



Health Care Access and Information Data Exchange Framework

Stakeholder Advisory Committee Onboarding Guide

Overview

Welcome to the California Department of Health Care Access and Information (HCAI) Data Exchange Framework (DxF) Stakeholder Advisory Committee (Advisory Committee). This document provides Advisory Committee members with background on the purpose, scope, and structure of the DxF. Members are encouraged to review this Guide ahead of the first committee meeting to support informed discussion and meaningful engagement. Additional DxF information is available in the [DxF Resource Library](#).

Thank you for your participation in the Advisory Committee. We look forward to working with you to advance health and social service information exchange across California.

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Background

The exchange of health and social service information (HSSI) is foundational to delivering coordinated, person-centered health care. Yet, the ability to electronically exchange this information in California remains a work-in-progress, limited by variable data exchange capabilities among health care providers, inconsistent interpretations of data-sharing laws, and a patchwork of health information exchange networks and intermediaries.¹ Fragmented and siloed data exchange systems and processes continue to hinder coordination among health and social service providers, limiting whole-person service delivery, and placing the burden on patients to manage and transport their own information.²

The Data Exchange Framework (DxF) is California's response to addressing these longstanding and systemic challenges. The DxF established shared expectations, codified in a common Data Sharing Agreement and related Policies and Procedures, as well as governance, to promote the exchange of HSSI among entities to support coordinated care delivery.

The DxF was designed to build from and complement similar federal initiatives focused on digitizing health care records and promoting interoperability over the past 15 years, including the Health Information Technology for Economic and Clinical Health Act (HITECH), interoperability and information blocking rules, and the Trusted Exchange Framework and Common Agreement (TEFCA).^{3,4,5} TEFCA established shared "rules of the road" for health information exchange nationally, as well as Qualified Health Information Networks (QHINs) equipped with the capabilities to facilitate such exchange. While the DxF and TEFCA both support query-based health information exchange among HIPAA-covered entities for treatment purposes, the DxF addresses several data exchange needs that go beyond TEFCA:

- Mandatory DxF participation by some organization types;
- Participation beyond health care organizations (e.g., social services entities);
- Exchange of social services information;
- Real-time notification of critical health and social services events;
- Mandatory exchange for purposes beyond treatment (e.g., payment, operations); and
- Alignment with California priorities (e.g., CalAIM).

About the DxF

DXF DEVELOPMENT PROCESS

On July 27, 2021, Governor Newsom signed [Assembly Bill 133 \(AB 133\)](#)⁶, enacting [Health and Safety Code section 130290](#) and putting California on the path to building the DxF. AB 133 is the state's first legislative mandate of its kind, requiring a statewide approach to share HSSI among health care entities

¹ Jonah Frohlich, Eric Bartholet, and Jonathan DiBello, "Why California Needs Better Data Exchange: Challenges, Impacts, and Policy Options for a 21st Century Health System" (California Health Care Foundation, March 2021), <https://www.chcf.org/wp-content/uploads/2021/02/WhyCaliforniaNeedsBetterDataExchange.pdf>

² "Health Information Exchange After 10 Years: Time for A More Assertive, National Approach," *Health Affairs Blog*, August 14, 2019. DOI: 10.1377/hblog20190807.475758.

³ U.S. Department of Health and Human Services, "HITECH Act Enforcement Interim Final Rule," (U.S. Department of Health and Human Services, last reviewed June 16, 2017), <https://www.hhs.gov/hipaa/for-professionals/special-topics/hitech-act-enforcement-interim-final-rule/index.html>.

⁴ U.S. Department of Health and Human Services, "TEFCA (Trusted Exchange Framework and Common Agreement)," (Office of the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology, last updated February 25, 2026), <https://healthit.gov/policy/tefca/>.

⁵ "A Timeline of Health Data Exchange in California," chcf.org (California Health Care Foundation, July 2021), <https://www.chcf.org/wpcontent/uploads/2021/07/TimelineHealthDataExchangeCA.pdf>.

⁶ Committee on Budget, Chapter 143, Statutes of 2021.

and government agencies by developing and requiring adoption of a single [Data Sharing Agreement \(DSA\)](#) and a set of standardized [Policies and Procedures \(P&Ps\)](#) that must be executed by specified health organizations.

