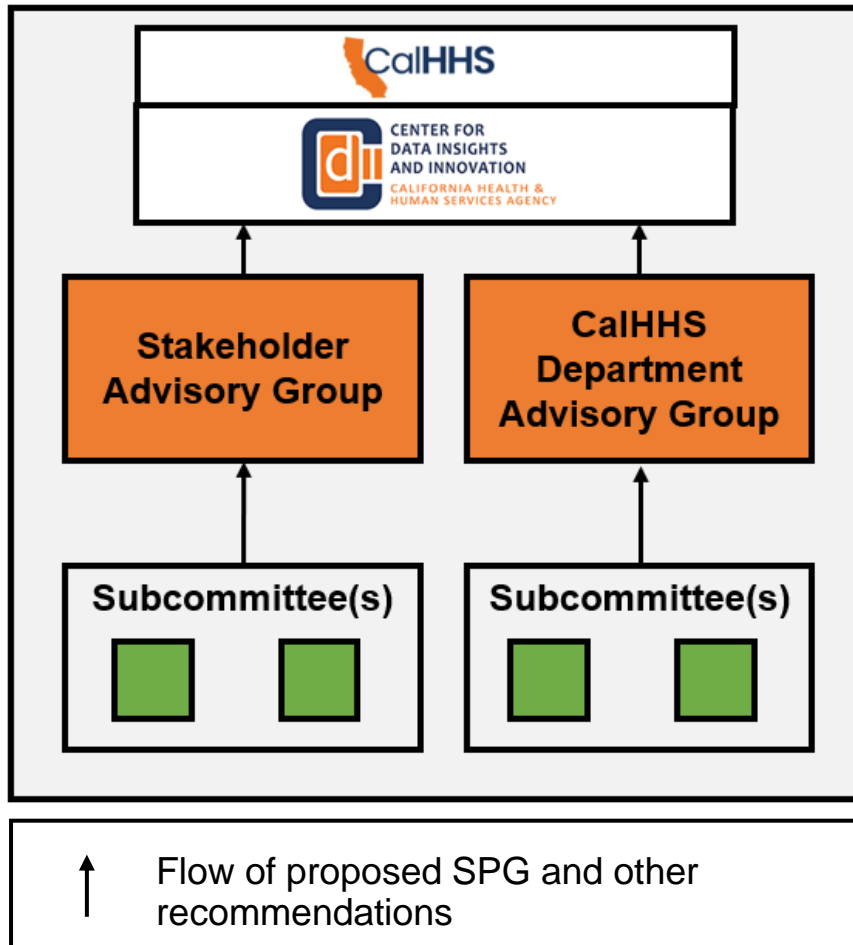
- Review and approve necessary or recommended amendments to form Data Sharing Agreement and related SPG
 - Evolution of state and federal law and implication for California DSA policies
 - Reassess any thresholds or minimum requirements set forth in the Data Sharing Agreement

11. Coordination with other branches of state and local government

- Develop processes and policies to share data between other CalHHS departments and other state agencies
- Coordinate with licensing agencies to develop policy and procedures and support enforcement of Data Sharing Agreement requirements for signatories – including for example updates to provider directory information and provider credentials (e.g., endpoints)
- Develop processes and support inclusion of county and local health, public health, and social services agencies, as part of the Data Exchange Framework, to assist both public and private entities to connect through uniform standards and policies.

KEY ISSUE: Stakeholder Roles and Relationships

Proposed Data Exchange Governance



Governance Roles and Responsibilities

CDII via CalHHS

- **Decision-maker, Implementation and Oversight.** CDII Director and staff oversees Advisory Groups and Subcommittees, and enacts, monitors and enforces DxP and DSA P&Ps, requirements and guidelines

Advisory Groups

- **Advisory.** Public stakeholder group advances recommendations to CDII Director for consideration.
- Operates under domain-specific charge(s) prescribed by CalHHS and CDII.
- AG composition could be similar to composition outlined in AB 133.

Subcommittees

- **Advisory.** Public stakeholder group advances recommendations to AGs for consideration and advancement to CDII.
- Formed at request of CDII and its AGs; operates under domain-specific charge(s) prescribed by CDII.

Advisory Groups and Subcommittees would be open meetings subject to Bagley-Keene

Implementing the New Governance Model

Governance would be implemented in a phased approach

1. During the first year of implementation CDII would implement the recommended governance structure. Activities to establish governance are expected to include:
 - i. Launching advisory groups and subcommittees and their charters that articulate:
 - Group charges
 - Decision-making processes
 - Authorities
 - Membership
 - ii. Develop workplans to implement governance functions
 - iii. Staffing
 - iv. Budget
2. Establish programs defined in the DxF to support HIE onboarding, technical assistance, development and refinement of SPG, and other activities to support coherence with AB 133 and the DxF.

