Connecting for Better Health

Advancing data sharing to improve the health of all Californians

April 12, 2023

Dr. Jim Wood
Chair, Assembly Committee on Health
1020 N Street, Room 390
Sacramento, CA 95814

Re: AB 1331 (Wood): Data Exchange Framework and Trailer Bill Language – Support – with recommendations for amendments

Dear Dr. Wood,

On behalf of Connecting for Better Health, we thank you for your leadership and authorship of AB 1331. This bill will make the needed changes to California law to grant the Center for Data Insights and Innovation ("the Center") the authority needed to set up a Data Exchange Framework governing board and continue to refine the Data Sharing Agreement and its policies and procedures.

Connecting for Better Health is a coalition representing diverse health care organizations and leaders including consumers, providers, and health plans, that supports the advancement of health data exchange policy in California. Our vision is that every Californian and their care team have the information and insights they need to make health care seamless, high quality, and affordable. A robust Data Exchange Framework is key to advancing this vision, and we appreciate your leadership in moving stakeholder conversations forward on how best to improve California law on the subject. We urge the Assembly Committee on Health, and its partners at the Center for Data Insights and Innovation to consider our proposed recommendations and amendments below that would clarify the required signatories to the Data Sharing Agreement; grant the Center clear statutory authority to interpret state law and issue new rules and regulations; and require a formal mechanism for engaging state agencies and other entities like qualified health information organizations in advisory groups, among other needed changes. We believe these changes strengthen the bill and provide a clearer path forward to encourage entities to sign the Data Sharing Agreement, promote transparent state agency and stakeholder engagement, and allow additional changes to be made to the Data Sharing Agreement and its Policies and Procedures.

Specifically, we recommend the Committee make the following changes:

- Include references to both health and social services information, to reinforce the intent of the Data Exchange Framework to take a whole-person approach to data sharing.

- Provide clear definitions and references for the entities required to sign and share data under the Data Sharing Agreement, in particular leveraging other legal definitions to define required signatories.
- Set new dates for the requirement to sign the Data Sharing Agreement.
- Grant clear authority to the Center to add additional categories of entities to the required list of signatories to the Data Sharing Agreement, and clear authority to promulgate regulations and conduct investigations in relation to the Data Sharing Agreement and its policies and procedures.
- Reduce the number of representatives on the proposed Data Exchange Board, and clarify the intent of establishing the board in advancing California's health care access, equity, affordability, public health and quality programs and goals, including California Advancing and Innovating Medi-Cal ("CalAIM").
- Call on the Center to establish a cross-agency task force comprised of representatives from state agencies to coordinate funding and policy strategies related to data sharing, and a Qualified Health Information Advisory Group to provide recommendations on technical standards and policies and procedures affecting the qualified health information organizations that will serve as data sharing intermediaries for signatories to the Data Sharing Agreement.

To that end, please find included below the signature line our recommendations indicated in red for amendments to the Health and Safety Code, based on the Center's proposed Trailer Bill Language published February 24, 2023.

We thank you for your leadership and consideration of these amendments, and respectfully request an aye vote.

Sincerely,

[to be inserted]

CC: John Ohanian, Director, Center for Data Insights and Innovation
DeeAnne McCallin, Deputy Director, Data Exchange Framework