From 2021 through mid-2025, the California Health and Human Services Agency (CalHHS) Center for Data Insights and Innovation (CDII) led development and implementation of the DxF. As required by AB 133 and subject to the Bagley-Keene Open Meeting Act, CDII established a Stakeholder Advisory Group (and DSA Subcommittee) that met throughout 2021 and 2022 and advised on the initial design of the DxF and its DSA and P&Ps.

Following the DxF's launch, the original Stakeholder Advisory Group was sunset, and four new advisory bodies were convened to support DxF implementation from 2022 through 2025:

- **Implementation Advisory Committee (IAC)**, which served as the primary forum for cross-sector input on DxF implementation, guiding DxF program strategy and the DSA and P&Ps amendments.
- **Data Sharing Agreement Policies and Procedures Subcommittee (DSA P&P)**, which advised CDII and the IAC on the development and ongoing modification of the single statewide DSA and its associated P&Ps, ensuring alignment with AB 133 requirements and supporting consistent, secure, and equitable exchange of HSSI across required entities.
- **Technical Advisory Committee (TAC)**, which provided guidance on technical and operational matters (e.g., Fast Healthcare Interoperability Resources (FHIR) adoption, event notification architecture, social services data exchange, consent management, and identity management) to support DxF implementation.
- **Standards Committee**, which advised on the adoption of emerging and maturing technical standards within the DxF.

Together, these advisory bodies ensured that DxF implementation was shaped by diverse stakeholder perspectives across clinical, technical, and operational domains. In January 2025, CDII published a prospective [DxF Roadmap](#), informed by stakeholder engagement, and developed in collaboration with the IAC, outlining potential DxF implementation priorities.

In August 2025, administration of the DxF transitioned from CDII to the Department of Health Care Access and Information (HCAI). As part of this transition, HCAI launched a statewide listening tour from August through October 2025 to gather feedback from a broad range of stakeholder organizations on the DxF user experience and to identify priority opportunities for program enhancement. The transition, along with other provisions to strengthen and expand the DxF, was formalized by Senate Bill 660 (SB 660), which was signed into law in October 2025 (Menjivar, Chapter 325, Statutes of 2025).⁷

HCAI will evaluate the governance and committee structure, with input from the permanent Advisory Committee reconstituted under SB 660.

DXF DATA SHARING AGREEMENT (DSA) AND POLICIES AND PROCEDURES (P&PS)

DSA

While the DxF sets guiding principles and a vision for data exchange in California, the DSA is the legally binding agreement that defines participant obligations and requirements for exchange. AB 133 established implementation timelines for health care entities to execute the DSA and begin to exchange data under the DxF. Most health care entities—including general acute care hospitals, some physician organizations and medical groups, skilled nursing facilities that maintain electronic health records, health care service plans and disability insurers, and clinical laboratories—were required to execute the DSA by

⁷ Additional detail about SB 660 requirements and implications are included in the SB 660 Section of the document.

January 31, 2023.⁸ Other organizations—such as smaller physician practices and clinics, rehabilitation and long-term acute care hospitals, state-run psychiatric hospitals, critical access hospitals, and smaller rural acute care hospitals—were granted additional time to fully implement the DxF, with a final compliance deadline of January 31, 2026.⁹ In addition, SB 660 provided that emergency medical services and medical foundations exempt from licensure have until July 1, 2026 to execute the DSA.¹⁰ All signatories will complete the DSA through the [DSA Signing Portal](#). The DSA may be amended over time through the process outlined in the [Process for Amending the DSA](#) P&P.

P&Ps

The P&Ps provide detailed operational, technical, privacy, security, and policy requirements necessary to implement DxF obligations.^[OBJ] As of March 2026, 15 P&Ps have been published, covering topics such as modifying the DSA, permitted and required purposes for exchange, privacy and security safeguards, and technical requirements for exchange. All DxF P&Ps are published on the of the DxF website. P&Ps are developed and may be amended over time through the process outlined in the [Development and Modifications to Policies and Procedures](#) P&P. [Policies and Procedures section](#) of the DxF website. P&Ps are developed and may be amended over time through the process outlined in the [Development and Modifications to Policies and Procedures](#) P&P.

DXF PARTICIPANT DIRECTORY

The Participant Directory documents each DxF Participant's selections for how they will exchange HSSI, including chosen intermediaries, technologies, and exchange timelines. Participant selections are shared publicly through the [DxF Participant Center](#) to enable participant identification and data exchange.¹¹

⁸ Health and Safety Code (HSC) § 130290(f).

