



Data Exchange Framework (DxF) Stakeholder Advisory Committee Meeting #1

Thursday, April 16, 2026

10:00 am – 4:00 pm PT



Meeting Ground Rules

- Bagley-Keene Open Meeting Act will be followed.
- Members of the public can participate in person or virtually and provide public comment via either platform.
- Meeting minutes will be prepared after each meeting.
- Materials will be posted on the website.



Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Public comment will be limited to the total amount of time allocated for public comment on particular issues.
- The Chair will call on individuals in the order in which their hands were raised.
- Individuals are encouraged to limit their time to two minutes so we can hear from as many members of the public as possible.
- Individuals may, but do not have to, state their name and organizational affiliation at the top of their statements.

Meeting Participation Options

- Members who are onsite are encouraged to log in using their panelist link on Zoom.
 - Members are asked to keep their laptops' video, microphone, and audio off for the duration of the meeting.
 - The room's cameras and microphones will broadcast the video and audio for the meeting.
- Instructions for connecting to the conference room's Wi-Fi are posted in the room.
- Please email Akira Vang (akira.vang@hcai.ca.gov) with any technical or logistical questions about onsite meeting participation.

Meeting Participation Options

Advisory Committee members and public participants may “raise their hand” for Zoom facilitators to unmute them to share comments. The Chair will notify participants/members of the appropriate time to volunteer feedback.

Onsite		Offsite	
Logged into Zoom	Not Logged into Zoom	Logged into Zoom	Phone Only
<p>If you logged on from onsite via Zoom interface</p> <p>Press “Raise Hand” in the “Reactions” button on the screen or physically raise your hand</p> <p>If selected to share your comment, please begin speaking and do not unmute your laptop. The room’s microphones will broadcast audio</p>	<p>If you are onsite and not using Zoom</p> <p>Physically raise your hand and the chair will recognize you when it is your turn to speak</p>	<p>If you logged on from offsite via Zoom interface</p> <p>Press “Raise Hand” in the “Reactions” button on the screen</p> <p>If selected to share your comment, you will receive a request to “unmute,” please ensure you accept before speaking</p>	<p>If you logged on via phone-only</p> <p>Press “*9” on your phone to “raise your hand”</p> <p>Listen for your phone number to be called by moderator</p> <p>If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “*6”</p>

Agenda



- Item #1** Welcome and Introductions
- Item #2** Swearing In of Advisory Committee Members
- Item #3** Review Bagley-Keene Open Meeting Act and Conflict of Interest Requirements
- Item #4** DxF Background, Listening Tour Findings, and Interoperability Study Overview
- Item #5** SB 660 Requirements, Orientation, & Advisory Committee Deliverables
- Item #6** Additional DxF Strategic Initiatives & Committee Orientation Priorities
- Item #7** General Public Comment
- Item #8** Closing Remarks & Adjournment

**There will be public comment after each substantive agenda item in addition to general public comment.*

Item #1

Welcome and Introductions

Elizabeth Landsberg, Director

Introduction of Advisory Committee Chair

Elizabeth Landsberg, Director

Advisory Committee Chair



Jennifer N. Sayles, MD, MPH, is the founder and chief executive officer of the PopHealth Learning Center (Learning Center), a nonprofit organization that is dedicated to catalyzing population health transformation in primary care in California.

Dr. Sayles has served as a physician executive across multiple sectors of nonprofit healthcare. Most recently, she led the Department of Health Care Services/Kaiser Permanente/Community Health Center Population Health Management Initiative.

Additionally, Dr. Sayles has served as Chief Medical Officer at Inland Empire Health Plan, Chief Population Health Officer at LA County Department of Health Services, and Medical Director roles at LA Care and LA County Department of Public Health, as well as a health services researcher and a health policy consultant.

Introduction of Advisory Committee Staff & Consultants

Elizabeth Landsberg, Director

HCAI Staff & Consultant Support

Name	Title and Organization
Jacob Parkinson	DxF Program Director, HCAI
Courtney Hansen	Senior Attorney, HCAI
Michael Valle	Deputy Director, HCAI
Athena Chapman	President, Chapman Consulting

Introduction of Advisory Committee Members

Elizabeth Landsberg, Director

Advisory Committee Introductions

Please share your name, role, organization, and why you are interested in participating in the DxF Advisory Committee.

Please keep your response to two minutes.

Voting Member Introductions (1 of 2)

Representative	Organization	Title	Stakeholder Group
Jennifer N. Sayles, MD, MPH (Chair)	PopHealth Learning Center	Chief Executive Officer	At-Large - Cross-Sector Healthcare Leaders
Joan Allen	SEIU UHW	Government Relations Advocate	Organized Labor
William Barcellona	America's Physician Groups	Executive Vice President of Government Affairs	Physician Organizations and Medial Groups
Colleen Chawla	San Mateo County Health	Chief	At-Large - County Public Health
Yvonne Choong	California Association of Health Facilities	Vice President, Policy	Skilled Nursing Facilities
David Ford	CMA Physician Services Organization	Chief Executive Officer	Physicians
Aaron Goodale	MedPOINT Management	Vice President, Health Information Technology	Management Services Organizations
Katie Heidorn, MPA	California Health Care Foundation	Director, State Health Policy	At-Large - State Health Policy Experts
Andrew Kiefer	Blue Shield of California	Vice President, State Government Affairs	Healthcare Service Plans and Health Insurers

Voting Member Introductions (2 of 2)

Representative	Organization	Title	Stakeholder Group
Scott MacDonald, MD, FACP, FAMIA	UC Davis Health	Chief Medical Information Officer	Hospitals
Ali Modaressi	LANES	Chief Executive Officer	Community Health Information Organizations
Eric Nielson	County Welfare Directors Association of California	Direction of Information Technology Policy	County Social Services
Lucy Saenz, MPH	California Primary Care Association	Director of Data Informatics & Information Technology	Clinics
Mark Savage	Savage & Savage LLC	Managing Director, Digital Health Strategy & Policy	Health Information Technology Professionals
Kiran Savage-Sangwan, MPA	California Pan-Ethnic Health Network	Executive Director	Consumers
Julie Silas	Homebase	Senior Directing Attorney	Community-Based Organizations Providing Social Services
Lee Tien	Electronic Frontier Foundation	Legislative Director and Adams Chair for Internet Rights	Privacy and Security Professionals

Ex Officio Member Introductions (1 of 2)

Representative	Organization	Title	Stakeholder Group
Rebecca Fisher, MPH, MA	California Department of Public Health	Chief Data Officer	Ex Officio / Non-Voting
Amanda Levy	California Department of Managed Health Care	Deputy Director for Health Policy and Stakeholder Relations	Ex Officio / Non-Voting
Janna Lowder-Blanco	California Department of State Hospitals	Chief Data Officer, Deputy Director Research, Evaluation, & Data Insights	Ex Officio / Non-Voting
Ann M. Nakamura	California Department of Developmental Services	Chief, Research and Data Analytics Branch	Ex Officio / Non-Voting
Taylor Priestley, MSW, MPH	Covered California	Health Equity Officer, Director of Health Equity & Quality Transformation	Ex Officio / Non-Voting

Ex Officio Member Introductions (2 of 2)

Representative	Organization	Title	Stakeholder Group
Shannon Rohall	California Department of Social Services	Chief of Strategic Initiatives and Operations	Ex Officio / Non-Voting
Linette T. Scott, MD, MPH	California Department of Health Care Services	Deputy Director & Chief Data Officer	Ex Officio / Non-Voting
Jared Shinabery	California Public Employees' Retirement System	Chief of Health Policy and Data Division	Ex Officio / Non-Voting

Item #2

Swearing In of Advisory Committee Members

Elizabeth Landsberg, Director

Advisory Committee Oath

I, [Name], do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Item #3

Review Bagley-Keene Open Meeting Act and Conflict of Interest Requirements

Courtney Hansen, Senior Attorney

Purpose of the Act

To allow members of the public to attend and participate as fully as possible in a state body's decision-making processes.

(Gov. Code section 11120; 103 Ops.Cal.Atty.Gen. 42)

Applicability to the DxF Stakeholder Advisory Committee

The Act applies to “state bodies,” such as “state board, or commission, or similar multimember body of the state that is created by statute...” (Gov. Code section 11121(a)).

- DxF Advisory Committee is created by Health & Safety Code section 130290.

Committees: The Act also applies to any advisory committee the state body (i.e. the Committee) creates if the subcommittee consists of 3 or more persons (Gov. Code section 11121(c)).

The Act Applies to “Meetings”

Every “meeting” is subject to the Act’s requirements.

“Meeting” Definition: A **quorum** of the Committee convening, at the same time and place, to hear, discuss, or deliberate on any item within the subject matter of the Committee.

- A “**quorum**” is the minimum number of members who must be present for the Committee to transact business and California law generally states that a quorum is a majority of members. (94 Ops.Cal.Atty.Gen. 100.)
- Only voting members are counted toward quorum.
- For the full Committee, quorum is 9 appointed/voting members (out of 17).

(Gov. Code section 11122.5(a))

Physical Presence/Location Requirements

Normally, the Act requires the physical presence of members at meetings and a physical location where the public may attend. The Act allows some teleconferencing, but still requires physical presence and location.

Through January 1, 2030, the legislature has provided for remote participation.
(Gov. Code sections 11123.2, 11123.5.)

- The Committee must still comply with the notice and public participation requirements of the Act.
- Statute urges state bodies to adhere as closely to the Act as possible to “maximize transparency and provide the public access to meetings.”

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Serial Communications Are Prohibited

- A quorum of members cannot, outside of a properly noticed “meeting”,
 - communicate in a series of communications of any kind,
 - directly or through intermediaries,
 - regarding items within the subject matter of the Committee.

Purpose: to prevent deliberations/actions/decisions being made in secret, without public knowledge or participation.

(Gov. Code section 11122.5(b))

“Meeting” Exceptions

- The Act does not consider the following to be “meetings”:
 - **Public Contacts:** a member of the public contacting a quorum of members if members do not solicit such contacts.
 - **Social Gatherings:** a quorum of the members may attend a purely social event, if they do not discuss Committee issues among themselves.
 - **Conferences:** Conferences are exempt as long as they are open to the public and involve subject matter of general interest, and a quorum of members do not discuss Committee issues among themselves, other than as part of the scheduled program.

(Gov. Code section 11122.5(c))

Meeting Notices and Agendas

The Committee must post meeting notices on the internet at least **10 days** before a meeting.

Notices must have:

- Time and place(s) of the meeting.
 - For virtual meetings, the notice must have “the means by which members of the public may observe the meeting and offer public comment”
- A **specific agenda** for the meeting that contains a brief description of all items to be discussed/transacted at the meeting.
 - The description should provide enough information to allow the public to understand what issues will be discussed or considered.
 - Generally, if an issue is not on the agenda, the Committee cannot consider it. However, a new issue can be mentioned for the purpose of including it at a future meeting.

The 10-day notice requirement does not apply for “emergency” or “special” meetings as defined under statute.

(Gov. Code sections 11125 and 11133)

Public Attendance and Participation

Generally, meetings must be **open and public**.

- Conditions on public attendance at the meeting cannot be imposed. An individual is not required to identify themselves or to sign-in to attend.

Public Participation: The Committee must give the public an opportunity to directly address the Committee on each agenda item before or during the Committee's discussion or consideration of the item.

- Public criticism of the Committee cannot be prohibited.

Broadcasting/Recording of Meetings: Members of the public are allowed to record and broadcast meetings.

(Gov. Code sections 11123, 11124, 11124.1, and 11125.7)

Closed Sessions

“Closed sessions” are parts of meetings without the public and are allowed only for specific statutorily-stated reasons, e.g., to discuss pending litigation or to discuss employment issues.

These sessions have to be included on the agenda and the specific statutory authority allowing the closed sessions must be stated.

(Gov. Code section 11126)

Meeting Documents

Generally, materials distributed to the Committee prior to or during a meeting are disclosable public records.

- “Public records” includes any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by any state agency regardless of physical form or characteristics. (Gov. Code section 7920.530)
- Written materials prepared by Committee members or staff are required to be available to the public at the meeting.
- Written materials prepared by others are required to be available to the public after the meeting.
- Written materials must be made ADA accessible upon request.
- Some materials can be withheld pursuant to certain sections of the California Public Records Act (e.g. materials relating to a closed session such as litigation or personnel records).

Voting

- The vote or abstention of each member must be publicly reported. (Gov. Code section 11123(c).)
 - If a virtual meeting, votes must be taken by rollcall. (Gov. Code sections 11123(b) and 11123.5(e).)
- Vote by secret ballot at a meeting is not allowed. (68 Ops.Cal.Atty.Gen. 65.)
- Vote by proxy is not authorized. (68 Ops.Cal.Atty.Gen. 65.)

Abstentions

- Abstentions may complicate voting.
- In general, a state body cannot act without support of at least a majority of its quorum. For the full Committee, this is at least 9 members.
- Members who voluntarily abstain are counted toward a quorum, but decisions will only require the majority of those members who actually vote as long as there is support from a majority of the quorum.
- Members who are disqualified from voting by law are not counted toward a quorum.

(94 Ops.Cal.Atty.Gen. 100.)

Penalties for Non-Compliance

- **Civil:**

- Any interested person, the Attorney General, or a district attorney can commence court action to stop or prevent violations of the Act. (Gov. Code section 11130.)
- Any interested person can also commence court action to declare a Committee action taken in violation of the Act's notice, agenda, and public attendance requirements as "null and void." (Gov. Code section 11130.3.)
- If successful, a plaintiff can obtain a court order, court costs, and attorneys' fees. (Gov. Code section 11130.5.)

- **Criminal:**

- It is also a misdemeanor for any member to attend a meeting in violation of the act and where the member "intends to deprive the public of information to which the member knows... the public is entitled." (Gov. Code section 11130.7.)

Public Comment

Item #4

DxF Background, Listening Tour Findings, and Interoperability Study Overview

Michael Valle, Deputy Director

Jacob Parkinson, DxF Program Director

A Jay Holmgren, PhD, Assistant Professor, UCSF

Overview of Assembly Bill (AB) 133

In July 2021, Governor Newsom signed AB 133, which enacted *Health and Safety Code section 130290*, directing CalHHS to establish a statewide policy and governance framework for health data exchange.*

1 Data Sharing Agreement (DSA)

Required CalHHS to establish a single DSA and a common set of technology-agnostic policies and procedures (P&Ps) governing rules of health information exchange.

2 Required Signatories

Defined most general acute care hospitals, physician organizations and medical groups, SNFs, health plans and disability insurers, clinical labs, and acute psychiatric hospitals as required signatories of the DSA by January 31, 2023. AB 133 did not establish enforcement or accountability mechanisms for required signatories.