SEC. 6. Section 130207 of the Health and Safety Code is amended to read:
130207. (a) Effective July 1, 2021, the Center for Data Insights and Innovation Fund is hereby created in the State Treasury, and, upon appropriation by the Legislature, moneys in the fund shall be made available for the purpose of this division. Any moneys in the fund that are unexpended or unencumbered at the end of the fiscal year may be carried forward to the next succeeding fiscal year.
(b) The Center for Data Insights and Innovation Fund is the successor fund to the Office of Health Information Integrity Trust Fund. All the assets and liabilities of the Office of Health Information Integrity Trust Fund shall become assets and liabilities of the Center for Data Insights and Innovation Fund upon establishment of the Center for Data Insights and Innovation Fund.
(c) Notwithstanding Section 16305.7 of the Government Code, all interest earned on moneys that have been deposited in the fund shall be retained in the fund and used for purposes consistent with this division.
(d) The fund shall be administered by the director and moneys in the fund shall be used to pay all costs arising from the implementation of this division and rendering services to state entities as required by this division, including, but not limited to, employment and compensation of necessary personnel and expenses, such as operating and other expenses of the center and costs associated with technical assistance, and to establish reserves. At the discretion of the director, segregated, dedicated accounts within the fund may be established.
(e) The fund shall consist of all of the following:
(1) Moneys appropriated and made available by the Legislature for the purposes of this division.
(2) All revenues received from the services provided for in this division.
(3) Any other moneys that may be made available to the center from any other source, including, but not limited to, the return from investments of moneys by the Treasurer and funds received pursuant to subdivision (g).
(f) The center may collect fee-for-service payments from a nonstate entity for services provided to the nonstate entity by the State Committee for the Protection of Human Subjects.
(g) The center may also solicit funding in any of the following ways:
(1) The center may apply to the United States Secretary of Health and Human Services for federal grants.
(2) To the extent permitted by federal law, the center may seek federal financial participation for assisting beneficiaries of the Medi-Cal program.
(3) The center may also receive grants, gifts, and funding from other sources.

SEC. 7. Section 130290 of the Health and Safety Code is amended and renumbered to read:
~~130290.~~
130212. (a) On or before July 1, 2022, and subject to an appropriation in the annual Budget Act, the California Health and Human Services Agency, along with its

departments and offices and in consultation with stakeholders and local partners, shall establish the California Health and Human Services Data Exchange Framework that shall include a single data sharing agreement and common set of policies and procedures that will leverage and advance national standards for information exchange and data content, and that will govern and require the exchange of health information among health care entities and government agencies in California. On or before July 1, 2023, and subject to an appropriation in the annual Budget Act, the Center for Data Insights and Innovation shall take over establishment, implementation, enforcement, and all the functions related to the California Health and Human Services Data Exchange Framework, including the data sharing agreement and policies and procedures, from the California Health and Human Services Agency.

(1) The California Health and Human Services Data Exchange Framework is not intended to be an information technology system or single repository of data, rather it is technology agnostic and is a collection of organizations that are required to share health information using national standards and a common set of policies in order to improve the health outcomes of the individuals they serve.

(2) The California Health and Human Services Data Exchange Framework will 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 policies.

(3) The California Health and Human Services Data Exchange Framework shall align with state and federal data requirements, including the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the Confidentiality of Medical Information Act of 1996 (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), and other applicable state and federal privacy laws related to the sharing of data among and between providers, payers, and the government, while also streamlining and reducing reporting burden.

(4) For the purposes of this section, "health and social services information" ~~means~~ includes but is not limited to the following data elements:

(A) For ~~hospitals, clinics, and physician practices~~ providers, as described in subsection (f) below, at a minimum, ~~the United States Core Data for Interoperability Version 1, until October 6, 2022. After that date, it shall include~~ all electronic health information as defined under federal regulation in Section 171.102 of Title 45 of the Code of Federal Regulations and held by the entity.

(B) For health insurers and health care service plans, at a minimum, the data required to be shared under the Centers for Medicare and Medicaid Services Interoperability and Patient Access regulations for public programs as contained in United States Department of Health and Human Services final rule CMS-9115-F, 85 FR 25510.

(b) (1) On or before January 31, 2024, the entities listed in subdivision (f), except those identified in paragraph (2), shall exchange health and social services information or provide access to health and social services information to and from every other entity in subdivision (f) in real time as specified by the ~~California Health and Human Services~~

