**California Health & Human Services Agency**
**Center for Data Insights and Innovation**
**Data Exchange Framework Technical Advisory Committee Meeting**
**Public Comment Log (12:00 PM – 1:00 PM PT, June 12, 2025)**

The table below shows public comments that were made verbally during the June 12, 2025, TAC meeting. Additional public comments can be found in the meeting's "Q&A Log" posted on the CalHHS Data Exchange Framework webpage.

| Count | Name | Comment |
|---|---|---|
| 1 | **Marc Mar-Yohana** | Hi everyone, thank you so much for this great conversation. And this awesome opportunity. So I put a bunch of questions in around some of the details of some of the things around consent, but in particular, one of the cool opportunities is this really gives us an opportunity for providers or organizations that need to reestablish consent to actually potentially message the consent holder, the actual person that's providing the consent. So we can actually build something here, new that would send a notification back to somebody saying, hey, it looks like you revoked consent, we need it for this purpose. Can you… can you provide your consent again? So this isn't just something where we just have somebody fill out a dry form. Electronically or otherwise, and then… store it somewhere for folks to use. It can actually be a way to reach out and establish consent without having somebody come back in an office. |
| 2 | **Gevik Nalbandian** | Great discussion, absolutely. So, some, some comments and suggestions One, I think we were talking about certain groups that might have specialized requirements for consent. Um, I think we should also include in that group a women's reproductive health consent around that, especially with the, the sensitivity around cross-state movement of of our citizens, and… or within the state. Or coming… coming from other states. So that was one top… one thing I wanted to just comment out. And the other one was-- Hans and Julie had a point about how consolidation of, consent could have challenges and be a heavy lift, and having everybody to agree, and we have jurisdictional variability in terms of policies and so on, so I agree with Hans that , each patient can have their own consent stored or managed. Within some… locale, but, it could be accessible from anywhere, so I want to do a thumbs up There. And David made a comment, on considering a patient as a state, I would like to say that we should consider a patient or a person or a citizen |

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| | | , the patient is a persona. Provider is a persona. It's, you can think of it as a relation and as opposed to a state, because we don't stop being a patient just because we act as a citizen or somebody calling 2-1-1, or being a doctor ourselves, and so on and so forth. Thank you. |
| **3** | **Rajib Ghosh** | Hi, yes, this is Rajiv Ghosh, and thank you for, but the opportunity to express my comment here. You know, as somebody who has worked on this consent piece quite extensively in Alameda County, in a multi-sectoral way and having some real-life experience, how difficult it is to do this work. With a large community of multi-sectoral providers, I can have a… One recommendation for this group and that is, if you plan for a longer-term implementation, maybe one way to think about it is sectors at a time. Because every sector One challenge that we had is tackling everything together and that created a lot of barriers because a social services versus the criminal justice versus behavioral health it's very difficult to bring these stakeholders together to agree on, What can constitute a universal consent model. That's it. Thank you. |

**Total Count of public comments: 3**