3 Health Information Gaps

Directed CalHHS to identify gaps in the health information life cycle (e.g., creation and storage) to inform the development of the common set of P&Ps.

4 Digital Identities

Mandated CalHHS to publish a strategy for unique, secure digital identities to support master patient indices (MPIs) for public and private organizations in California by July 31, 2022.

5 DxF Governance

Mandated a stakeholder-driven development process and required CalHHS to convene an advisory group. This became the Stakeholder Advisory Group and its DSA Subcommittee in 2021.

DxF Vision and Guiding Principles

Every Californian, no matter where they live, should be able to walk into a doctor's office, a county social services agency, or an emergency room and be assured that their health and social services providers can access the information they need to provide safe, effective, whole person care—while keeping their data private and secure.

Guiding Principles*



Advance Health Equity



Make Data Available to Drive Decisions and Outcomes



Support Whole Person Care



Promote Individual Data Access



Reinforce Individual Data Privacy & Security



Establish Terms & Conditions for Data Collection, Exchange, & Use



Adhere to Data Exchange Standards



Accountability

Overview of the DxF

The DxF is comprised of a single statewide Data Sharing Agreement (DSA) and Policies and Procedures (P&Ps), supported by operational programs that facilitate exchange.

Data Exchange Framework

Data Sharing Agreement

A legal agreement that a broad spectrum of health care organizations execute. Document focuses on the key legal requirements.

Policies & Procedures

Fifteen (15) published Policies detail and guidance to support on-the-ground implementation.

Operational Programs

QHIO Program

A program that designates qualified organizations to support implementation of DxF requirements and enable health information exchange.

Participant Directory

A centralized, statewide directory that enables discovery of DxF Participants and supports health data exchange compliance.

Grants Program

A state-administered grant program providing funding to support implementation of DxF requirements and build exchange capacity.

Impact Measurement

A quarterly data collection and analysis effort measuring DxF implementation progress and impact on health information exchange in CA.

DxF History and Context

DxF implementation has been shaped by robust stakeholder input. The formation of the Stakeholder Advisory Committee is a continuation of this process.



Since August 2021, the DxF team convened **95 meetings** across **7 advisory committees** to inform implementation.*

Since 2022, the DxF team has published **15 P&Ps**.

The DxF team hosted **16 public webinars****.

*Stakeholder Advisory Group (9 meetings), DSA Subcommittee (6 meetings), Digital Identity Focus Groups (10 meetings), Implementation Advisory Committee (22 meetings), DSA P&P Subcommittee (18 meetings), Standards Committee (5 meetings), Technical Advisory Committee (25 meetings)

**Information is Power Webinar series ran from September 2022 – February 2024 to prepare for data exchange milestones and program launches

DxF Listening Tour Findings

Michael Valle, Deputy Director

Jacob Parkinson, DxF Program Director

DxF Listening Tour Approach and Reach

HCAI launched a comprehensive statewide listening tour from August through October 2025 to gather stakeholder feedback on the DxF user experience and identify priority opportunities for program enhancement. In partnership with Freed Associates, the listening tour engaged stakeholders through interviews, conferences, and a survey.

49 INTERVIEWS

In-depth conversations with specific organizations and individuals

3 CONFERENCES

Presence at three major conferences with dedicated sessions and interaction opportunities

59 SURVEYS

Publicly available survey distributed via email, DxF bi-weekly newsletter, conferences and the DxF website

The listening tour collected feedback from a broad array of organizations across California:

- Hospitals
- Health plans
- Provider groups
- Technology organizations
- Skilled nursing facilities
- County and state government
- Community-based organizations
- Consumer advocates
- Labs
- Associations
- Other key stakeholders

DxF Listening Tour Key Findings

1

Communication, Support and Training

Stakeholders indicated demand for enhanced technical support, training resources, and implementation guidance from their technology vendors. They also expressed the need for easy-to understand and customized communication and outreach from the DxF program.

2

Data Access, Usability, Quality, and Confidence

Stakeholders emphasized the need for improved mechanisms to access, understand, and trust shared health data, with particular concern about data standards, quality, and completeness.

3

Interoperability and Integration

Stakeholders highlighted ongoing challenges with technical integration across disparate health information systems and the need for more seamless data connectivity. They described mixed experiences with selecting, implementing and effectively exchanging data using a Qualified Health Information Organization (QHIO).

4

Privacy and Security

Privacy protection and data security remain top-of-mind concerns, with stakeholders seeking clear guidance on compliance and legal best practices, particularly as it concerns sharing sensitive data and managing consent.

5

Governance and Regulatory Policy

Stakeholders requested clarification on DxF governance structures, regulatory requirements, compliance expectations, and enforcement mechanisms. They also desired more stakeholder engagement in decision-making bodies and sustainable funding models for under resourced providers.

UCSF Study on Interoperability

A Jay Holmgren, PhD, Assistant Professor, UCSF



University of California
San Francisco

Benchmarking Interoperable Data Exchange in California

HCAI Data Exchange Framework Stakeholders Meeting

A Jay Holmgren, PhD

04/16/2026

Overview

Benchmarking interoperable data exchange in California

- Background: The Data Exchange Framework and interoperability measurement
- Hospital interoperability: 2024 cross-section and 10-year trends
- TEFCA participation: Growth in California's connected organizations
- Health Information Organizations: Services, networks, and sustainability
- Information blocking: Trends and current landscape
- Next steps: Evaluating outcomes of interoperability

Background

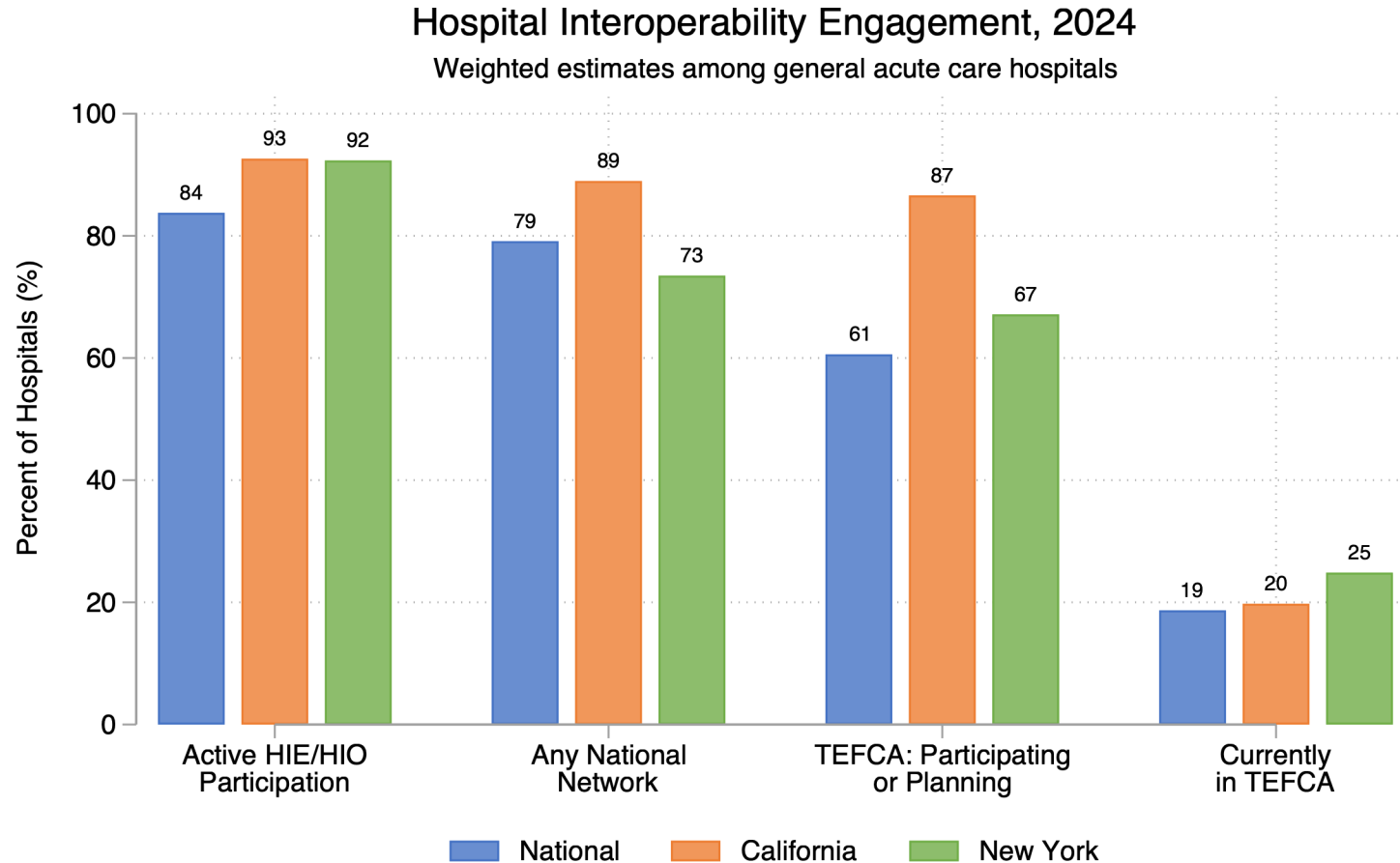
California's Data Exchange Framework in national context

- This evaluation benchmarks California against the national average and New York State
- Data sources:
 - AHA IT Survey (hospitals)
 - Nationwide HIO Survey
 - TEFCA Directory
 - ABFM Survey (office-based physician - coming soon)
- All survey-based comparisons use inverse probability weights to account for survey non-response when possible

Hospital Interoperability

Hospital Interoperability Engagement, 2024

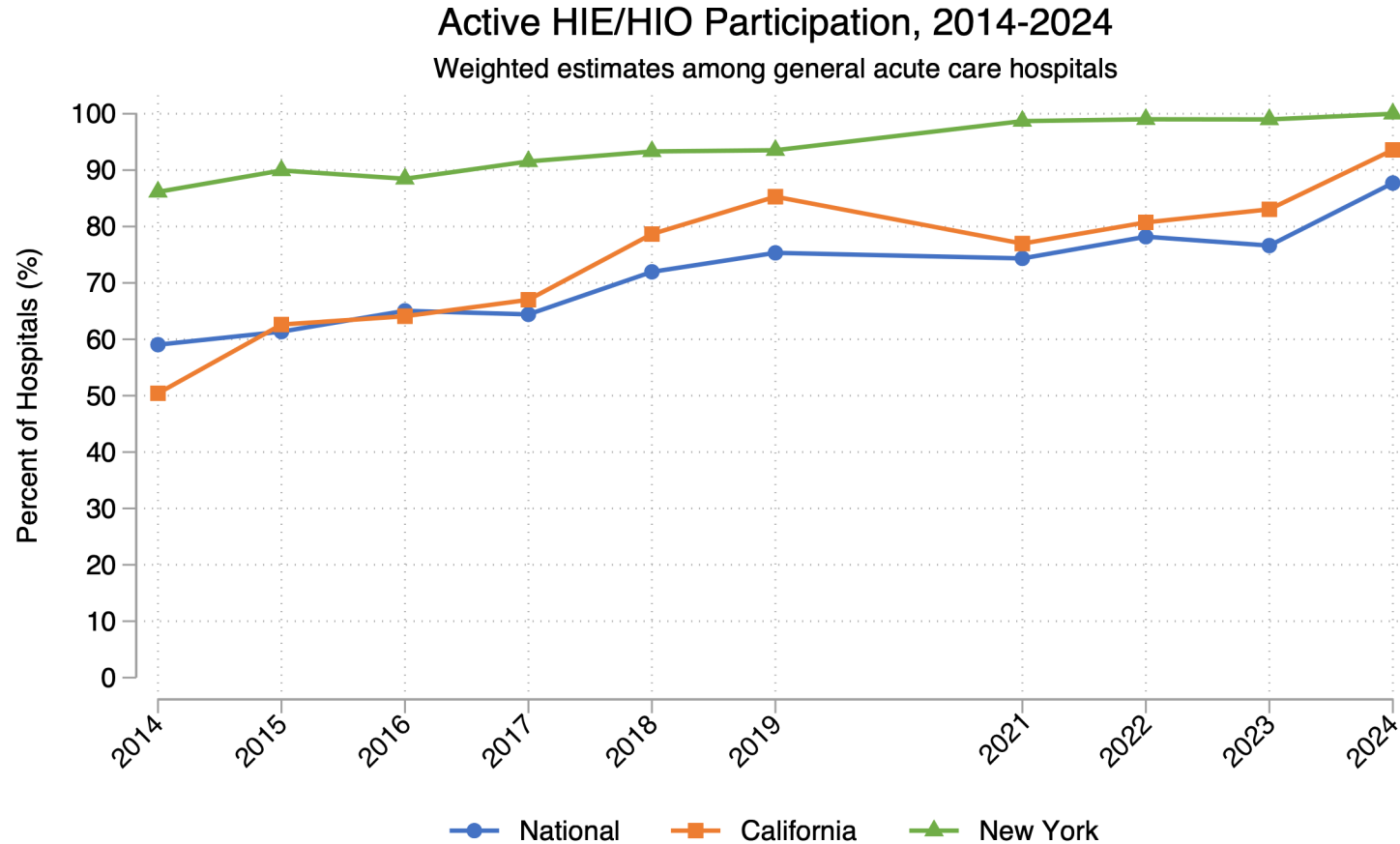
CA vs. NY vs. National | Weighted estimates, general acute care hospitals (N=2,248 IT respondents)



Source: 2024 AHA Annual Survey IT Supplement. Estimates weighted using inverse probability weights.