~~Agency~~ center pursuant to the California Health and Human Services Data Exchange Framework data sharing agreement for treatment, payment, or health care operations.
(2) The requirement in paragraph (1) shall not apply to physician ~~practices~~ organizations as described in section (f) of fewer than 25 physicians, rehabilitation hospitals that provides those services defined in section 14064 of Welfare and Institutions Code 14064, long-term acute care hospitals as defined in the Medicare and Medicaid requirements for participation in 42 C.F.R. part 483, acute psychiatric hospitals as defined in subdivision (b) of Section 1250, critical access hospitals certified as such by the Secretary of the United States Department of Health and Human Services, ~~and~~ rural general acute care hospitals as defined in section 1250 with fewer than 100 acute care beds, state-run acute psychiatric hospitals operated by the Department of State Hospitals, and any ~~nonprofit~~ clinic as describe in subdivision (l) of Section 1206 or subdivision (a) of Section 1204 with fewer than 10 health care providers until January 31, 2026.
(3) Compliance with the requirement in paragraph (2) shall be required as a condition of contracting with the Department of Health Care Services, the California Public Employees' Retirement System, and the California Health Benefits Exchange.
(c) The California Health and Human Services Agency shall convene a stakeholder advisory group no later than September 1, 2021, to advise on the development and implementation of the California Health and Human Services Data Exchange Framework.
(1) The members of the stakeholder advisory group shall be appointed by the Secretary of California Health and Human Services and shall not have a financial interest, individually or through a family member, related to issues the stakeholder advisory group will advise on.
(2) The stakeholder advisory group shall be composed of health care stakeholders and experts, including representatives of all the following:
(A) The State Department of Health Care Services.
(B) The State Department of Social Services.
(C) The Department of Managed Health Care.
(D) The Department of Health Care Access and Information.
(E) The State Department of Public Health.
(F) The Department of Insurance.
(G) The Public Employees' Retirement System.
(H) The California Health Benefit Exchange.
(I) Health care service plans and health insurers.
(J) Physicians, including those with small practices.
(K) Hospitals, including public, private, rural, and critical access hospitals.
(L) Clinics, long-term care facilities, behavioral health facilities, or substance use disorder facilities.
(M) Consumers.
(N) Organized labor.
(O) Privacy and security professionals.
(P) Health information technology professionals.
(Q) Health information organizations.

(R) County health, social services, and public health.
(S) Community-based organizations providing social services.
(T) The State Department of State Hospitals.
(U) The State Department of Developmental Services.
(V) The Emergency Medical Services Authority.
(W) The Department of Corrections and Rehabilitation.
(3) The stakeholder advisory group shall provide information and advice to the California Health and Human Services Agency on health and social services information technology issues, including all of the following:
(A) Identify which data beyond health and social services information as defined in paragraph (4) of subdivision (a), at minimum, should be shared for specified purposes between the entities outlined in this subdivision and subdivision (f).
(B) Identify gaps, and propose solutions to gaps, in the life cycle of health information, including gaps in any of the following:
(i) Health and social services information creation, including the use of national standards in clinical documentation, health plan records, and social services data.
(ii) Translation, mapping, controlled vocabularies, coding, and data classification.
(iii) Storage, maintenance, and management of health and social services information.
(iv) Linking, sharing, exchanging, and providing access to health and social services information.
(C) Identify ways to incorporate data related to social determinants of health, such as housing and food insecurity, into shared health information.
(D) Identify ways to incorporate data related to underserved or underrepresented populations, including, but not limited to, data regarding sexual orientation and gender identity and racial and ethnic minorities.
(E) Identify ways to incorporate relevant data on behavioral ~~health~~ health, developmental disabilities, and substance use disorder conditions.
(F) Address the privacy, security, and equity risks of expanding care coordination, health information exchange, access, and telehealth in a dynamic technological, and entrepreneurial environment, where data and network security are under constant threat of attack.
(G) Develop policies and procedures consistent with national standards and federally adopted standards in the exchange of health ~~information~~ and social services information, including matters of consent, and ensure that health and social services information sharing broadly implements national frameworks and agreements consistent with federal rules and programs.
(H) Develop definitions of complete clinical, administrative, and claims data consistent with federal policies and national standards.
(I) Identify how all payers will be required to provide enrollees with electronic access to their health information, consistent with rules applicable to federal payer programs.
(J) Assess governance structures to help guide policy decisions and general oversight.
(K) Identify federal, state, private, or philanthropic sources of funding that could support data access and exchange.

