

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

**Data Exchange Framework Stakeholder Advisory Group
Charter**

I. Purpose

The purpose of the Stakeholder Advisory Group is to advise California Health and Human Services (CHHS) in its development and implementation of a statewide Health and Human Services Data Exchange Framework. The Framework, ~~to~~ will be established by July 1, 2022 and, will include a single data sharing agreement and common set of policies and procedures that will leverage existing national standards for data exchange and content, and govern the exchange of health information among health care entities and government agencies in compliance with federal and state law by January 31, 2024. The Framework will include uniform standards and policies for health care, county health, public health, and social services sectors to support the electronic sharing of useful information between public and private entities and individuals that protect and improve the health and well-being of all Californians.

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](#) (AB133)¹ signed by Governor Newsom on July 27, 2021, requires that CHHS, 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 that will govern and require the exchange of health information among health care entities and government agencies in California. The Framework will 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

¹ Chapter 143, Statutes of 2021

technology that adheres to specified standards and policies. The Framework will align with other state and federal data exchange standards and requirements. AB 133 requires CHHS, in consultation with its Stakeholder Advisory Group, to meet milestones as outlined in Section IX.

AB 133 also mandates that a broad spectrum of health care organizations execute the Framework's data sharing agreement by January 31, 2023, and exchange or provide access to health information with other mandated organizations by January 31, 2024.

IV. Membership

The Stakeholder Advisory Group Members will be appointed² by the Secretary of CHHS and comprise public and private health care stakeholders and experts, including, at minimum, representatives from the following organizations:

- The State Department of Health Care Services
- The State Department of Social Services
- The Department of Managed Health Care
- The Department of Health Care Access and Information
- The State Department of Public Health
- The Department of Insurance
- The Public Employees' Retirement System
- The California Health Benefit Exchange
- Health care service plans and health insurers
- Physicians, including those with small practices
- Hospitals, including public, private, rural, and critical access hospitals
- Clinics, long-term care facilities, behavioral health facilities, or substance use disorder facilities
- Consumers
- Organized labor
- Privacy and security professionals
- Health information technology professionals
- Community health information organizations
- County health, social services, and public health
- ~~Community-based organizations providing social services~~
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~~Stakeholder Advisory Group members will not have a financial interest, individually or through a family member, related to issues the stakeholder advisory group will advise on. Members will serve without compensation, but shall be reimbursed for any actual~~

² The Secretary may appoint new Stakeholder Advisory Group Members at any time

~~and necessary expenses incurred in connection with their duties as members of the group.~~

Stakeholder Advisory Group ~~members appointees~~ may assign a permanent “designees” to represent them and their organization ~~at meetings as Members of the Advisory Group~~. Designees will be expected to fulfill all ~~Advisory Group member Member~~ responsibilities, including regularly attending and participating in meetings. ~~Designees will be recorded as meeting participants. Delegate selection must be completed by the second Advisory Group meeting, unless otherwise excepted by the Chair.~~

Stakeholder Advisory Group ~~M~~members ~~or their designees~~ may not assign temporary “proxies” to represent them and their organization at meetings on an ad hoc basis, ~~though Member staff are always welcome to join the public meeting.~~

~~Stakeholder Advisory Group m~~Members will not have a financial interest, individually or through a family member, related to issues the ~~s~~Stakeholder ~~a~~Advisory ~~e~~Group will advise on. ~~Members will serve without compensation, but shall be reimbursed for any actual and necessary expenses incurred in connection with their duties as m~~Members of the group.

V. Roles and Responsibilities

Stakeholder Advisory Group ~~members~~Members have been selected for their expertise and will serve in an important advisory role to CHHS on data exchange matters and provide input on policy recommendations. The Stakeholder Advisory Group advises and advances recommendations to the Secretary of the CHHS Agency; ~~it and~~ does not have decision-making authority.

The Stakeholder Advisory Group will meet approximately monthly from August 2021 through June 2022. The Stakeholder Advisory Group will conduct its business through discussion and consensus building, identifying and documenting key considerations of various Data Exchange Framework recommendations ~~that are advanced to the for~~ CHHS Secretary ~~for~~ consideration. CHHS may establish additional procedural processes as needed. In the event that consensus cannot be reached, the ~~Stakeholder Advisory Committee Group~~ will advance options to the Secretary and articulate their

Stakeholder Advisory Group ~~members~~Members will be expected to:

- Consistently attend and actively participate in meetings;
- Inform the Advisory Group 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;³
- 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; and
- Provide input on draft materials, as requested.

Meetings of the Stakeholder Advisory Group 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~~Members (see Section VIII).

