

**California Health & Human Services Agency**  
**Center for Data Insights and Innovation**  
**Data Exchange Framework Implementation Advisory Committee**  
**Data Sharing Agreement Policies and Procedures Subcommittee**  
**Meeting 1 Public Comment Log (9:30AM – 12:00PM PT, September 23, 2022)**

The table below shows public comments that were made verbally during the September 23<sup>rd</sup> virtual meeting. Additional public comments can be found in the meeting’s “Q&A Log” posted on the CalHHS Data Exchange Framework [website](#).

| Count | Name          | Comment  |
|-------|---------------|--|
| 1     | Lucy Johns    | Thank you, Courtney, for the extra moment to consider whether to jump in here. I put a question in the Q&A. Actually, it’s a statement which I’ll just read: “Plus one to authorization rising in priority. This is about exchanging my information, my PHI. I need to consent to that for any reason outside of treatment, operations, and payment for providers covered by HIPAA. Outside HIPAA, that doesn’t apply. In my humble opinion, Jonah is expressing a quote policy unquote, talking about federated consent management. The idea that we have to wait for that before talking about the role of the consumer, patient, individual in saying yes, it’s okay for you to share this information for that purpose. Thank you.   |
| 2     | Rachel McLean | Hi. I work with the California Department of Public Health, and I think one of the things I would hope is that throughout your discussions, if you could just add ‘and local departments’, and clarify whether and how you envision them being included in the P&Ps that you’re creating. I’ve realized there are so many constituencies that you would probably get exhausted trying to list them all every single time. But I just think often, these discussions really talk about social services and healthcare delivery. But, for example, a pregnant person has syphilis, and we need to make sure that they get treated before they deliver their babies so the baby doesn’t get syphilis and have bad outcomes - then there’s really a relationship between public health, health care, and social services. I had asked a question about that CalAIM 42 CFR part 2 pilot, which I wasn’t aware of. That sounds really exciting, and I was wondering if local health departments were going to be a part of that. But just in general, if you could just keep public health in mind, that would be great. |

| Count | Name         | Comment  |
|-------|--------------|--|
| 3     | Harry Martin | Yes, thank you. Harry Martin, County of Santa Clara. I'm a technical person. I support them through the role of a business systems analyst. Echoing the public health concerns, we are trying to keep up with the impact of all of you know, especially what's going on at the federal level also with what's going on here. So if there's a way to communicate, not so much in the meetings, but what happens and how we can stay ahead of the curve, because this is going to help us tremendously to standardize. |

**Total Count of public comments: 3**