

**California Health & Human Services Agency
Center for Data Insights and Innovation**

**Data Exchange Framework
Implementation Advisory Committee Charter**

Final (v1)

I. Purpose

The purpose of the Implementation Advisory Committee (IAC) is to advise California Health and Human Services (CalHHS) Center for Data Insights and Innovation (CDII) in its implementation of the statewide [Data Exchange Framework](#).

II. Vision Statement

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.

III. Background

[Assembly Bill 133](#) (AB 133)¹ signed by Governor Newsom on July 27, 2021, required that CalHHS, along with its departments and offices, and in consultation with stakeholders and local partners through an established Stakeholder Advisory Group, establish a Data Exchange Framework that includes: a single data sharing agreement; and a common set of policies and procedures that will leverage and advance national standards for information exchange and data content and govern and require the exchange of health information among health care entities and government agencies in California. The Framework is required to be technology agnostic and enable and require real-time access to, or exchange of, health information among health care providers and payers through any health information exchange (HIE) network, health information organization (HIO), or technology that adheres to specified standards and policies. The Framework was developed to align with other state and federal data exchange standards and requirements.

In July 2022, CalHHS released the Data Exchange Framework, Data Sharing Agreement (DSA), initial set of Policies and Procedures (P&Ps), and Strategy for Digital Identities. The **Data Exchange Framework** includes six documents that outline gaps in

¹ Chapter 143, Statutes of 2021

California’s current data exchange landscape and possible strategies for closing them. The **DSA** is the legal agreement which, in combination with its **P&Ps**, will govern and require the exchange of health information among health care entities and government agencies in California. Most health care organizations will be expected to execute the DSA and its P&Ps by January 31, 2023, and implement its provisions by January 31, 2024.^{2,3} The **Strategy for Digital Identities** describes the purpose for digital identities within the DxF, what should comprise digital identities for the Data Exchange Framework, and the role of person indices.

As described in the Data Exchange Framework’s [Governance section](#), governance for the Data Exchange Framework, and the DSA and its P&Ps will be implemented in two phases. During the first phase, CalHHS and CDII will establish an IAC to advise on Data Exchange Framework implementation, a DSA P&P Subcommittee to advise on development and refinement of P&Ps, and one or more work groups to advise on development of DxF grant and qualified health information exchange organization (QHIO) programs.

IV. Membership

IAC Members will be appointed by the CDII Director and comprise public and private health care stakeholders and experts.

IAC appointees may recommend to CDII permanent “designees” to represent them and their organization as Members of the IAC. Designees will be expected to fulfill all IAC responsibilities, including regularly attending and participating in meetings.

‘Proxies’ will not be permitted to represent IAC Members and their organizations on an ad hoc basis, though exceptions may be made with prior notification and Chair approval. IAC Members are encouraged to invite other members of their organizations to participate in IAC meetings as members of the public.

² Organizations *required* to implement the DSA and P&Ps by January 31, 2024: 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 implement the DSA and P&Ps by January 31, 2024.

³ Organizations *required* to implement the DSA and P&Ps by January 31, 2026: 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.

Members will serve without compensation. Members may be reimbursed for any necessary and allowable expenses incurred in connection with their duties as IAC Members.

V. Roles and Responsibilities

IAC Members have been selected for their expertise and will serve in an important advisory role to CalHHS and CDII on implementation of the Data Exchange Framework. The IAC will advise and advance recommendations to the CDII Director; it will not have decision-making authority.

The IAC will meet approximately every six weeks from September 2022 through August 2023, or until a permanent Board is established. The IAC will conduct its business through discussion and consensus building, identifying, and documenting key considerations of various Data Exchange Framework recommendations for the CDII Director to consider. CDII may establish additional procedural processes as needed. In the event that consensus cannot be reached, the IAC will advance options to the CDII Director with a description of their respective advantages and disadvantages.

IAC Members will be expected to:

- Consistently attend and actively participate in meetings;
- Inform the IAC Chair and staff if they are unable to attend a scheduled meeting at least 48 hours in advance of the meeting;
- Review shared materials in advance of each meeting;⁴
- Keep statements during meetings respectful, constructive, relevant to the agenda topic, and brief;
- Be respectful of others and the opinions they advance;
- Be solutions-oriented in their deliberations and comments, offering alternatives or suggested revisions where possible;
- Provide input on draft materials, as requested; and
- Serve as ambassadors to their networks; sharing and collecting input on Data Exchange Framework developments and topics.

Meetings of the IAC will adhere to principles of inclusion, collaboration, and effectiveness, providing a collegial environment to allow for the expression of diverse and innovative points-of-view from all Members (see Section VIII).

The IAC will consider and provide counsel on issues including, but not limited to

⁴ Materials will be shared with IAC members at least 48 hours prior to meetings, whenever possible.

- DSA and P&Ps modifications and additions;
- Data Exchange Intermediary qualification criteria;
- Data Exchange Framework grant program criteria and processes;
- Strategy for Digital Identities development; and
- Other topics as requested by CDII.

VI. Chairperson

The CDII Director, or their designee, will chair the IAC. Chair duties will include:

- Presiding over all IAC meetings;
- Coordinating meeting agendas in consultation with CalHHS and other designated support staff; and
- Reviewing and approving draft meeting summaries.

The Chair may designate, in their absence or when expedient to IAC business, another individual to perform duties of the Chair.

VII. Subcommittee and Workgroups

The IAC will be supported by a DSA P&P Subcommittee which will provide recommendations to the IAC and CDII on modifications to and expansions of the DSA P&Ps. The DSA P&P Subcommittee will comprise stakeholders with relevant expertise; members will be appointed by the CDII Director. The IAC will be kept informed of Subcommittee activities and be provided opportunities to provide input on work products stemming from Subcommittee discussion, including drafts of new P&Ps.

VIII. Conducting Business

IAC meetings will be open to the public but are not subject to the Bagley-Keene Open Meeting Act.⁵ IAC meeting agendas, minutes, and meeting materials will be posted on the CalHHS Data Exchange Framework [website](#). Meetings will be held in a hybrid format to accommodate virtual and in-person attendance. The public will be able to listen to the meetings via a teleconference line.

Public comment will be taken during meetings at designated times. Public comment will be limited to the total amount of time allocated for public comment on particular issues. Each speaker will have up to two minutes to make remarks. Prior to making comments, speakers will be asked to state their names for the record and identify any group or

⁵ Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2.

organization they represent. Due to time constraints, IAC Members may be asked not to respond to public comments.

Meetings of the IAC will adhere to principles of inclusion, collaboration, and effectiveness, providing a collegial environment to allow for the expression of diverse and innovative points-of-view from all Members. The IAC will advance Framework implementation through a person centered, data driven, and equity-lens approach, as reflected in CalHHS Agency's [Guiding Principles](#) and the Data Exchange Framework's [Guiding Principles](#).

IX. Information Accessibility

Agendas, minutes, supplemental documents, and audio-visual materials to be discussed at meetings will be circulated prior to meeting dates in order to allow sufficient review and consideration by IAC Members prior to open discussion. Meeting agenda, minutes and materials will be in formats that are accessible to all Members.

CDII aims to ensure all members of the public are able to access and fully participate in public meetings, as desired. Meeting accessibility requests may be made of CDII at cdii@chhs.ca.gov at least five business days in advance of the meeting date.