

Guiding Principles

Principle 8 – CHA continues to be concerned about how Principle #8 is described, as it is still about fault-finding and not accountability. While we appreciate the need to have safeguards in place to ensure the privacy and security of patient data, this principle does not reflect the federal and state statute already in place under HIPAA, the 21st Century Cures Act, the Confidentiality of Medical Information Act (CMIA), and the California Consumer Privacy Act (CCPA). Further, it seems to be adding requirements without any perceptible and additional privacy and security for patient data. As such, below please find some feedback for your consideration.

Accountability

- All entities participating in the collection, exchange, and use of health and human service information must act as responsible stewards of that information and be held accountable for any use or misuse of information other than for authorized purposes in accordance with state and federal law. ~~and California's Data Sharing Agreement and Data Exchange Framework policies.~~ – strike language that seem to indicate that the Data Sharing Agreement will be creating new requirements for data exchange entities above and beyond state and federal law.
- We should ~~establish policies enforcing~~ enforce existing laws (e.g., HIPAA, federal information blocking rules) and legal requirements that align with industry standards and stakeholder best practices, and that hold all data sharing participants accountable for safeguarding the collection, exchange, and use of health and human service data. - clarifies that the intent of the Data Exchange Framework is to enforce existing law, not create new requirements.
- Entities that collect, access and use health and human service data and the government organizations that oversee them must be accountable for enforcing legal protections of health information exchange for all Californians in accordance with state and federal law. ~~and California Data Exchange Framework and Data Sharing Agreement policies.~~—same concern as previous bullet.
- ~~We must ensure reasonable legal and financial remedies to address breaches or violations are available.~~ This principle seems to mean that the Working Group will be creating new requirements or advocate for new laws beyond what is already in federal and state statute.

Opportunities Presentation

Gap #1 – EHR Adoption

Opportunities:

- A. EHR incentive program
- B. EHR implementation training and TA
- C. Promoting certified EHR requirements

CHA Comments:

- Promoting certified EHR requirements - to the extent it is appropriate for providers to adopt EHRs, it makes sense to require that they be federally certified EHR technologies (CEHRT).
- EHR incentive program - if incentives are available for EHR adoption, funds could be prioritized for those who do not have an EHR or need to update their EHRs in order to be compliant with federal certification.

Gap #2 Data Exchange Capacity at Many Health Care and Human Services Orgs Opportunities:

- A. HIE onboarding program
- B. Qualifying information exchange intermediary policies

CHA Comments:

- HIE onboarding - supportive of a technical assistance program to assist entities. However, we would suggest a network onboarding program, giving participants the opportunity as noted in statute, the option to choose any technology or business model that meets standards.
- Qualifying information exchange intermediary policies - concerned about specific data sharing requirements in multi-party agreements. While we agree that California should align with federal requirements and add state-specific requirements, as appropriate, it should be in guidance or standards and noted for specific purposes.

Gap #3 Event Notifications

Opportunities: A. Policies that expand event notification requirements

CHA Comments:

- While expanded event notifications for human services organizations could be a goal, it does not make sense to impose this as a requirement until these entities have the capability to allow such notifications to be received and sent to other providers.

Gap #4 Intra- & Inter- Sector Data Exchange

Opportunities:

- A. Upgrades to county health IT infrastructure
- B. Develop public agency data exchange policy and contracting requirements

CHA Comments:

- Upgrades to county health IT infrastructure - supportive of efforts to modernize and improve county data exchange infrastructure, particularly for public health.