Public Comment Period

Digital Identity Strategy Update

Digital Identities Strategy

AB133 requires that, by July 31, 2022, CalHHS in consultation with the Stakeholder Advisory Group, develop: *“a strategy for unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California.”*

| Status | Activity / Milestone |
|-----------|---|
| ✓ | Assess DxF participant needs; explore overarching approaches |
| Feb & Mar | Explore strategy components |
| Mar | Refine strategy components with emphasis on privacy and security |
| Apr | Complete a draft strategy |
| May | Refine strategy with AG; align potential requirements with DxF, DSA |
| Jun/Jul | Finalize strategy for delivery to legislature (June or July 2022) |

Digital Identity Focus Groups

Goal of the Focus Groups

To gain input from specific stakeholder perspectives on a strategy for digital identities:

- Health information exchanges
- Consumer privacy
- Health care providers
- Health plans
- Social service organizations
- State health and human service departments

- **Conducted 5 focus group meetings** to date and will be **reporting on potential strategy components today**
- **Plan for 12 additional meetings** in March and early April, many of which are scheduled
- Bringing a **draft strategy** to the Advisory Group at our **next meeting in April**

Digital Identity

Emerging Strategy

1

AB-133 calls for “a strategy for unique, secure **digital identities** capable of supporting master patient indices to be implemented by both private and public organizations”

Digital identities: a collection of data elements that establish the identity associated with a real person, in this context a person with health and human services information

Focus on linking data to the correct individual

- Include in digital identities only data elements that will aid in linking individuals to their data
- Don't strive for consensus on any or all data elements to establish a “golden record”

Digital Identity

Emerging Strategy

2

AB-133 calls for “a strategy for **unique, secure digital identities** capable of supporting master patient indices to be implemented by both private and public organizations”

Unique, secure digital identities: key qualities of the digital identity for the Data Exchange Framework are that they must be unique and secure

Include data elements demonstrated to aid in person resolution

- Start with USCDI v1, include elements necessary for linking individuals to data
 - *Other elements of the USCDI v1 must be exchanged per AB-133*
 - *USCDI demographics do not, individually, uniquely identify an individual*
- Add elements that uniquely identify an individual
 - *Ensure individual privacy and guard against identity theft*

Digital Identity

Emerging Strategy

3

AB-133 calls for “a strategy for unique, secure digital identities capable of **supporting master patient indices** to be implemented by both private and public organizations”

Master patient indices: identify and cross-reference persons across different organizations, systems, and contexts

Consider an option that includes a statewide index

- Coordinate across organizations, systems, and contexts
 - *Ensure all organizations are identifying the same individual*
 - *Ensure security to protect individual privacy*
- Draw on nationwide and statewide models and best practices that use a master person index

Digital Identity

Questions for Discussion Today



1. Does the focus on linking records over a statewide “golden record” for each individual meet DxF priorities and principles?
2. Are there any concerns over the emerging strategies that should be addressed by the focus groups?

Data Sharing Agreement (DSA) Subcommittee Update

DSA Subcommittee Status Update

Purpose

Support the CalHHS's Data Exchange Framework Stakeholder Advisory Group's development of recommendations for the creation of California's Data Sharing Agreement ("DxF DSA") as required by AB133.

Status Update

The DxF DSA Subcommittee met on Feb 23rd for its fourth meeting. At this meeting, the DSA Subcommittee discussed: (1) threshold questions for data exchange; and (2) draft versions of the second set of DxF DSA topics.

DSA Subcommittee Members and the public provided feedback on:

- **Threshold questions** regarding: (1) data quality; (2) uses and disclosures; (3) specially protected information; and (4) minimum necessary.
- **DSA topics** including: (1) authorizations; (2) special compliance provisions and applicability of HIPAA; (3) cooperation and non-discrimination; and (4) definitions.

DSA Subcommittee Meeting #5 (Mar 22nd)

Tentative Agenda

1. Welcome & Roll Call
2. Meeting Objectives
3. Threshold Questions
4. DxF DSA Content:
Third Set of Topics
5. Closing Remarks

DxF DSA Milestones

The DSA Subcommittee continues to provide input on key design concepts and considerations. DxF DSA drafting is occurring simultaneously to Subcommittee meetings – a full draft of the DxF DSA is planned for release in May 2022.

| Status | Meeting | Activity / Milestone |
|--------|----------|---|
| ✓ | 1 | Convene DSA Subcommittee; discuss purpose of subcommittee; discuss existing data sharing agreements |
| ✓ | 2 | Discuss key considerations and threshold questions for <u>DxF</u> DSA development |
| ✓ | 3 | Preview draft <u>DxF</u> DSA outline; discuss draft language for first set of topics |
| ✓ | 4 | Discuss draft language for second set of draft topics |
| Mar 22 | 5 | Discuss draft language for third set of draft topics |
| Apr 26 | 6 | Discuss draft language for fourth set of draft topics; discuss final recommendations |
| May | | Release full draft of the DxF DSA to the AG for public comment |
| Jul 1 | | Release DxF DSA |

AG 5 Gaps & Opportunities Update & Closing Remarks

Next Steps

CalHHS will:

- Summarize and post meeting notes in advance of next meeting.
- Consider feedback on the potential governance model.
- Develop materials to support our next working session focused on remaining governance components (if needed) and potential opportunities to address regulatory and policy barriers.

Members will:

- Provide feedback on updates to resolution options for standards and consumer access gaps by March 10th.
- Provide additional feedback on the potential governance model by March 10th.

Advisory Group Workplan & Meeting Schedule

| # | Date | Proposed Topics |
|---|---------------|--|
| 7 | April 7, 2022 | <i>Opportunities:</i> Governance, Regulatory & Policy, and Business Operations |
| 8 | May 18, 2022 | DxF and DSA Review |
| 9 | June 23, 2022 | DxF and DSA Feedback Review |

For more information or questions on Stakeholder Advisory Group meeting scheduling and logistics, please email Kevin McAvey (Kmcavey@manatt.com).

ONC Presentation: TEFCA