Active HIE/HIO Participation, 2014–2024

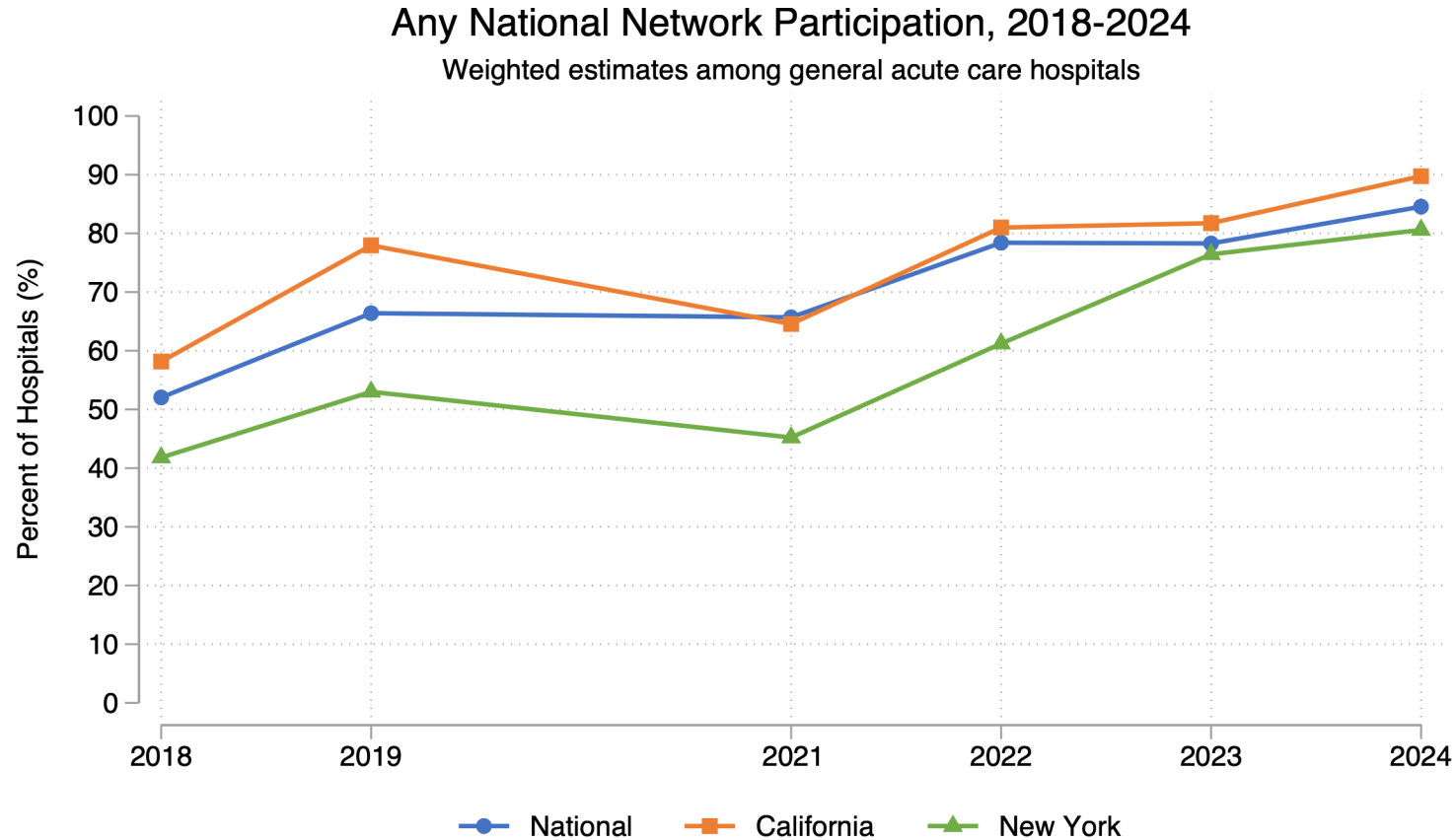
CA closed a large gap with NY and now exceeds the national average



Source: AHA Annual Survey IT Supplement. Estimates weighted using inverse probability weights. 2020 data not collected (COVID-19); 2021 represents combined 2020/2021 survey.

National Network Participation, 2018–2024

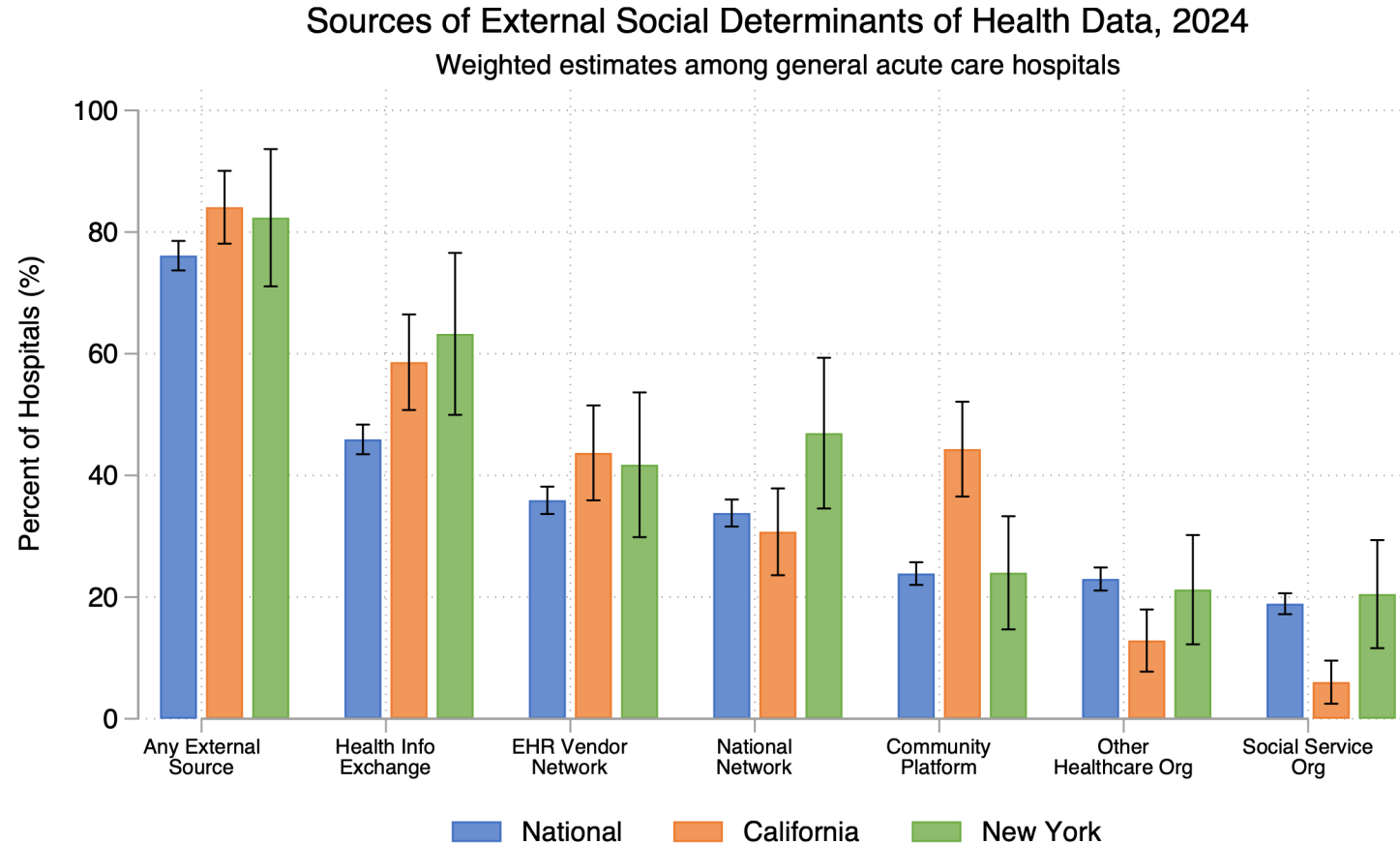
Participation in CommonWell, eHealth Exchange, Carequality, or other national networks



Source: AHA Annual Survey IT Supplement. Estimates weighted using inverse probability weights. Networks include CommonWell, Carequality, SHIEC, Sequoia, and EHR vendor networks. 2020 data not collected (COVID-19); 2021 represents combined 2020/2021 survey.

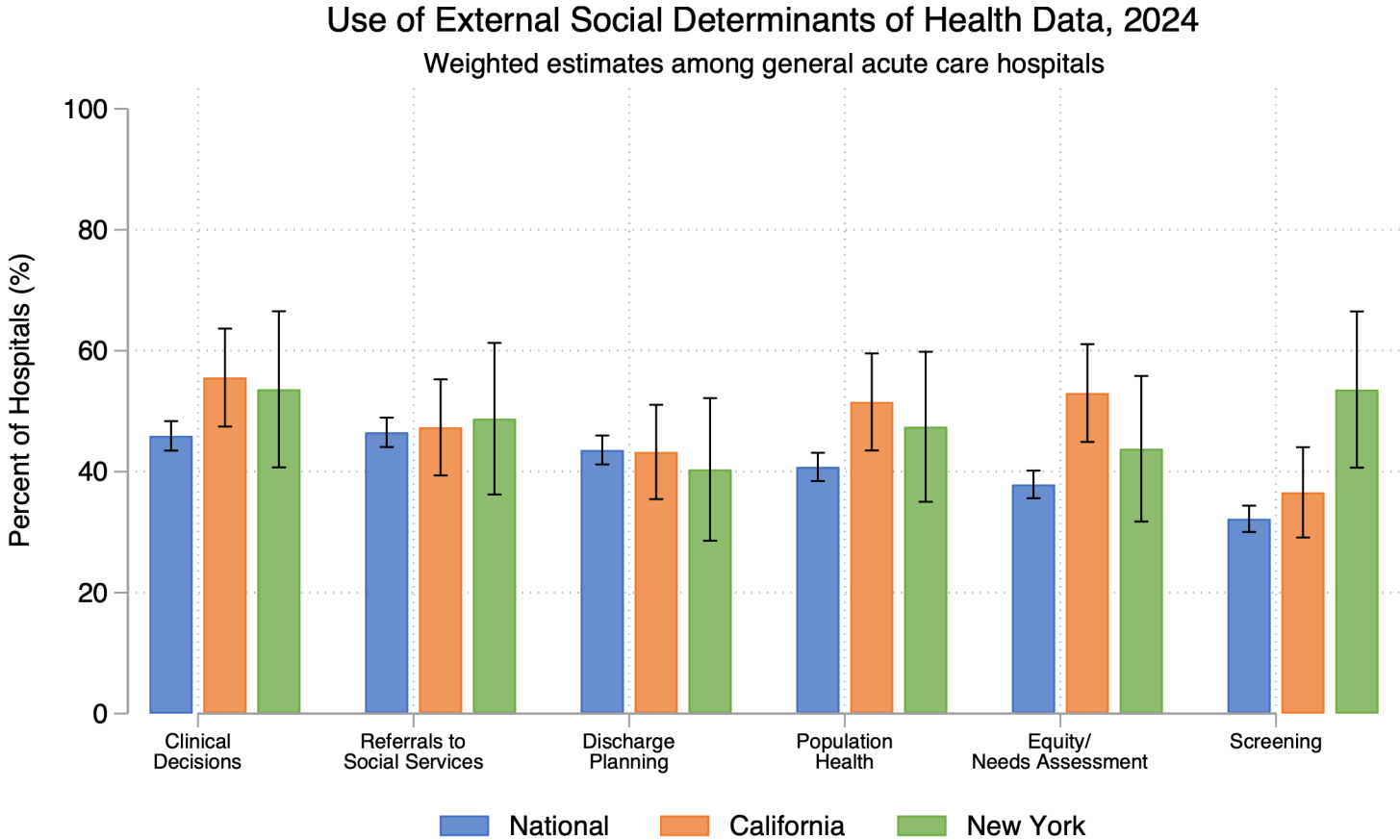
Sources of Social Determinants of Health Data, 2024

New in 2024 AHA IT Survey — first national data on hospital SDOH data exchange



Source: 2024 AHA Annual Survey IT Supplement, Q8. Estimates weighted using inverse probability weights. Error bars indicate 95% confidence intervals.

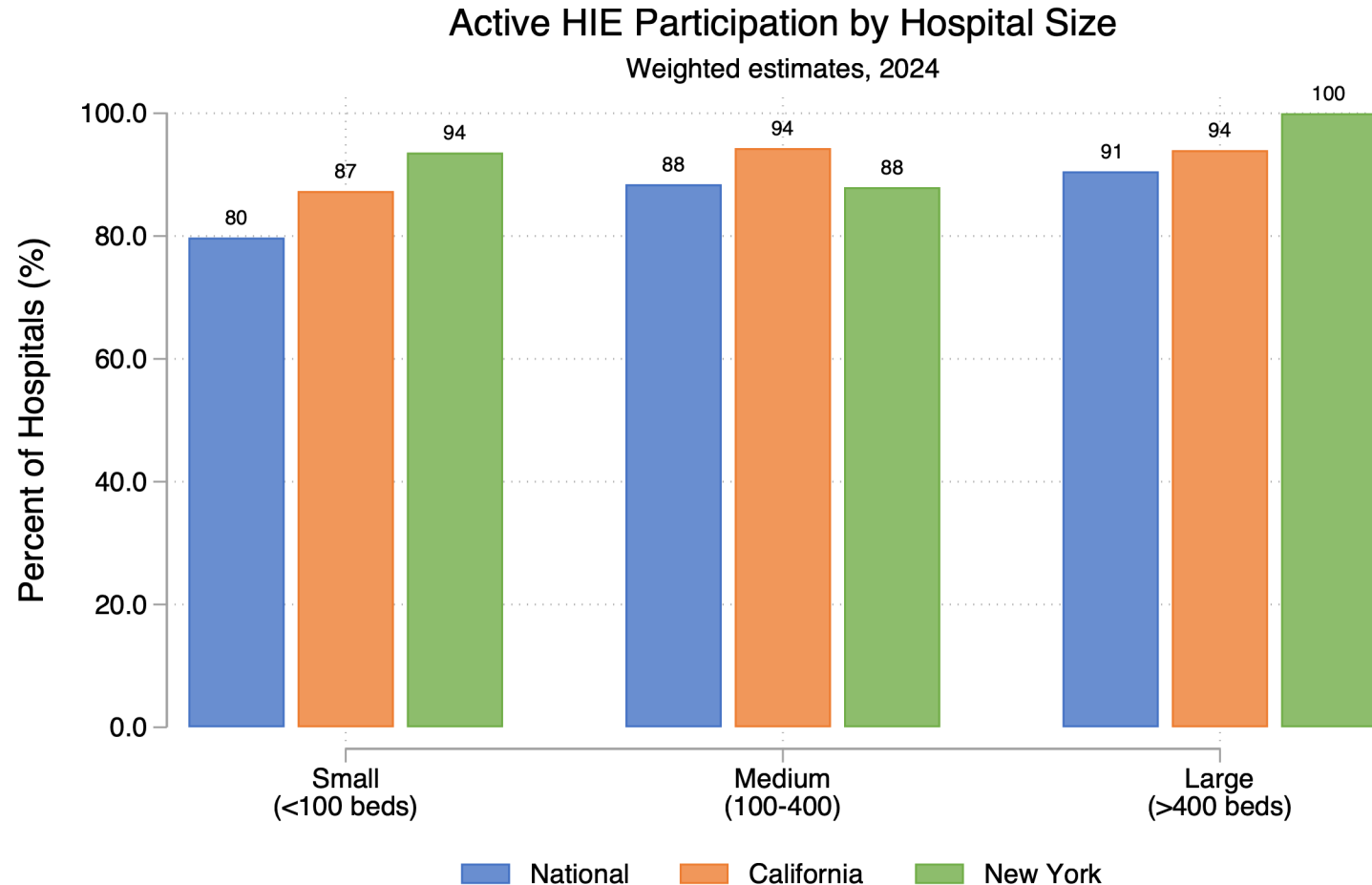
Uses of Social Determinants of Health Data, 2024



Source: 2024 AHA Annual Survey IT Supplement, Q9. Estimates weighted using inverse probability weights. Error bars indicate 95% confidence intervals.