The Stakeholder Advisory Group will consider and provide recommendations on topics including:

1. **Data Types:** Identification of data beyond those that are statutorily defined that, at a minimum, should be shared as specified in the statute.
2. **Gaps in Health Information Life Cycle:** Identification of gaps, and ~~propose~~ solutions to gaps, in the life cycle of health information, including gaps in any of the following:
 - a. Health information creation, including the use of national standards in clinical documentation, health plan records, and social services data.
 - b. Translation, mapping, controlled vocabularies, coding, and data classification.
 - c. Storage, maintenance, and management of health information.
 - d. Linking, sharing, exchanging, and providing access to health information.
3. **Social Determinants of Health (SDOH):** Identification of ways to incorporate data related to SDOH, such as housing and food insecurity, into shared health information.
4. **Data Related to Underserved and Underrepresented Populations:** Identification of ways to incorporate data related to underserved or underrepresented populations, including, but not limited to, data regarding sexual orientation, ~~and~~ gender identity, ~~and~~ racial and ethnicity ~~minorities~~.

³ Materials will be shared with Stakeholder Advisory Group members at least 48 hours prior to meetings, whenever possible.

5. **Behavioral Health and Substance Use Disorder Data:** Identification of ways to incorporate relevant data on behavioral health and substance use disorder conditions.
6. **Privacy, Security, and Equity Risks:** Address the privacy, security, and equity risks of expanding care coordination, health information exchange, access, and telehealth in a dynamic technological, and entrepreneurial environment, where data and network security are under constant threat of attack.
7. **Policies and Procedures:** Development of policies and procedures consistent with national standards and federally adopted standards in the exchange of health information and ensure that health information sharing broadly implements national frameworks and agreements consistent with federal rules and programs.
8. **Definitions and Standards:** Development of definitions of complete clinical, administrative, and claims data consistent with federal policies and national standards.
9. **Payer Requirements:** Identification of how all payers will be required to provide enrollees with electronic access to their health information, consistent with rules applicable to federal payer programs.
10. **Governance:** Assessment of governance structures to help guide policy decisions and general oversight.
11. **Funding:** Identification of federal, state, private, or philanthropic sources of funding that could support data access and exchange.

The Stakeholder Advisory Group will ~~also~~ consider **strategies to establish support the pursuit unique, secure digital identities.**

The Stakeholder Advisory Group may also consider and put forth recommendations in the following areas:

- **Implementation Needs:** Identification of potential technical assistance and resource needs for organizations required to implement Data Exchange Framework.
- **Compliance:** Identification of potential incentives and responses to support Data Exchange Framework implementation and sustainability.
- **Consumer Experience:** Identification of how the Data Exchange Framework can support consumer access to their personal health information.

~~— Recommendation that the Advisory Group includes implementation phasing considerations in its recommendations.~~

The Stakeholder Advisory Group recommendations will: advise on implementation priorities and phasing; and. align with state and federal law, regulations, trust and data exchange frameworks and standards (e.g., including the Trust Exchange Framework and Common Agreement (TEFCA), the Data Use and Reciprocal Support Agreement (DURSA), the California Data Use and Reciprocal Support Agreement (CalDURSA)), the Model Modular Participants Agreement (MMPA), and others as appropriate.

VI. Chairperson

The Secretary of CHHS will Chair the Stakeholder Advisory Group. Chair duties will include:

- Presiding over all Stakeholder Advisory Group meetings;
- Coordinating meeting agendas in consultation with CHHS and other designated support staff; and
- Reviewing and approving draft meeting summaries.

The Chair may designate, in their absence or when expedient to Stakeholder Advisory Group business, ~~other~~ another Members to perform duties related to Stakeholder Advisory Group business.

VII. Subcommittees

The Stakeholder Advisory Group may be supported by subcommittees. Established subcommittees will comprise stakeholders with relevant expertise; ~~members~~ Members will be appointed by CHHS.

VIII. Conducting Business

Stakeholder Advisory Group meetings are subject to the Bagley-Keene open meeting law. Stakeholder Advisory Group meeting agendas, minutes, and meeting materials will be posted on the CHHS Data Exchange Framework [website](#), and all meetings will be open to the public. Meetings may be virtual in accordance with COVID-19 protocols. 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

organization they represent. Due to time constraints, Stakeholder Advisory Group ~~members~~Members will be asked not to respond to public comments.

Meetings of the Stakeholder Advisory Group 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~~Members. The Stakeholder Advisory Group will advance Framework design through a person centered, data driven, and equity-lens approach, as reflected in CHHS Agency's [Guiding Principles](#).

IX. Key Deliverables

The Stakeholder Advisory Group will advise on the development of following materials:

- Legislative Report (due by Jan 1, 2022)
- Legislative Update (due by Apr 1, 2022)
- Framework (due by July 1, 2022)
- Digital Identities Strategy (due by July 31, 2022)

X. 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 Stakeholder Advisory Group ~~members~~Members prior to open discussion. Meeting agenda, minutes and materials will be in formats that are accessible to all ~~members~~Members.