



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

**Data Exchange Framework
Implementation Advisory Committee
Data Sharing Agreement Policies & Procedures Subcommittee
Charter**

Final (v1)

I. Purpose

The purpose of the Data Sharing Agreement (DSA) Policies & Procedures (P&Ps) Subcommittee is to advise California Health & Human Services (CalHHS) Center for Data Insights and Innovation (CDII) and the Implementation Advisory Committee (IAC) in the development of, and modifications to, the single statewide DSA and its associated P&Ps.

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 useable 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

Signed by Governor Newsom on July 27, 2021, Assembly Bill 133 (AB 133)¹ called for the creation of a Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that will govern and require the exchange² of health information among health care entities and government agencies by January 31, 2024. AB 133 required that the Framework be designed to enable and require real-time access to, or exchange of, health information among health care providers and payers through any health information exchange network, health information organization, or technology that adheres to specified standards and

¹ Chapter 143, Statutes of 2021

² The law defines exchange in the following context: "...exchange health information or provide access to health information to and from every other entity in subdivision (f) in real time as specified by the California Health and Human Services Agency pursuant to the California Health and Human Services Data Exchange Framework data sharing agreement for treatment, payment, or health care operations."



policies.³ 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 including the Data Sharing Agreement (DSA) and an initial set of Policies and Procedures (P&Ps).⁴ The P&Ps that comprise the initial set released in July 2022 are listed below.

1. Process for Amending the DSA
2. Development of and Modifications to Policies and Procedures
3. Breach Notification
4. Permitted, Required, and Prohibited Purposes
5. Requirement to Exchange Health and Social Services Information
6. Privacy and Security Safeguards
7. Individual Access Services
8. Data Elements to be Exchanged

Applicable Entities and Timelines

AB 133 stipulates that the following entities must execute the Framework's DSA on or before January 31, 2023:

- (1) General acute care hospitals, as defined by Section 1250.
- (2) Physician organizations and medical groups.
- (3) Skilled nursing facilities, as defined by Section 1250, that currently maintain electronic records.
- (4) Health care service plans and disability insurers that provide hospital, medical, or surgical coverage that are regulated by the Department of Managed Health Care or the Department of Insurance. This section shall also apply to a Medi-Cal managed care plan under a comprehensive risk contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code that is not regulated by the Department of Managed Health Care or the Department of Insurance.
- (5) Clinical laboratories, as that term is used in Section 1265 of the Business and Professions Code, and that are regulated by the State Department of Public Health.
- (6) Acute psychiatric hospitals, as defined by Section 1250.

³ AB 133, Cal. Health and Safety Code § 130290(a)(2).

⁴ The complete Data Exchange Framework, including the DSA and initial set of P&Ps, is available on the [CalHHS Data Exchange Framework website](#).

By January 31, 2024, most entities required to sign the DSA will be required to begin exchanging health information as specified in the DSA and its P&Ps.⁵ Some organizations will have until January 31, 2026 to begin exchanging this information. These organizations are as follows: physician practices of fewer than 25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds, state-run acute psychiatric hospitals, and any nonprofit clinic with fewer than 10 health care providers.

IV. Membership

DSA P&P Subcommittee Members will be appointed by CalHHS/CDII and include individuals representing a diverse set of public and private health care and social service stakeholders.

DSA P&P Subcommittee Members will have legal, technical, and operational expertise and experience with:

- Health Insurance Portability and Accountability Act (HIPAA) of 1996, Confidentiality of Medical Information Act (CMIA) of 1996, 42 CFR Part 2, or other applicable state and federal privacy laws and guidance related to the sharing of data among and between providers, payers, and the government;
- [California Data Use and Reciprocal Support Agreement \(CalDURSA\)](#), [Trusted Exchange Framework and Common Agreement \(TEFCA\)](#), or other data exchange agreements in California or nationally;
- Technical specifications and exchange patterns relevant to cross-organizational and -sectoral data exchange; and/or
- Processes, procedures, workflows, and standards for data collection, compilation, and transmission implicated in the development of the Framework.

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

DSA P&P Subcommittee Members may not assign temporary “proxies” to represent them and their organization at Subcommittee meetings.

⁵ County health, public health, and social services providers are *encouraged* to implement the DSA and P&Ps by January 31, 2024.

V. Roles and Responsibilities

DSA P&P Subcommittee Members have been selected for their expertise and will serve in an important advisory role. The DSA P&P Subcommittee will advise and advance recommendations to CalHHS/CDII and the IAC. The DSA P&P Subcommittee does not have decision-making authority.

The DSA P&P Subcommittee will inform the development of additional P&Ps, review draft P&Ps and associated public comments, and advance related recommendations to CalHHS/CDII and the IAC. The Subcommittee may also inform revisions to the DSA and published P&Ps, as needed. The DSA P&P Subcommittee may consider and provide recommendations on topics including:

- Technical, policy, and operational issues related to the implementation of the single statewide data sharing agreement, such as, but not limited to data standards and specifications; applicable technical architecture(s); data exchange and transmission protocols; interoperability; and information blocking.
- Supporting alignment with existing federal and state data sharing laws, regulations, policies, and frameworks (including, but not limited to DURSA, CalDURSA, TEFCA).
- The role of data exchange intermediaries in supporting data exchange requirements of health care entities.

The DSA P&P Subcommittee will meet approximately every six weeks from September 2022 through August 2023, or until a permanent governance structure for the Framework is established. The Subcommittee will conduct its business through discussion and consensus building. In the event that consensus cannot be reached, the DSA P&P Subcommittee will advance options to CalHHS/CDII and the IAC with related considerations.

DSA P&P Subcommittee Members will be expected to:

- Consistently attend and actively participate in meetings;
- Inform the DSA P&P Subcommittee 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;⁶
- Keep statements during meetings respectful, constructive, relevant to the agenda topic, and brief;
- Be respectful of others and the opinions they advance;

⁶ Materials will be shared with DSA P&P Subcommittee members at least 48 hours prior to meetings, whenever possible.

- 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 DSA and P&P developments and topics.

VI. Chairperson

The Assistant Chief Counsel of CDII, or their designee, will chair the DSA P&P Subcommittee. Chair duties will include:

- Presiding over DSA P&P Subcommittee meetings;
- Coordinating meeting agendas in consultation with CalHHS and other designated support staff;
- Reviewing and approving draft meeting summaries; and
- Communicating recommendations, findings, questions, and other materials to the IAC directly or through designated support staff.

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

VII. Conducting Business

DSA P&P Subcommittee meetings will be open to the public but are not subject to the Bagley-Keene Open Meeting Act.⁷ Meetings will be held virtually and the public will be able to listen to the meetings via a teleconference line. DSA P&P Subcommittee meeting agendas, minutes, and meeting materials will be posted on the CalHHS Data Exchange Framework [website](#).

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, DSA P&P Subcommittee Members may be asked not to respond to public comments.

Meetings of the DSA P&P Subcommittee 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 Subcommittee will advance Framework implementation through a person centered, data

⁷ Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2.



driven, and equity-lens approach, as reflected in [CalHHS Agency's Guiding Principles](#) and the [Data Exchange Framework's Guiding Principles](#).

VIII. 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 DSA P&P Subcommittee 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.