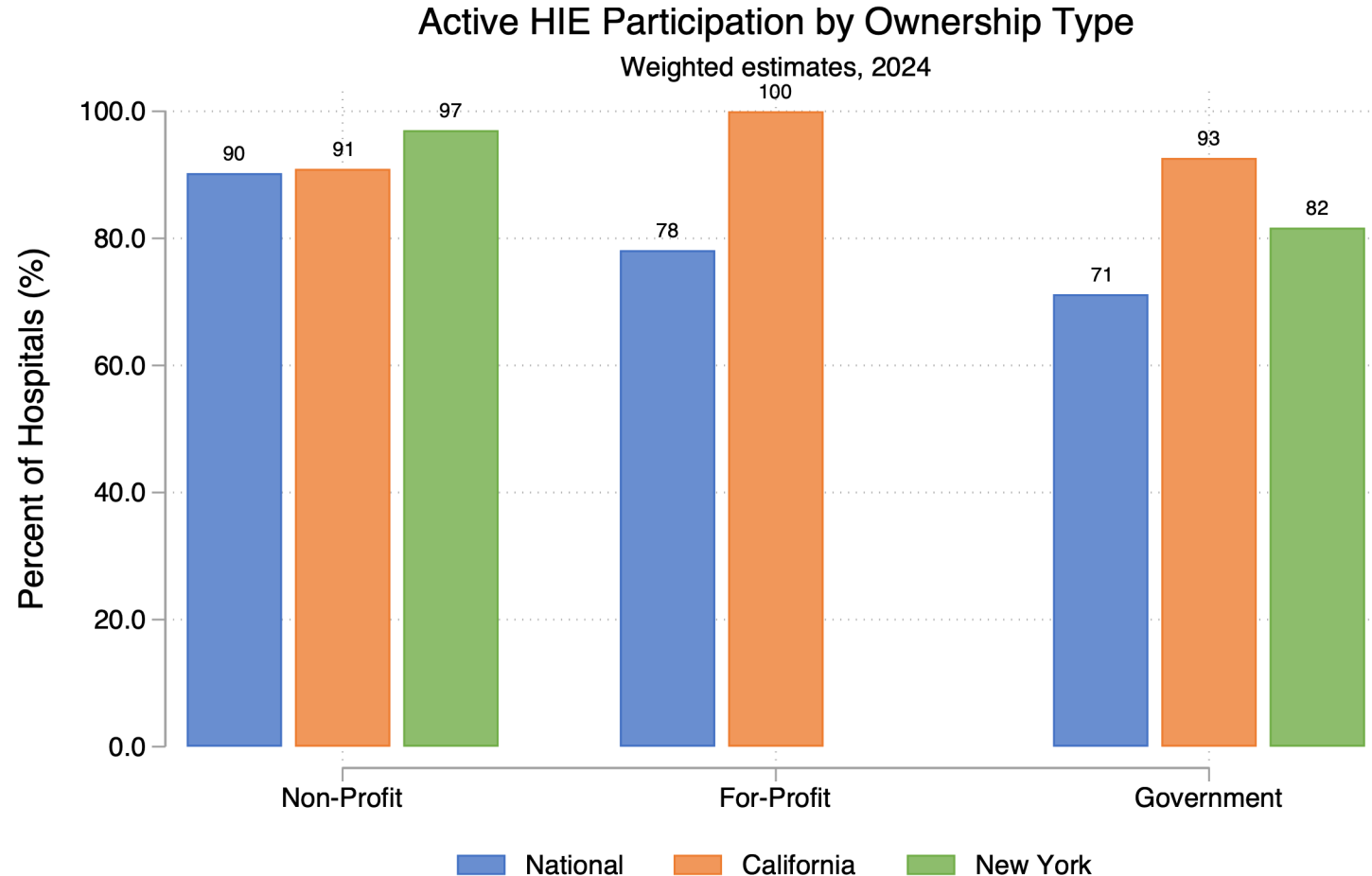
HIE Participation by Hospital Size

Small hospitals (<100 beds) have lower participation nationally; CA performs well across all sizes



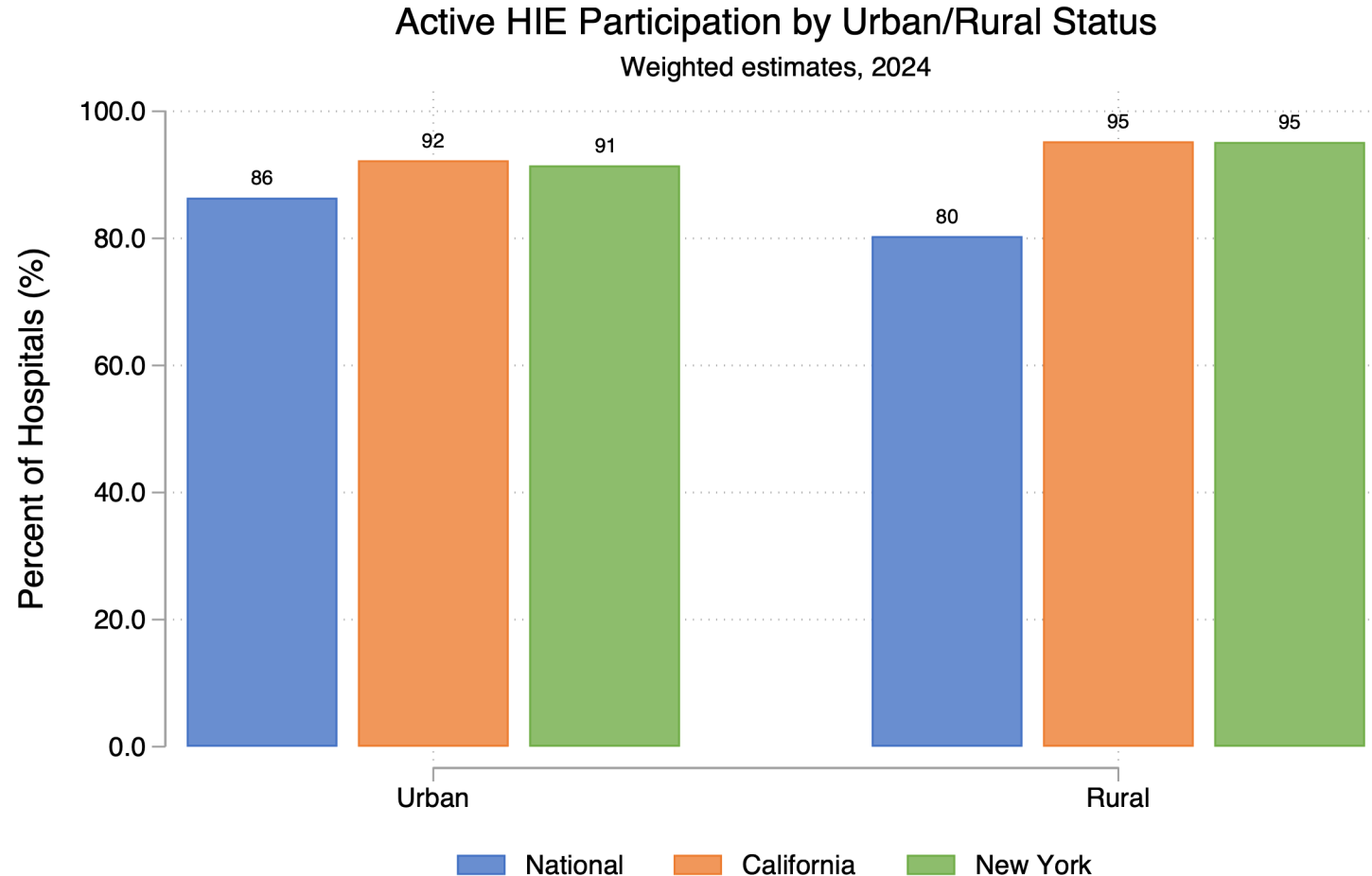
HIE Participation by Ownership Type

Government hospitals lag nationally (71%); CA government hospitals reach 93%



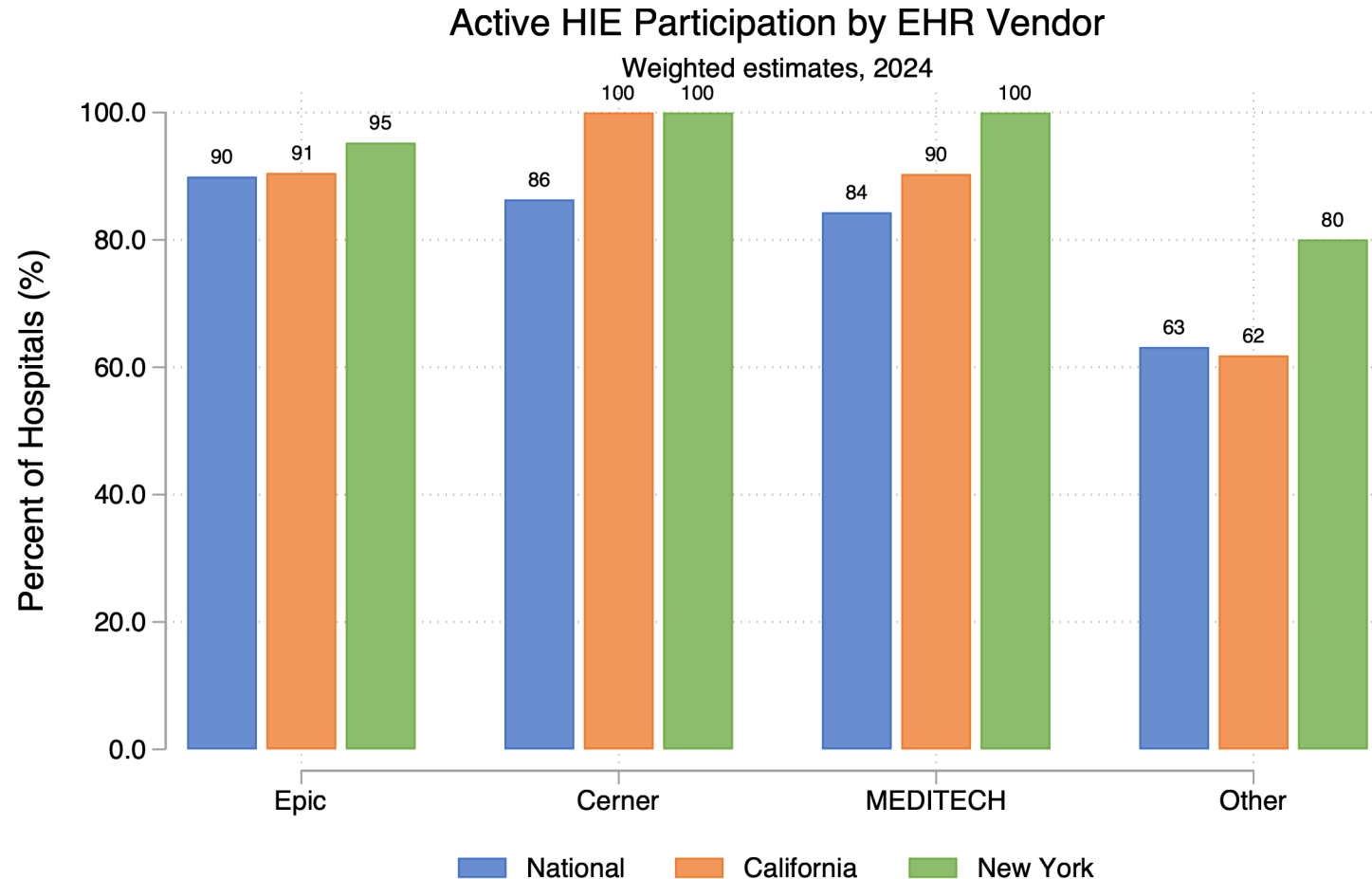
HIE Participation by Urban/Rural Location

Rural hospitals lag nationally (80%); CA rural hospitals exceed 95%



HIE Participation by EHR Vendor

Hospitals using non-major EHR vendors have substantially lower HIE participation





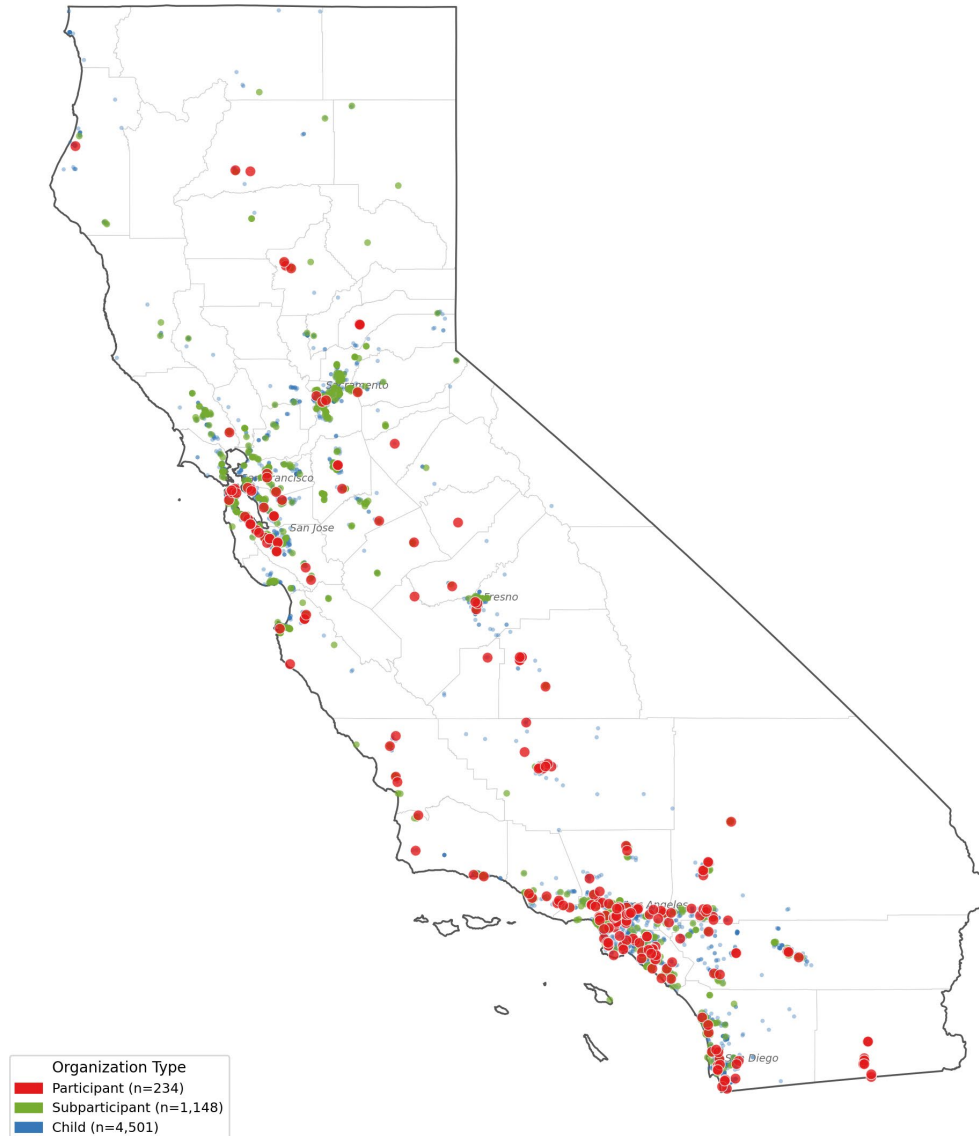
TEFCA Participation Growth

TEFCA Directory Growth: April 2025 to March 2026

- National: 18,018 → 74,325 organizations (+313%)
- California: 865 → 5,885 organizations (+580%)
- New York: 436 → 3,209 organizations (+636%)
- CA and NY both growing faster than the national average
- Epic Nexus accounts for 88% of all directory entries across geographies
- Treatment is the near-universal exchange case (97%+); electronic case reporting adopted by 27% of CA participants