⁹ *id.*

¹⁰ *id.*

¹¹ More information on the Participant Directory can be found in the [DxF Participant Center](#).

DxF Support Programs

DXF GRANT PROGRAM

To support statewide implementation of DxF requirements, the Governor and Legislature allocated \$50 million for a DxF Grants Program to reduce operational, technical, and resource barriers to data exchange, particularly for organizations serving under-resourced communities. Informed by stakeholder input, CDII launched two grant programs:

- The DxF Educational Initiative Grant Program, which funded nonprofit associations to provide statewide education and training on DxF requirements; and
- The DSA Signatory Grant Program, which provided direct financial and technical support to DxF signatories to help meet their DSA obligations, including onboarding to data exchange intermediaries.

Together, these programs supported hundreds of DSA signatories – especially those operating in under-resourced geographies and/or serving historically marginalized populations and underserved communities – to address operational and technical barriers to DxF implementation. The DxF Grants Program concluded on March 31, 2026. Additional information can be found in the [DxF Grants Resources](#) section of the [DxF Resource Library](#).¹²

DXF QUALIFIED HEALTH INFORMATION ORGANIZATION (QHIO) PROGRAM

The QHIO Program was established by CDII to help participants meet their DSA requirements by designating trusted intermediaries that support the exchange of HSSI and to build statewide exchange by facilitating connections among QHIOS and other intermediaries. While Participants are not required to use a QHIO, QHIOS can help Participants comply with the DxF. These intermediaries must meet specific program requirements related to technical exchange capabilities, data privacy and security standards, and collaboration with HCAI. Following an attestation-based application process in 2023, nine intermediaries were designated as QHIOS: Cozeva (Applied Research Works), Health Gorilla, Long Health, Los Angeles Network for Enhanced Services (LANES), Manifest MedEx, Orange County Partners in Health HIE, SacValley MedShare, San Diego Health Connect, and Serving Communities HIO (SCHIO, formerly Santa Cruz HIO).

QHIOs play a central role in DxF implementation, including onboarding signatories through the DSA Signatory Grants Program, building QHIO-to-QHIO exchange connections to enable statewide exchange, and developing technical capabilities (e.g., event notifications) to increase the breadth of real-time data sharing on behalf of participants.

In mid-2025, HCAI commenced a targeted compliance review of QHIOS, targeting confirmation and assessment of key program requirement areas. SB 660 subsequently establishes the QHIO program in statute¹³ with this change, HCAI will consider modifying program requirements to strengthen and formalize compliance expectations with guidance from the Advisory Committee.

DXF IMPACT MEASUREMENT

HCAI regularly assesses its progress on implementing the DxF, how it is being operationalized, and the impact it is having on HSSI exchange and health outcomes across California. HCAI currently collects and analyzes data from the Participant Directory, QHIO Program, Grants Program, and the DxF website on a

¹² This site also includes a list of [DxF DSA Signatory Grants awardees](#).

¹³ SB 660; HSC § 130291.

quarterly basis to measure implementation progress and impact. Insights from these data are used to inform and identify future opportunities to expand and enhance the DxF.

HCAI will provide Impact Measurement updates to the Advisory Committee to support transparency, accountability, and ongoing program improvement.

Senate Bill 660 (SB 660) Impact on the DxF

Signed into law by Governor Newsom in October 2025, SB 660 amended [Health and Safety Code section 130290](#) and added [section 130291](#) to strengthen and expand the DxF¹⁴ Effective January 1, 2026, SB 660 formalized the transition of DxF administration from CDII to HCAI and established new provisions for DxF transparency, governance, accountability, and enforcement.

ACCOUNTABILITY

When the DxF was first established under AB 133, the statute did not include enforcement or accountability mechanisms. Despite this, the state observed strong adoption of the DSA, driven largely by extensive outreach, stakeholder engagement, and early momentum across California's health and human services ecosystem. Recognizing both the success of early participation and the opportunity to strengthen long-term compliance, the Administration and the Legislature determined that additional accountability structures would be beneficial. SB 660 therefore introduced a set of statutory mechanisms designed to reinforce adherence to the DSA and P&Ps. These mechanisms leverage public transparency, state purchasing levers, coordination with licensing entities, and contractual obligations among participants. SB 660 also directed the Advisory Committee to evaluate and recommend potential future enforcement and dispute-resolution approaches, ensuring that any additional authority is informed, deliberate, and appropriately resourced. Together, these provisions are intended to promote consistent compliance while enabling the Legislature to consider further action, if warranted, based on Advisory Committee recommendations and ongoing implementation experience.¹⁵

