California Health & Human Services Agency
Data Exchange Framework Technical Advisory Committee Meeting
Public Comment Log (12:00 PM – 1:00 PM PT, October 9, 2025)

The table below shows public comments that were made verbally during the October 9, 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	**Gevik Nalbandian**	Gevic Nalbandian, I'm a senior consultant with Identos. A few topics were discussed. I'm going to try to use my 2 minutes effectively on the topic of payment as a motivator to help match. I don't know if that going to have a long lasting event effect because as I can imagine, when a QHIO or an entity wants to look for a patient from another entity, they're not getting payment for that. We're asking for that information because we want to care for the patient at hand. So that's on that. My opinion on that topic, the topic of centralized versus decentralized. Centralized in this case can work huge cost for the state. I think that will be a long time coming. In the meantime, as I have read in the DxF policies and procedures within the consent pillar, there's already recommendations, strong recommendations, on what those matching criteria needs to be. It's far better than TEFCA. So I comment the DxF teams for that. What's still missing are best practices and workflows as to what happens when I get a request for a patient that they get more than one matches on and what happens to that asynchronous versus synchronous request. See, no matter what we do in California, we need to have a fall back mechanism. We can always throw technology at it, but at the end of the day, we need to come together as a group and decide what happens when we request data and how do we pave the road to get that data back. Even if we don't have the best technology, not everybody's going to afford everything that the you know, and so we just need to figure that out as humans.

2	**Mary Sarah Jones**	This is Mary Sarah Jones. And I just wanted to propose that as you're thinking through the different systems and the variation that you have across the state, keep in mind that some of the programs people are seeking to participate in, they're benefits that those individuals want. That's not true of all programs. There are some programs like probation where individuals perhaps do not want to participate. So probation is notorious for having really bad addresses as a result. However, there is a lot of commonality based on system types. So you're going to see the same kind of trust issues in the data from one probation system to another probation system, from one child welfare system to another health system, although they're going to be very different if you go health system to probation system. So maybe do you think about categories of systems that might be helpful to figure out how you can cross them across the state.
3	**Jim St. Clair**	Yep, I'm unmuted. I just want to take a minute to thank you, Rim. I think you did an excellent job in brokering the discussion from the strategy for digital identities that you mentioned earlier on, which several of us had commented on. Gosh, it seems like months ago, I guess that we rolled that out. And then addressing the topic of identity management in the context of patient matching, patient verification, having been involved in digital identity for several years and patient digital identity specifically, you can't start talking the digital identity what and how until you resolve some of these larger issues around the what for and the context of what you're doing and the various implications for it. So I just wanted to say well done. And I think this conversation is going in a great direction.

Total Count of public comments: 3