TEFCA Organizations in California, March 2026

5,885 unique organizations

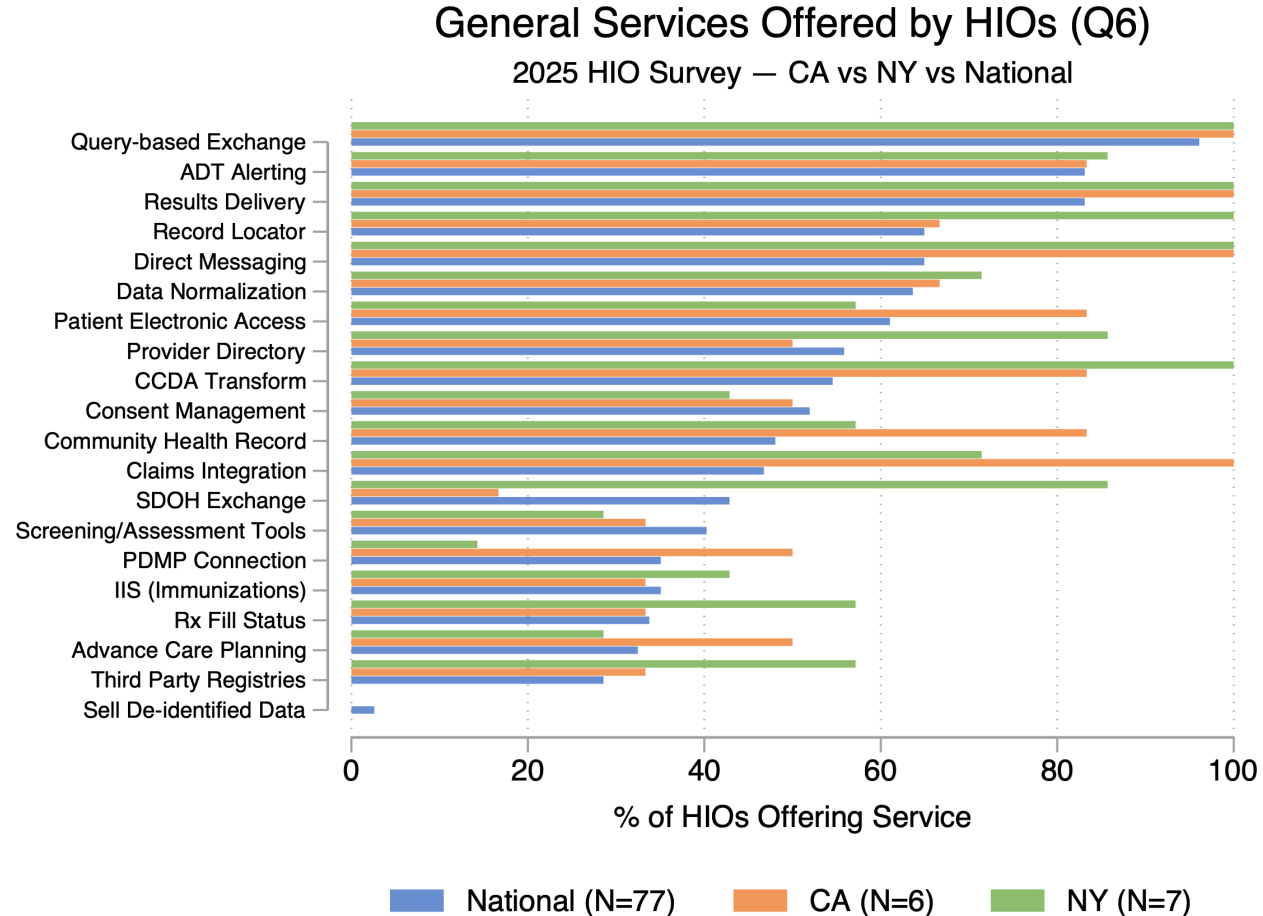




Health Information Organizations

HIO General Services Offered, 2025

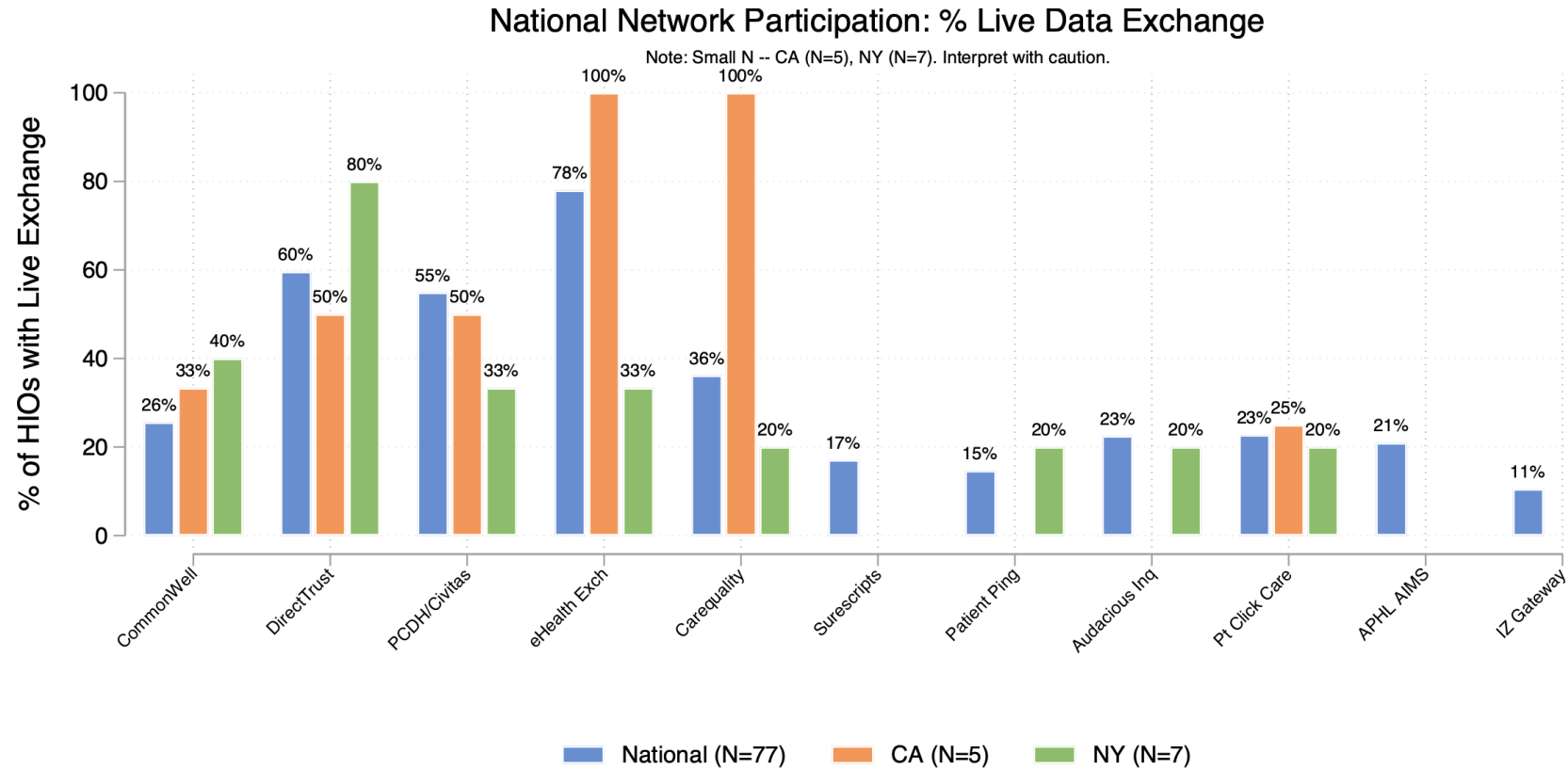
CA HIOs lead in data normalization (100% vs 65%) and SDOH exchange (83% vs 55%)



NOTE: Small N — CA=6, NY=7, National=77. Interpret with caution.
Sorted by National percentage (descending).

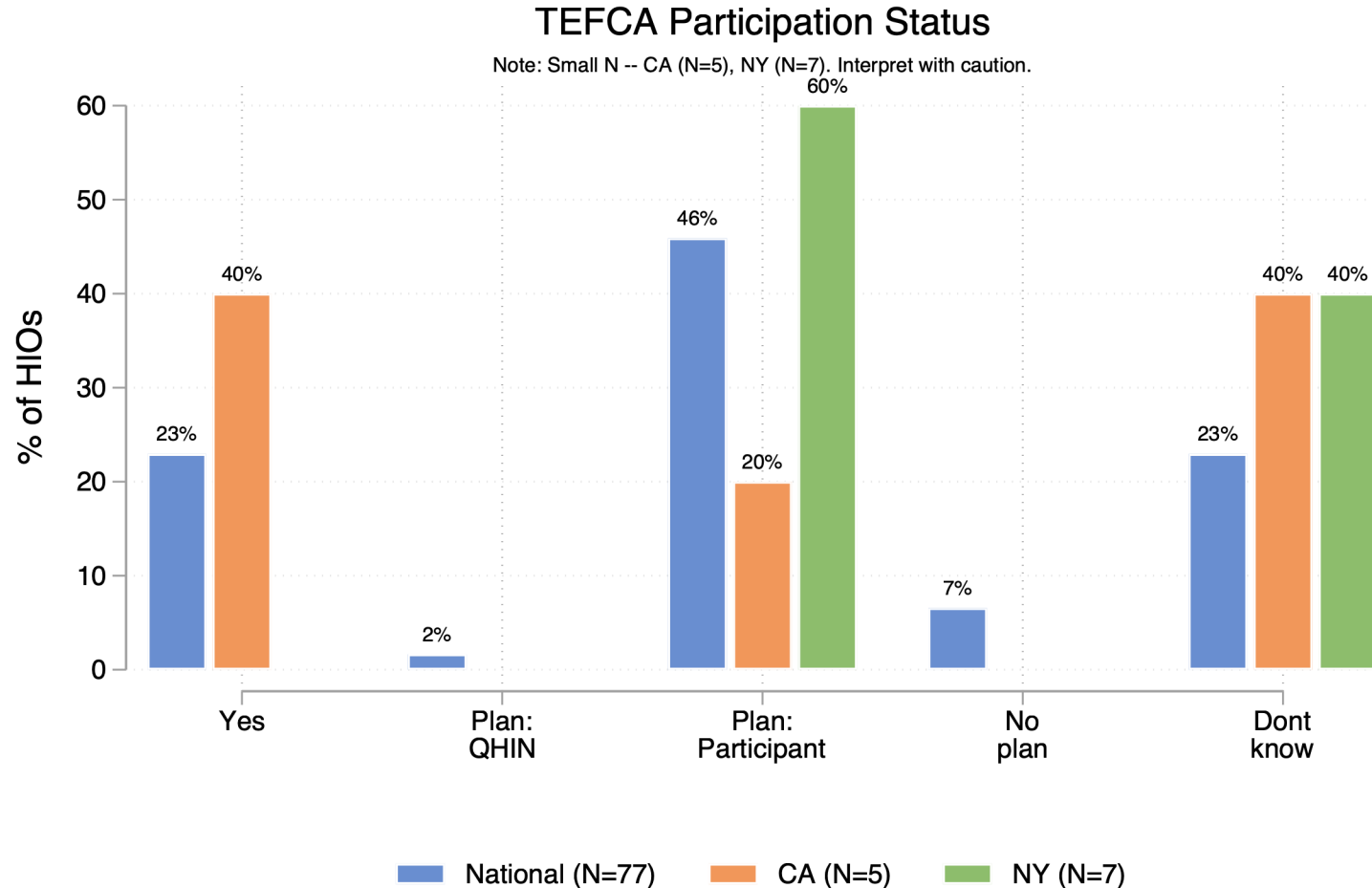
HIO National Network Participation, 2025

100% of CA HIOs participate in eHealth Exchange (vs. 69% nationally)