SB 660 PROVISIONS

Key provisions of SB 660 include:

- Providing more precise definitions for “physician organizations and medical groups” and requiring Emergency Medical Services to execute the DSA and begin exchanging information;¹⁶
- Codifying the QHIO Program into law;¹⁷
- Making execution of the DSA required as a condition of contracting for health care services with the Department of Health Care Services (DHCS), the California Public Employees’ Retirement System (CalPERS), and the California Health Benefit Exchange (Covered California);¹⁸
- Requiring HCAI to publish a list of entities that may be out of compliance with the requirement to sign the DSA and to update the list on a regular basis; HCAI may refer non-compliant entities to the relevant state licensing agency;¹⁹
- Pending input from the Advisory Committee and upon appropriation from the Legislature, allowing HCAI to develop further enforcement actions.²⁰

STAKEHOLDER ADVISORY COMMITTEE

SB 660 also amends the existing statutory framework for the DxF stakeholder advisory group by transferring appointing authority to the HCAI Director, specifying new stakeholder groups that must be represented, and expanding the Advisory Committee’s responsibilities and obligations.²¹

¹⁴ SB 660; HSC §§ 130290, 130291.

¹⁵ See document on [DxF Accountability Measures](#) (February 2026) for more information

¹⁶ HSC § 130290(f)(2), (7).

¹⁷ HSC § 130291.

¹⁸ HSC § 130290(g).

¹⁹ HSC § 130290(k)(2).

²⁰ HSC § 130290(k)(3).

²¹ SB 660; HSC § 130290(c).

Of note, SB 660 sets two near-term expectations for the Advisory Committee:

1. Develop recommendations by January 1, 2027, for statutory changes, training and technical assistance, and best practices to require Data Exchange Framework required signatories to collect individual-level demographic and health-related social needs data about Californians served.²²
2. Collaborate with HCAI in developing a report to the Legislature by July 1, 2027, that includes:²³
 - a. A list of all entities in paragraphs (1), (3), and (4) of subdivision (f) HSC §130290 deemed to be required signatories to the Data Exchange Framework data sharing agreement.
 - b. The status of each entity's execution of the data sharing agreement;
 - c. The compliance pathway or pathways utilized to meet its contractual requirements under the data sharing agreement, and, if the signatory has a contract in place with a state purchaser;
 - d. An evaluation as to the need for an independent governing board for the Data Exchange Framework;
 - e. An evaluation of the need for technical assistance and other grant programs to support signatories' legal requirements under the data sharing requirement;
 - f. An evaluation of other categories of entities for participation in the Data Exchange Framework;
 - g. An evaluation of the need for a framework for enforcement and investigation and resolution of disputes between Data Exchange Framework participants regarding the data sharing agreement and its policies and procedures; and
 - h. An assessment of consumer experiences with health and social services information exchange.

HCAI has established a new Advisory Committee in alignment with SB 660 requirements.²⁴ The Advisory Committee will convene for the first time in April 2026 and meet bimonthly through July 2027; HCAI will reassess the meeting cadence thereafter.

²² HSC § 130290(c)(6)

²³ HSC § 130290(k)(4)

²⁴ SB 660; HSC § 130291.

Appendix

DXF ACRONYM GLOSSARY

Abbreviation	Full Word
AB	Assembly Bill
ASTP	Assistant Secretary for Technology Policy
CalHHS	The California Health and Human Services Agency
CalPERS	The California Public Employees' Retirement System
CDII	Center for Data Insights and Innovation
CMS	Centers for Medicare and Medicaid Services
DHCS	Department of Health Care Services
DSA	Data Sharing Agreement
DxF	Data Exchange Framework
EMS	Emergency Medical Services
FHIR	Fast Healthcare Interoperability Resources
HCAI	Department of Health Care Access and Information
HIE	Health Information Exchange
HIO	Health Information Organization
HITECH	Health Information Technology for Economic and Clinical Health Act
HL7	Health Level Seven International
HSC	Health and Safety Code
ASTP/ONC	Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology
P&P	Policy and Procedure
PD	Participant Directory
QHIN	Qualified Health Information Network (part of TEFCA program)
QHIO	Qualified Health Information Organization
SB	Senate Bill
TEFCA	Trusted Exchange Framework and Common Agreement