

Connecting for Better Health

Comparing Legislative Efforts to Promote Health Information Exchange in California

May 2021

California has renewed interest in promoting health information exchange in the 2021 legislative session. Below is an analysis of the two bills introduced this session and how they compare to Connecting for Better Health's policy aims.

Policy Aim	SB 371 (Caballero)	AB 1131 (Wood)
Ensure every provider and health plan shares needed data so that the whole care team, regardless of where they are in the state, has the information they need to serve their patients.	✘ Does not address participation requirements	✔ Requires providers and health plans to participate in a statewide health information network
Cement an ongoing source of funding. Other states have leveraged available federal funding to build robust health information exchange infrastructure. It is time for California to do the same.	✔ Would require CHHS to reinstate HIT Coordinator role, take advantage of funding made available in the American Rescue Plan Act of 2021 and Medicaid Information Technology Architecture (MITA) program	✔ Creates advisory and governing boards, and calls on state to leverage federal funding to invest in building out a health information network
Build needed statewide infrastructure while leveraging regional efforts, making sure every stakeholder has the appropriate support to participate.	✘ Requires health information organizations to connect to the California Trusted Exchange Network and a qualified national network, but does not build out statewide health information network	✔ Allows for health care organizations to connect to the statewide network through regional HIOs and commercial HIEs, or directly connect to statewide data repository

Additional considerations as the bills advance:

- Establish a leadership role and/or office with rule-making authority
- Include financial and technical support for provider organizations to onboard and maintain participation in the HIN
- Include a timeline for participation and address enforcement
- Clarify distinct roles of the governing board, advisory board, and the operating entity
- Broaden "health care entities and health care information" to accommodate social services data and address uniform consent
- Align patient's ability to correct data with federal law
- Link participation to compliance with federal interoperability rules
- Ensure that the HIN become an active participant on CTEN and use its governance framework for bi-directional data exchange