(4) The stakeholder advisory group shall hold public meetings with stakeholders, solicit input, and set its own meeting agendas. Meetings of the stakeholder advisory group are subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).
(5) The members of the stakeholder advisory group shall serve without compensation, but shall be reimbursed for any actual and necessary expenses incurred in connection with their duties as members of the group.
(d) No later than April 1, 2022, the California Health and Human Services Agency shall submit an update, including written recommendations, to the Legislature based on input from the stakeholder advisory group on the issues identified in paragraph (3) of subdivision (c).
(e) On or before January 31, 2023, the ~~California Health and Human Services~~ ~~Agency~~ center shall work with the California State Association of Counties to encourage the inclusion of county health, public health, and social services, to the extent possible, as part of the California Health and Human Services Data Exchange Framework in order to assist both public and private entities to connect through uniform standards and policies. It is the intent of the Legislature that all state and local public health agencies will exchange electronic health information in real time with participating health care entities to protect and improve the health and well-being of Californians.
(f) On or before ~~January 31, 2023~~ [date to be determined], ~~and in alignment with existing federal standards and policies,~~ the following ~~health care~~ organizations shall execute the California Health and Human Services Data Exchange Framework data sharing agreement pursuant to subdivision (a):
~~(1) General acute care hospitals, as defined by Section 1250.~~ Providers, including the following:
(A) A physician organization, as defined in subsection (3).
(B) A health facility, as defined in Section 1250, including a general acute care hospital.
(C) A clinic conducted, operated, or maintained as an outpatient department of a hospital, as described in subdivision (d) of Section 1206.
(D) A clinic described in subdivision (l) of Section 1206.
(E) A clinic described in subdivision (a) of Section 1204.
(F) A specialty clinic, as described in paragraphs (1) to (3), inclusive, of subdivision (b) of Section 1204.
(G) An ambulatory surgical center or accredited outpatient setting.
(H) A clinical laboratory licensed or registered with the State Department of Public Health under Chapter 3 (commencing with Section 1200) of the Business and Professions Code.
(I) An imaging facility that employs or contracts with persons that are subject to the Radiation Control Law (Chapter 8 (commencing with Section 114960) of Part 9 of Division 104), or the Radiologic Technologists Act (Article 5 (commencing with Section 106955) of Chapter 4 of Part 1, or Article 6 (commencing with Section 107150) of Chapter 4 of Part 1 of Division 104).

(J) Providers operated by or under contract with the Indian Health Service or by an Indian tribe, tribal organization, or urban Indian organization.
(2) Physician organizations ~~and medical groups~~ including the following:
(A) An organization described in paragraph (2) of subdivision (g) of Section 1375.4.
(B) A risk-bearing organization, as defined in Section 1375.4.
(C) A restricted health care service plan and limited health care service plan under subdivision (a) of Section 1300.49 of Title 28 of the California Code of Regulations. The inclusion of restricted health care service plans and limited health care service plans in the definition of "physician organization" does not narrow, abrogate, or otherwise alter the regulatory authority of the Department of Managed Health Care over these entities.
(D) A medical foundation exempt from licensure pursuant to subdivision (l) of Section 1206.
(E) A medical group practice, a professional medical corporation, a medical partnership, or any lawfully organized group of physicians and surgeons that provides, delivers, furnishes, or otherwise arranges for health care services.
~~(3) Skilled nursing facilities, as defined by Section 1250, that currently maintain electronic records~~.
~~(4)~~ (3) 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.~~
~~(7)~~ (4) Emergency medical services, as defined by Section 1797.~~72~~94.
(5) County departments administering public social services as described in Section 10800 of the Welfare and Institutions Code.
(6) Local health jurisdictions, as defined by Section 101185.
(g) Compliance with the requirement in subsection (f) shall be required as a condition of contracting with the Department of Health Care Services, the California Public Employees' Retirement System, and the California Health Benefits Exchange.
(h) The center shall have the authority to determine other categories of entities that must sign the California Health and Human Services Data Exchange Framework data sharing agreement.
~~(g)~~ (i) The ~~California Health and Human Services Agency~~ center shall work with experienced nonprofit organizations and entities represented in the stakeholder advisory group in subdivision (c) to provide technical assistance to the entities outlined in subdivisions (e) and (f).
~~(h)~~ (j) On or before July 31, 2022, the California Health and Human Services Agency shall develop in consultation with the stakeholder advisory group in subdivision (c) a strategy for

unique, secure digital identities capable of supporting master patient indices to be implemented by both private and public organizations in California.