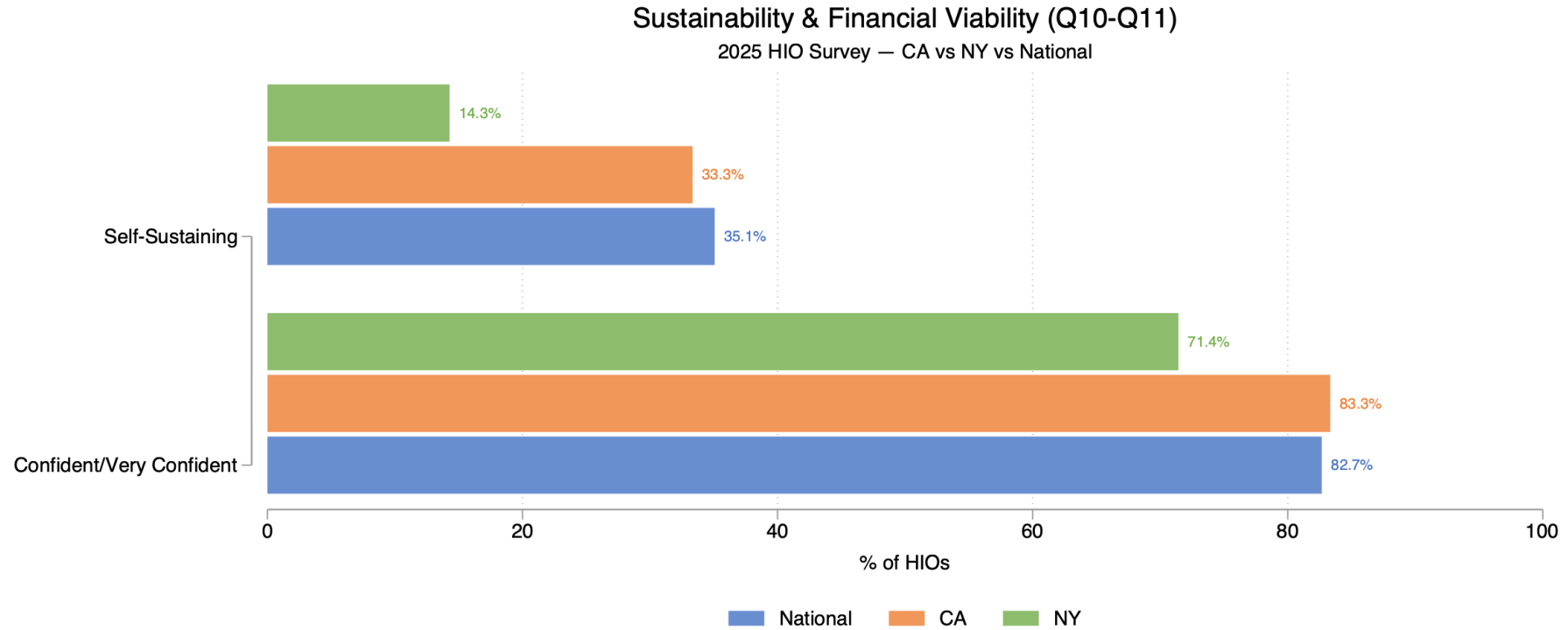
HIO TEFCA Participation, 2025

40% of CA HIOs currently in TEFCA (highest rate); 40% uncertain about participation



HIO Financial Sustainability, 2025

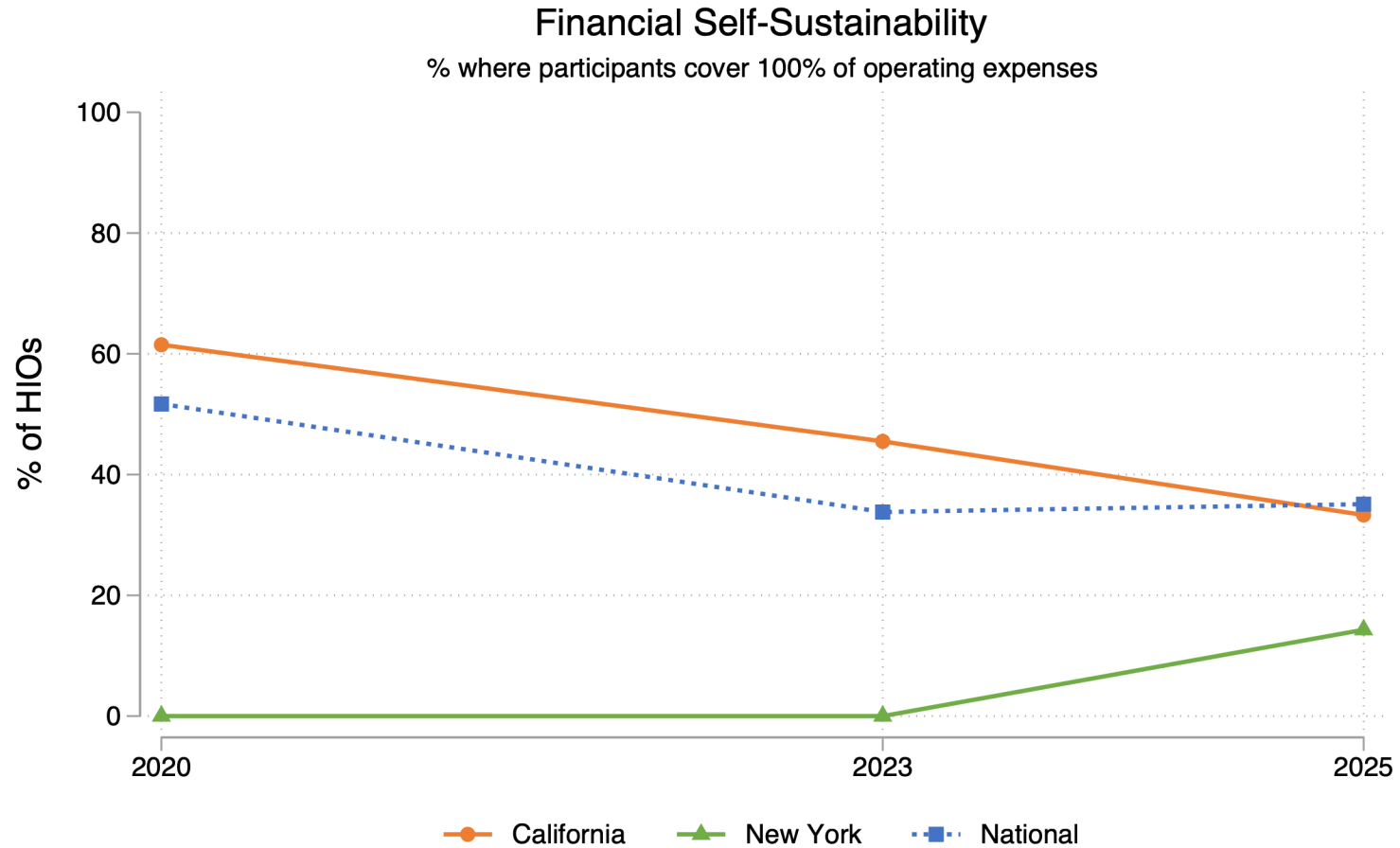
Only 33% of CA HIOs and 14% of NY HIOs are fully self-sustaining



NOTE: Small N — CA=6, NY=7, National=77.

HIO Self-Sustainability Over Time

Declining self-sustainability nationally; NY HIOs particularly dependent on external funding

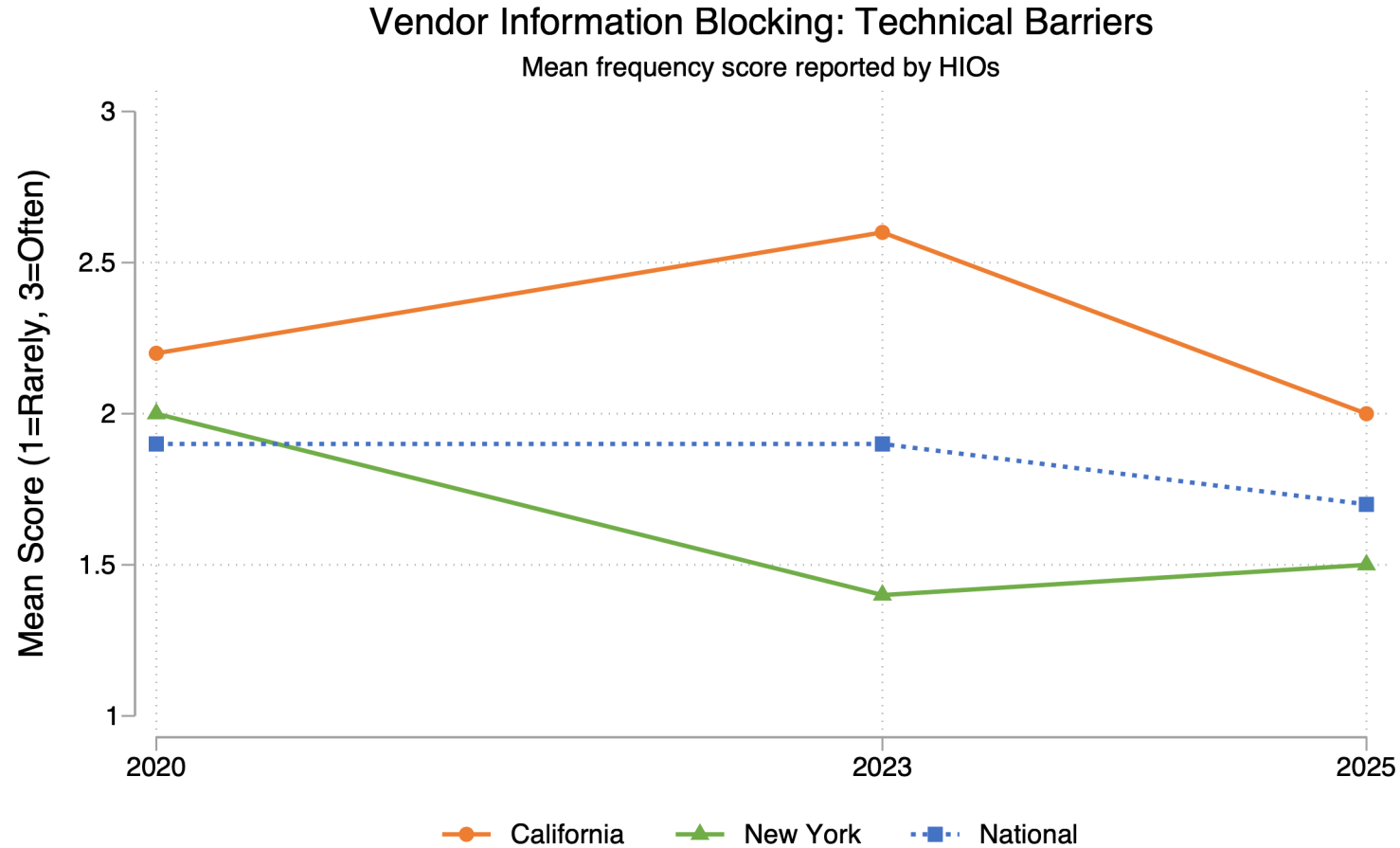


Source: Nationwide HIO Survey, 2020/2023/2025. CA N=6-13, NY N=6-7.

Information Blocking

Vendor Information Blocking: Technical Barriers (Trend)

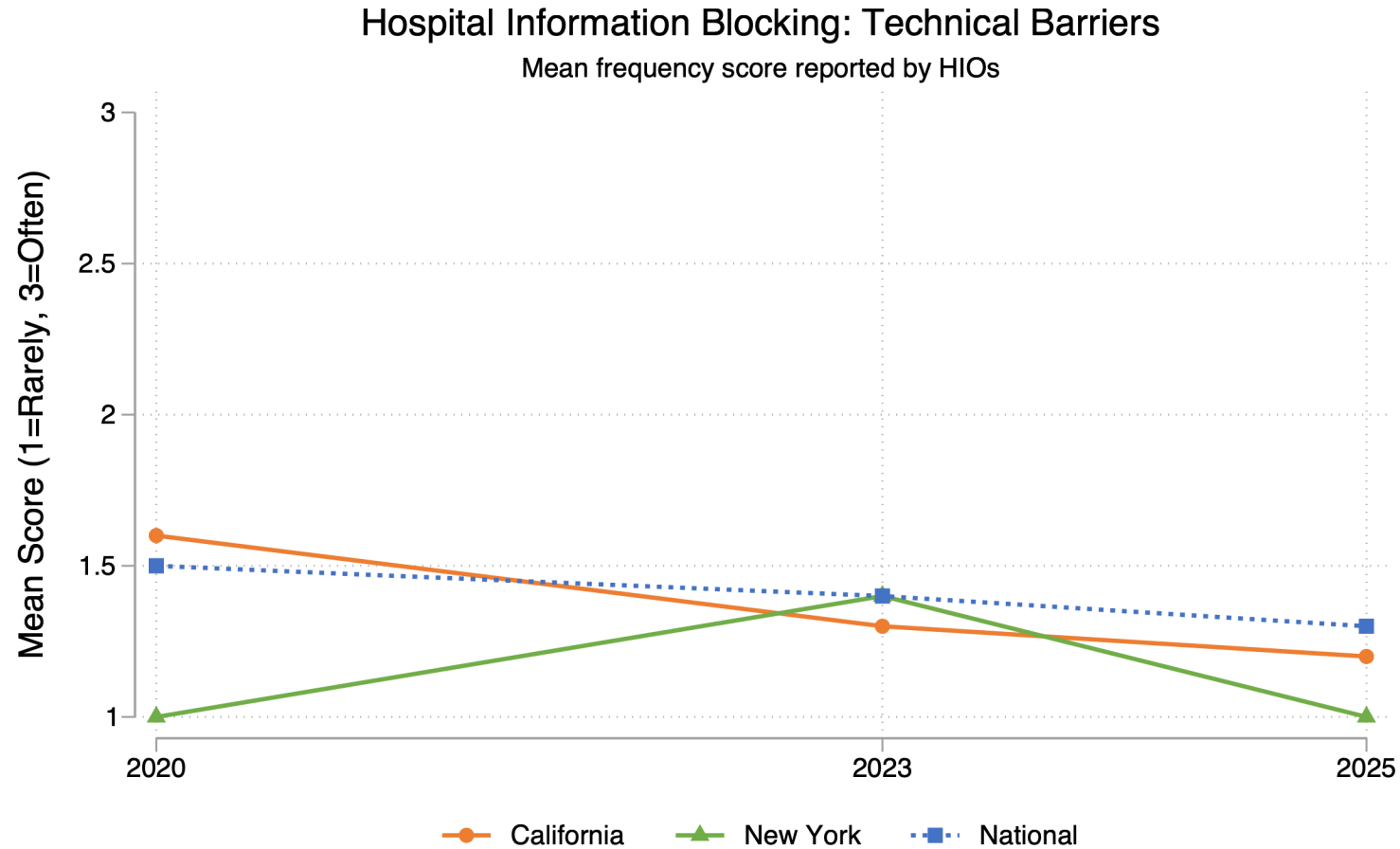
Declining nationally from 2020 to 2025; CA saw a spike in 2023 then recovered



Source: Nationwide HIO Survey, 2020/2023/2025. CA N=6-13, NY N=6-7.

Hospital Information Blocking: Technical Barriers (Trend)

Broadly declining; NY and national converging



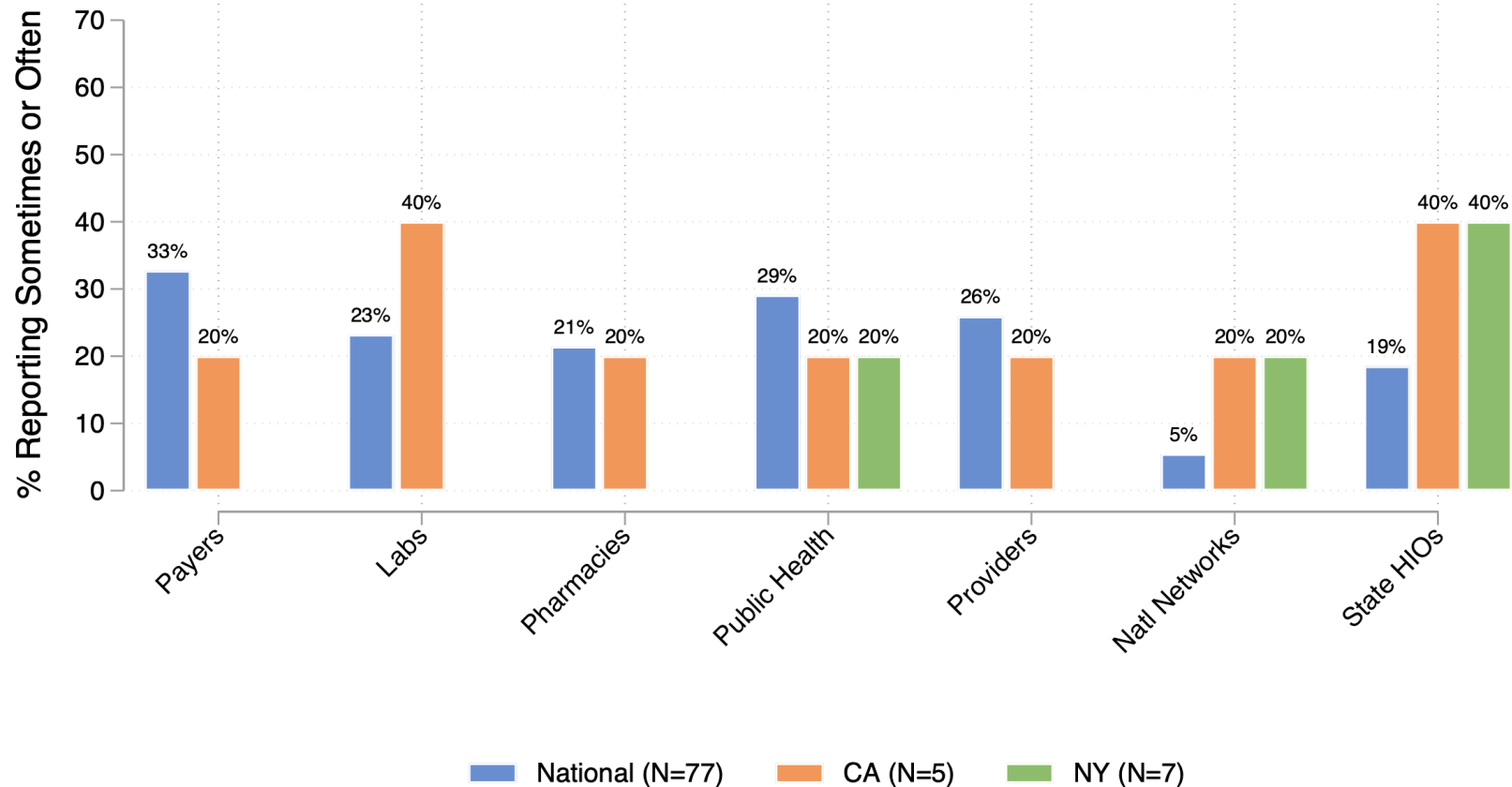
Source: Nationwide HIO Survey, 2020/2023/2025. CA N=6-13, NY N=6-7.

Information Blocking by Entity Type, 2025

Commercial payers and labs most commonly cited as engaging in blocking behaviors

Other Entity Information Blocking: % Sometimes or Often

Note: Small N -- CA (N=5), NY (N=7). Interpret with caution.





Next Steps: Outcomes-Focused Evaluation

Shifting from Connectivity to Outcomes

The next phase of DxF evaluation

- Current benchmarks measure infrastructure: Are hospitals connected? Do HIOs exchange data?
- The critical next question: Does interoperability improve care for Californians?
- What is the impact of data exchange on patient outcomes, duplicative utilization, and total costs?

Future Evaluation Approach

Linking exchange data to outcomes using California administrative data

- Hospital discharge data (OSHPD): readmissions, ED revisits, length of stay
- Medi-Cal claims: ambulatory quality measures, preventable utilization
- Difference-in-differences design: compare outcomes before/after DxP implementation phases
- Subgroup analysis: safety-net hospitals, rural communities, Medi-Cal beneficiaries

Thank You



a.holmgren@ucsf.edu

Public Comment

Lunch

Item #5

SB 660 Requirements, Orientation, and Advisory Committee Deliverables

Jacob Parkinson, DxF Program Director

Jennifer Sayles, MD, MPH, Committee Chair

Advisory Committee Roles and Responsibilities

Jennifer Sayles, MD, MPH, Committee Chair

DxF Governance Under SB 660

SB 660 assigned the HCAI Director responsibility for appointing members to the DxF Stakeholder Advisory Committee and specified the stakeholder groups represented.

SB 660 Requirements for the DxF Stakeholder Advisory Committee	
Composition	<ul style="list-style-type: none"> Up to 17 voting members No more than 50% voting members from organizations that are DSA signatories
Membership	<ul style="list-style-type: none"> Expanded membership to include skilled nursing facilities, physician organizations and medical groups, and management services organizations State departments designated as ex officio non-voting members
Meeting Operations	<ul style="list-style-type: none"> Meetings are subject to the Bagley-Keene Open Meeting Act
Deliverables	<ul style="list-style-type: none"> By January 1, 2027: Develop recommendations and best practices for DxF signatories to collect individual-level demographic and health-related social needs data about Californians services. By July 1, 2027: Collaborate with HCAI on developing a report to the Legislature.

Member Expectations

Members are expected to prepare, participate, and engage in a constructive stakeholder and public process.

- **Prepare:** Review materials in advance and come ready to contribute expertise, insights, and perspectives.
- **Participate:** Attend in-person meetings and engage actively in discussion.
- **Engage:** Support a constructive and transparent process consistent with public meeting requirements.



Voting and Ex Officio Member Roles

VOTING MEMBERS

- Vote on formal recommendations to HCAI within the Advisory Committee's scope.
- Attend personally; no designees, substitutes, or proxies.
- Follow applicable conflict-of-interest and disclosure requirements.

EX OFFICIO / NON-VOTING MEMBERS

- Participate in discussion in a nonvoting capacity.
- Provide subject matter expertise and support interagency coordination.
- Attend meetings as relevant to their role and subject matter expertise.
- May identify a delegate or substitute if needed, though consistent participation is encouraged.

Meeting Attendance Expectations

In-Person Advisory Committee Meeting Dates

April 16, 2026

June 18, 2026

August 20, 2026




October 15, 2026

December 17, 2026

February 18, 2027

April 15, 2027

In-person attendance is the default expectation for Advisory Committee meetings.

-  All meetings will be held in-person
-  If a member is unable to attend in-person, notify HCAI in advance and confirm whether remote participation is possible.
 - If members need to attend a meeting virtually due to extenuating circumstances, provide at least seven (7) business days' notice and include a brief justification for the request.
-  Members approved to attend virtually will be required to keep their camera on for the duration of the meeting and announce if they need to step away or be off camera for any reason.

Advisory Committee Quorum

A quorum determines when the Advisory Committee may take formal action within its advisory role including recommendations to HCAI upon an affirmative vote.

- A quorum shall consist of a majority of the voting members then appointed.
- The Advisory Committee may hear presentations, receive public comment, and engage in discussion without a quorum, as permitted by law and HCAI practice.
- Recommendations to HCAI or other formal actions, such as approval of meeting minutes, may occur only when a quorum is present.

Advisory Committee Recommendations

GENERAL APPROACH

- The Advisory Committee shall generally conduct its work through discussion and input-gathering, with formal votes reserved for recommendations that require Advisory Committee action.
- Not all agenda items require formal action.

WHEN A VOTE IS NEEDED

- Formal votes occur only on properly noticed agenda items.
- The Chair will open the voting process after public comment.
- Ex officio members may participate in discussion but do not vote.
- A quorum is required for a vote to be taken.
- Votes are taken on a clearly stated motion by roll call and recorded in the meeting record.
- Proxy or absentee voting is not permitted.

SB 660 Requirements

Jacob Parkinson, DxF Program Director

Overview of SB 660

Effective January 1, 2026, SB 660 (Menjivar, Chapter 325, Statutes of 2025) strengthened and expanded the Data Exchange Framework in the following ways:

- Designated HCAI the administrator of the DxF program;
- Clarified definitions for “physician organizations and medical groups” and required Emergency Medical Services to execute the Data Sharing Agreement (DSA) and begin data exchange;
- Codified the Qualified Health Information Organizations (QHIOs) Program into state law;
- Beginning July 1, 2026, required DSA execution as a condition of contracting with the Department of Health Care Services (DHCS), the Public Employees’ Retirement System (CalPERS), and the California Health Benefit Exchange (Covered California) for required signatories;
- Beginning January 1, 2027, required HCAI to publish and regularly update a list of required signatories that may be out of compliance with signing the DSA; HCAI may refer non-compliant entities to the relevant state licensing agency;
- Authorized HCAI to develop further enforcement actions, pending input from the stakeholder advisory committee and upon appropriation from the Legislature; and
- Strengthened DxF governance by broadening stakeholder advisory committee membership and expanding the committee's responsibilities.

Timeline for SB 660 Implementation

HCAI will use a phased approach for implementation to ensure meaningful stakeholder engagement, updating timelines and activities as implementation progresses.

2026			2027	
<p>January 1, 2026</p> <p>SB 660 took effect.</p>	<p>April 2026</p> <p>HCAI appoints stakeholder advisory committee members.</p>	<p>July 1, 2026</p> <ul style="list-style-type: none"> • New entities are required to execute the DSA. • Execution of DSA is required condition of contracting with select public health care service organizations.¹ • HCAI establishes a process to designate QHIOs. 	<p>January 1, 2027</p> <ul style="list-style-type: none"> • HCAI publishes entities that may be out of compliance with the requirement to sign DSA. • Stakeholder advisory committee publishes recommendations and best practices for collecting demographic and health-related social needs data. 	<p>July 1, 2027</p> <ul style="list-style-type: none"> • HCAI and stakeholder advisory committee release legislative report. • HCAI begins to develop any enforcement subject to the Administrative Procedures Act.²



Convene the DxF Stakeholder Advisory Committee in April 2026 (ongoing)

1. Includes the Department of Health Care Services (DHCS), the Public Employees' Retirement System (CalPERS), and the California Health Benefit Exchange (Covered California).
2. Pending stakeholder input and appropriation.

Legislative Report Requirements

HCAI shall collaborate with the Advisory Committee on the following items for the legislative report due by July 1, 2027:

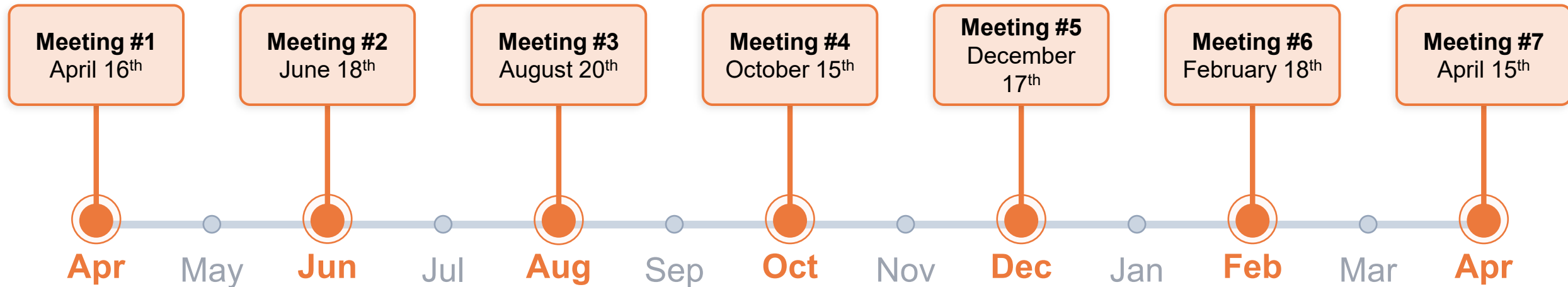
- A list of all entities in paragraphs (1), (3), and (4) of subdivision (f) of section 130290 of the Health and Safety Code deemed to be required signatories.
- The status of each of these entities' execution of the DSA.
- The compliance pathway or pathways these required signatories utilized to meet their contractual requirements under the data sharing agreement, and, if the signatory has a contract in place with a state purchaser.
- An evaluation as to the need for an independent governing board for the Data Exchange Framework.
- An evaluation of the need for technical assistance and other grant programs to support signatories' legal requirements under the data sharing requirement.
- An evaluation of other categories of entities for participation in the Data Exchange Framework.
- 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.
- An assessment of consumer experiences with health and social services information exchange.

Advisory Committee Deliverables & Priorities

Jacob Parkinson, DxF Program Director

DxF Advisory Committee Meeting Schedule

HCAI will convene the Advisory Committee for seven meetings in the upcoming year to advance SB 660 implementation activities and other key priorities.



All meetings will be held from 10am – 4pm.

Final agendas and any relevant pre-read materials will be shared with members in advance of each meeting.

Advisory Committee Meeting Priorities

Meetings will primarily focus on HCAI prioritized initiatives related to SB 660, with additional discretionary topics discussed as time permits.

SB 660 Implementation Priorities

1. DxF Contracting Requirements
2. QHIO Program Evolution
3. Public Accountability and Enforcement
4. Recommendations for Collecting Demographic and Health-Related Social Needs (HRSN) Data
5. Legislative Report
 - Additional Enforcement and Dispute Resolution
 - Consumer Experience with Health and Social Services Information (HSSI) Exchange
 - Governing Board
 - Grants, Technical Assistance, and Rural Health Funding
 - Potential New DxF Signatories

Discretionary Strategic Initiatives

- Social Services Exchange
- Consent Management
- Identity Management
- Roadmap for FHIR Adoption
- Participant Directory Improvement
- Other Strategic Initiatives

For Further Discussion Today: After reviewing SB 660 Implementation Priorities, Members will discuss and prioritize discretionary initiatives for further exploration as subsequent meeting time permits.

1



DxF Contracting Requirements

Problem statement: SB 660 requires health care organizations to execute the Data Sharing Agreement (DSA) as a condition of contracting with Department of Health Care Services (DHCS), the Public Employees' Retirement System (CalPERS), and Covered CA for the coverage or provision of health care services by July 1, 2026.

Efforts to Date

- **DHCS, CalPERS, and Covered CA each have incorporated data exchange requirements into their health plan contracts, such as:**
 - Executing the DSA and complying with DxF Policies and Procedures (P&Ps);
 - Participating in a QHIO; and
 - Ensuring that subcontractors and delegates execute the DSA.

Areas for Further Exploration

- **Convene DHCS, Covered CA, and CalPERS** to consider alignment on contracting approaches.
- **Establish communication channels** to promote awareness of requirements, how to engage with public purchasers as needed.
- **Support cross purchaser metrics and reporting** to provide transparency and enable evaluation.



QHIO Program Evolution

Problem statement: The QHIO program was created to support health care entities in meeting DxF data exchange requirements, but HCAI and Participants have identified gaps in the QHIO Program and QHIOs' capacity to serve Participants. As SB 660 codifies the QHIO program, it creates an opportunity to assess and strengthen it.

Efforts to Date

- **Launched QHIO application and designated nine organizations** as QHIOs (2023).
- **Refined QHIO program requirements** (2023-2024).
- **Compiled stakeholder feedback** on gaps in designation process and the quality of QHIO services. These include:
 - Uneven QHIO capabilities;
 - Inconsistent services, coverage, and participant types across QHIOs; and
 - Voluntary use provisions that fragment exchange.

Areas for Further Exploration

- **Supporting enhanced oversight** to emphasize demonstrated capability over attestation.
- **Allow QHIOs to specialize in certain services** that align with the sustainability of their business models.
- **Clarify QHIO roles and minimum requirements for event notification exchange.**
- **Create standards for data exchange** among QHIOs, including expectations for reciprocity.
- **Explore strategies to leverage QHIOs to fill gaps that nationwide networks do not meet.**

3



Public Accountability & Enforcement

Problem statement: SB 660 requires HCAI to publish and keep current on its website the names of any known entities the department deems not in compliance with California Health & Safety Code section 130290(f) by January 1, 2027.

Efforts to Date

- **Initiated work to identify organizations** that are required to execute the DSA per California Health & Safety Code section 130290(f).
- **Began developing processes** to identify and track compliance.

Areas for Further Exploration

- **Establish a process for accepting and publishing extenuating circumstances.**
- **Determine criteria for referring non-compliant entities** to relevant state licensing entities.

4



Recommendations for Collecting Demographic & HRSN Data

Problem statement: SB 660 requires the Advisory Committee to develop recommendations by January 1, 2027, for statutory changes, training and technical assistance, and best practices to ensure entities collect individual-level demographic and HRSN data.

Efforts to Date

- **Published DxF policies which support exchange of demographic and HRSN data, including:**
 - DSA and P&Ps enable exchange of HSSI, establishing a framework for HRSN data exchange.
 - DxF requirements include exchange (but not collection) of demographic and social determinants of health (SDOH) data elements.
- **CalHHS departments developed guidelines** for standardized collection of certain demographic data.

Areas for Further Exploration

- **Determine whether statutory changes are needed** to require DxF signatories to collect individual-level demographic and HRSN data.
- **Identify what training, technical assistance, and best practices** could support DxF signatories in meeting individual-level demographic and HRSN data collection requirements.

5



Legislative Report

Problem statement: SB 660 requires HCAI, in collaboration with the Stakeholder Advisory Committee, to develop and submit a report to the Legislature by July 1, 2027, addressing DxF governance, participation, and implementation.

Efforts to Date

- **Under AB 133 (2021), CalHHS** convened the Stakeholder Advisory Group and directed development of the DxF, including submission of an **early legislative update in April 2022** addressing governance, identity matching, and other foundational policy questions.
- **SB 660 (2025)** built on AB 133 by transitioning DxF administration to HCAI and directing HCAI, in collaboration with the Advisory Committee, to submit a report to the Legislature by July 1, 2027.

Areas for Further Exploration

Provide recommendations to HCAI in support of the legislative report, including:

- The need for additional enforcement and dispute resolution;
- Consumer experiences with HSSI exchange;
- The need for an independent DxF governing board;
- The need for technical assistance and other grant programs to support signatories' compliance with requirements of the DxF; and
- Other categories of entities for participation in the DxF.

Potential Advisory Committee Meeting Timeline



1. DxF Contracting Requirements



2. QHIO Program Evolution



3. Public Accountability and Enforcement



4. Recommendations for Collecting Demographic and HRSN Data



5. Legislative Report



Note: Topics have been scheduled to align with SB 660 deadlines and are subject to change.

Feedback on SB 660 Implementation Priorities

For Discussion

- What questions do you have on these implementation priorities?
- Which of these are you most interested in contributing to?
- Do you have any recommendations for guest speakers to support any of these items?

SB 660 Implementation Priorities

1. DxF Contracting Requirements
2. QHIO Program Evolution
3. Public Accountability and Enforcement
4. Recommendations for Collecting Demographic and Health-Related Social Needs (HRSN) Data
5. Legislative Report

Public Comment

Break

Item #6

Additional DxF Strategic Initiatives & Committee Priorities






Jacob Parkinson, DxF Program Director

Jennifer Sayles, MD, MPH, Committee Chair

DxF Strategic Initiative Prioritization

While many of the 2026 Advisory Committee meetings will focus on SB 660 implementation, HCAI may seek input on additional strategic priorities (time permitting).

Discretionary Strategic Initiatives for Discussion

-  **Social Services Data Exchange**
Prioritize high-impact social service data sharing use cases to enable cross-sector exchange beyond Medi-Cal.
-  **Consent Management**
Build standardized consent infrastructure and policy guidance so providers can confidently share information across systems.
-  **Identity Management**
Establish reliable digital identity and person-matching approaches to reduce misidentification.
-  **Roadmap for FHIR Adoption**
Develop a DxF FHIR adoption roadmap aligned with federal interoperability requirements.
-  **Participant Directory Improvement**
Enhance the Participant Directory's functionality, data quality, and long-term value for signatories.

DxF Initiative Prioritization Exercise

Today's objective is to identify a set of high-impact initiatives based on Member input.

Discussion Agenda

- Overview of Discretionary Strategic Initiatives
- Prioritization Exercise
 - Identify Other Strategic Initiatives
 - Initial Prioritization
 - Discussion
- Public Comment & Reprioritization
- Member Vote

HCAI is committed to further exploring prioritized topics throughout 2026 and will share learnings and educational updates with the Advisory Committee through this forum or supplemental meetings.

1



Social Services Exchange

Problem Statement: The social services data ecosystem frequently lacks interoperability and shared data standards, making it difficult to share information and build a complete view of an individual's needs.

Efforts to Date

- **Identified potential use cases** (e.g., maternity/newborns, homelessness, and child welfare).
- **Surveyed successful “live” county-level models of health and social data sharing** with common dependencies on statewide data system for cross-sector exchange.
- **Advanced learning through targeted engagements**, including DxF Technical Advisory Committee (TAC) discussions, departmental consultations, and externally funded research. Published minimum data requirements for select social data use cases in the Connecting for Better Health (C4BH) Sandbox.

Potential Areas for Further Exploration

- **Continue testing social data-sharing use cases** in the C4BH Sandbox, including sustained learning through the Housing Data Sharing Community of Practice.
- **Explore H.R.1. and Medi-Cal eligibility** as a high-impact, cross-sector use case, where the State could play a more direct role under the DxF to enable exchange.
- **Develop P&Ps or other guidance** to establish standardized social service data elements and required purposes for exchange.
- **Advance a consent framework** for exchanging social services and health data with social services entities.

2



Consent Management

Problem Statement: California’s physical, behavioral, public health and social service systems remain siloed. Without clear policy guidance and shared infrastructure for managing consent, providers are reluctant to share sensitive information — limiting integrated, whole person-centered care.

Efforts to Date

- **Established consent management as a DxF priority**, with DHCS leading development of a standard consent form (ASCFI) and a statewide consent management platform scheduled for launch in July 2026.
- **Supported and shaped implementation** by convening a series of DxF Technical Advisory Committee (TAC) discussions and synthesizing outcomes into a formal consent management recommendation memo.

Potential Areas for Further Exploration

- **Develop P&Ps addressing matters of informed consent** and incorporate consent management into the draft DxF architecture.
- **Expand data-sharing toolkits** and establish statewide consent management standards.
- **Support regional implementation** through QHIOs and local partners.
- **Convene stakeholders** to identify priority use cases to focus ongoing efforts and determine how to best to leverage ASCFI.

3



Identity Management

Problem Statement: Identifying individuals across healthcare, social services, and public health systems is unreliable and inaccurate. This leads to mistaken identity, degraded trust, delays in services, lost eligibility, missed care coordination, and operational inefficiencies.

Efforts to Date

- **Established the foundation for digital identity and person matching:**
 - Published the [Strategy for Digital Identities](#) (2022) outlining a vision for unique, secure digital identities statewide.
 - Established person-matching requirements in the [Technical Requirements for Exchange P&P](#) (2023).
- **Convened TAC meetings in 2025** to refine the problem and recommend solution characteristics (see [published memo](#)).

Potential Areas for Further Exploration

- **Promote adoption of required person attributes and standards;** revise attributes as needed.
- **Publish an addendum to the Strategy for Digital Identities** addressing TAC recommendations.
- **Work with CalHHS Departments** to improve person matching.
- **Advance person matching requirements** for the DxF and within the QHIO Program to improve statewide data exchange.



Roadmap for FHIR Adoption

Problem Statement: Federal agencies and nationwide networks are increasingly requiring or promoting FHIR for health data exchange, but DxF has no roadmap for how participants should use FHIR to meet DxF obligations.

Efforts to Date

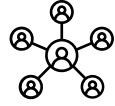
- **Monitored federal and state FHIR requirements**, tracking CMS mandates for regulated entities,* DHCS implementation, and the TEFCA roadmap.**
- **Convened a 2024 Technical Advisory Committee (TAC) meeting series** that concluded it was premature to set FHIR requirements but recommended developing a clear adoption roadmap.
- **Engaged DHCS on requirements for Medi-Cal and managed care organizations** to adopt FHIR for data exchange.

Potential Areas for Further Exploration

- **Draft and publish a DxF FHIR adoption roadmap** with stakeholder engagement (TAC input, public comment), considering implications for the Participant Directory.
- **Implement the roadmap** for FHIR-Based exchange.

*These include the [Interoperability & Patient Access Final Rule, CMS-9115-F](#) (2020), [Interoperability & Prior Authorization Final Rule, CMS-0057-S](#) (2024), and [ONC HTI-1 Final Rule](#) (2023).

**See [FHIR Roadmap for TEFCA Exchange v2.0](#) for more information.



Participant Directory Improvement

Problem Statement: The Participant Directory is an application and a listing of DxF Participants. Stakeholder feedback highlighted opportunities to improve the Directory and Participant engagement, including specifying exchange purposes, providing contact details, integrating with national directories, and enabling application program interface (API) access.

Efforts to Date

- **Substantial resources invested for initial design, launch, and stakeholder education** to support adoption (2023–2024).
- **Activity in 2025 focused on data quality review and clean-up** and targeted outreach to increase completed Participant Directory entries.

Potential Areas for Further Exploration

- **Revamp functionality** by encouraging review and refresh of current entries and improve the overall functionality (e.g., integrating with national directories, enabling API access).
- **Develop a long-term sustainability and product management plan** to maximize ongoing value for signatories.
- **Explore opportunities to increase Participant engagement** with the Participant Directory informed by current usage patterns.

Prioritization Exercise

Jennifer Sayles, MD, MPH, Committee Chair

Part 1: Identifying Other Strategic Initiatives

For Discussion

- What, if any, additional strategic initiatives do Members recommend HCAI consider as high priority?

Initial Discretionary Initiatives Identified by Stakeholders

1. Social Service Data Exchange
2. Consent Management
3. Identity Management
4. Roadmap for FHIR Adoption
5. Participant Directory Improvement

Part 2: Prioritization Exercise

Initiatives for Discussion

- Social Service Data Exchange
- Consent Management
- Identity Management
- Roadmap for FHIR Adoption
- Participant Directory Improvement
- Other Initiatives Identified by Members

Exercise

- Each person will have 2 **yellow** stickers to allocate across initiatives.
- Place stickers on the printed sheets to represent your recommended priority level for each initiative.
 - *Note: Individuals may assign more than one sticker to an initiative.*
- You may apply your stickers to other initiatives identified by Members in today's meeting.

Part 3: Prioritization Discussion

For Discussion

- What factors influenced how members approached their selections? (e.g., anticipated impact, feasibility)
- Any reactions to the results or themes that stand out?
- Would any members like to share more about the initiatives they prioritized?

Public Comment

Part 4: Re-prioritization Exercise

Initiatives for Discussion

1. Social Service Data Exchange
2. Consent Management
3. Identity Management
4. Roadmap for FHIR Adoption
5. Participant Directory Improvement
6. Other Initiatives Identified by Members

Exercise

- Each person will have 1 **green** sticker to allocate across initiatives.
- Place sticker on the printed sheets to represent your recommended priority level for each initiative.

Public Comment

Advisory Committee Vote

Advisory Committee Members

Item #7

General Public Comment

Jennifer Sayles, MD, MPH, Committee Chair

Item #8

Closing Remarks & Adjournment

Jennifer Sayles, MD, MPH, Committee Chair

Future Meeting Dates

Advisory Committee Meeting	Date	Time
In-Person Meeting # 2	June 18, 2026	10:00 am – 4:00 pm PT
In-Person Meeting # 3	August 20, 2026	10:00 am – 4:00 pm PT
In-Person Meeting # 4	October 15, 2026	10:00 am – 4:00 pm PT
In-Person Meeting # 5	December 17, 2026	10:00 am – 4:00 pm PT
In-Person Meeting # 6	February 18, 2027	10:00 am – 4:00 pm PT
In-Person Meeting # 7	April 15, 2027	10:00 am – 4:00 pm PT

Preliminary Meeting #2 Topics

- DxF Contracting Requirements
- QHIO Program Overview
- Event Architecture Discussion: Background and Current Problems
- Event Architecture Discussion: Introducing Potential Solutions



Stay informed!

Add yourself to our mailing list for DxF updates.



dxf.chhs.ca.gov/stayinformed/



Appendix

Preliminary Meeting Topics

Meeting #2 – June 2026

- QHIO Program Overview
- Event Architecture Discussion: Background and Current Problems
- Event Architecture Discussion: Introducing Potential Solutions
- DxF Contracting Requirements

Meeting #3 – August 2026

- QHIO Program Assessment
- Event Architecture Discussion: Recommendations for Solutions
- Individual-Level Demographic Data and HRSN Data
- Public Accountability/Enforcement Process

Note: *These meeting topics are subject to change.*

Preliminary Meeting Topics (cont.)

Meeting #4 – October 2026

- QHIO Program Opportunities
- Individual-Level Demographic Data and HRSN Data
- Public Accountability/Enforcement Process

Meeting #5 – December 2026

- QHIO Program Future
- Legislative Report: Enforcement/Dispute Resolution
- Legislative Report: Grants, TA, and Rural Health
- Legislative Report: Potential New Signatories

Note: *These meeting topics are subject to change.*