~~(i)~~ (k) For purposes of implementing this section, including, but not limited to, hiring staff and consultants, facilitating and conducting meetings, conducting research and analysis, and developing the required reports, the ~~California Health and Human Services Agency~~ center may enter into exclusive or nonexclusive contracts on a bid or negotiated basis. Contracts entered into or amended pursuant to this section shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and shall be exempt from the review or approval of any division of the Department of General Services.

~~No~~ A person hired or otherwise retained pursuant to this subdivision shall not be permitted to have any financial interest in the California Health and Human Services Data Exchange Framework or shall not be, or be affiliated with, any health care organization required to participate in the California Health and Human Services Data Exchange Framework pursuant to subdivisions (b) and (f). The term "person," as used in this subdivision, means any individual, partnership, joint venture, association, corporation, or any other organization or any combination thereof.

(l) On or before [date to be determined], the center shall establish and administer the California Data Exchange Cross-Agency Task Force to identify parallel health and social services information technology efforts and state agency needs and concerns related to the Data Exchange Framework and its data sharing agreement and policies and procedures. The task force shall identify and evaluate opportunities for collaborative funding requests and strategies related to agency information technology investments, including where these investments impact the Medi-Cal program and thereby create opportunities to maximize federal financial participation for planning, development, implementation, and operation of data infrastructure and technology improvements through the state's Medicaid Enterprise Systems and Medicaid Health Information Technology Plan. The task force shall be composed of chief data, information, technology, and/or interoperability officers from the following state agencies:

(1) The Department of Health Care Services
(2) The Department of Public Health
(3) The Department of Education
(4) The Department of Insurance
(5) The Department of Aging
(6) The Department of State Hospitals
(7) The Department of Managed Health Care
(8) The Department of Social Services
(9) The Department of Public Health
(10) The Office of Health Care Affordability
(11) The Department of Corrections and Rehabilitation
(12) Other departments and offices, as deemed necessary by the center.

(m) On or before [date to be determined], the center shall establish and administer the California Qualified Health Information Advisory Group as a standing committee, which shall be composed of at least one representative from each qualified health information organization with demonstrated and acknowledged expertise in technical standards for health and social service information exchange and data content, as well as other affect stakeholders including but not limited to consumer representatives, provider organizations, social services organizations, and health care service plans.
(1) The Qualified Health Information Advisory Group shall develop and update proposed criteria and policies and procedures for all technical and policy interactions between qualified health information organizations, including for exchanging health and social service information with each other. The center shall review, approve, and require all qualified health information organizations to adopt and implement these rules.
(2) The center shall consult the Qualified Health Information Advisory Group for recommendations related to the ongoing maintenance of the qualified health information organization application and criteria for qualification.
~~(j)~~ (m) (1) The center shall administer, manage, ~~and~~ oversee, and enforce the California Health and Human Services Data Exchange Framework and its data sharing agreement, including its related policies and procedures, governance, and all other materials or initiatives related to the California Health and Human Services Data Exchange Framework.
(2) The center shall be responsible for oversight of the auditing, dispute resolution and grievance processes for the California Health and Human Services Data Exchange Framework. The center shall report violations to state licensing entities to ensure compliance with execution of the data sharing agreement or with the data sharing agreement and its policies and procedures.
(3) The center shall have the authority to develop a framework for investigating potential violations of the data sharing agreement and its policies and procedures.
(4) The center shall have the authority to promulgate regulations related to the California Health and Human Services Data Exchange Framework and its data sharing agreement, including its related policies and procedures, governance, and all other materials or initiatives related to the California Health and Human Services Data Exchange Framework.
~~(k)~~ (n) (1) The center shall establish and administer the CalHHS Data Exchange Board. The board shall be separate and distinct from the stakeholder advisory group. The board is intended to assess and ensure that the center's development and administration of the data sharing agreement and its policies and procedures advance California's health care access, equity, affordability, public health, and quality programs and goals, including but not limited to the California Advancing and Innovating Medi-Cal (CalAIM) Act (Article 5.51 (commencing with Section 14184) of Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code).
(2) The board shall be composed of ~~12~~ 5 voting members, including all of the following:

(A) The Secretary of the California Health and Human Services Agency, or their designee, shall serve as the chair and ~~as an ex officio~~ member of the board.
(B) Two individuals appointed by the Governor, and at least one of whom shall be a consumer representative.
(C) One individual appointed by the Speaker of the Assembly.
(D) One individual appointed by the Senate Committee on Rules.
~~(E) One representative from each of the following, who shall be ex officio members of the board:~~
~~(i) The Public Employees' Retirement System.~~
~~(ii) The California Health Benefit Exchange.~~
~~(ii) The State Department of Health Care Services.~~
~~(iv) The State Department of Developmental Services.~~
~~(v) The Emergency Medical Services Authority.~~
~~(vi) The State Department of State Hospitals.~~
~~(vii) The Department of Corrections and Rehabilitation~~.
(3) Each individual appointed to the board shall have demonstrated and acknowledged expertise, as needed, in health information exchange and administration of public and private health care or social service delivery systems. The appointing authorities shall consider the expertise of the other board members and attempt to make appointments so that the board's composition reflects a diversity of expertise and perspectives. The appointing authorities shall take into consideration the cultural, ethnic, and geographical diversity of the state so that the board's composition reflects the communities of California.
(4) Board members, other than ex officio members, shall serve up to two terms of four years per term, except that the initial appointment by the Speaker of the Assembly shall be for a term of five years, and the initial appointment by the Senate Committee on Rules shall be for a term of five years. Appointed board members shall be eligible for reappointment at the end of their first term. A board member may continue to serve until the appointment and qualification of their successor. Vacancies shall be filled by appointment for an unexpired term.
(5) Board members shall be subject to strict conflict-of-interest policies.
(6) Except for those who are board members pursuant to subparagraph (E) of paragraph (2), a board member shall not be employed by, a member of the board of directors of, affiliated with, a vendor to, or otherwise a representative of signatories of, the California Health and Human Services Data Exchange Framework data sharing agreement while serving as a board member.
(7) Board members shall not have a conflict of interest and shall disclose all financial interests, investments, and positions in business entities or any signatories to the Data Exchange Framework data sharing agreement using the form as specified by the center's conflict of interest code.
(8) Board members shall serve without compensation, but shall be reimbursed for any actual and necessary expenses incurred in connection with their duties as board members.

~~(l)~~ (o) (1) The board shall review and approve ~~-~~modifications by the center to the Data Exchange Framework data sharing agreement and its policies and procedures and any new policies and procedures developed by the center.
(2) The board may establish new data sharing requirements for signatories to the Data Exchange Framework data sharing agreement with approval from the Secretary of California Health and Human Services and the center.
(3) The board may advance recommendations on criteria and procedures on health and social services information exchange technical assistance, onboarding, and other grant programs established by the center.
(4) The board shall develop recommendations to the Legislature and the Governor on statutory amendments to align state law with federal law to advance health and social service information exchange.
(5) The center shall prepare, publish and present to the board an annual report documenting current successes, progress, and challenges in the ability of the California Health and Human Services Data Exchange Framework to support CalAIM; public health infrastructure modernization; health equity and quality measurement and improvement; value-based payment reform; physical, behavioral, and social care integration; individuals' secure access to their complete health and social services information; and other programs and priorities identified by the board as relevant and significant to the health and well-being of Californians.
(6) In consultation with the Qualified Health Information Advisory Group, the center shall present to the board, to review and approve on an annual basis, any proposed changes to the qualified health information organization application and criteria for qualification.
(7) The center shall work with the cross-agency task force to present a state health and social services information funding strategy on an annual basis to the board. The strategy shall include an assessment of the center's and other state agency and departments' abilities to sustainably fund ongoing technical assistance and qualified health information organization onboarding financial support for signatories to the data sharing agreement. The strategy shall include recommendations to the Legislature and the Governor on ongoing funding streams for the operation and improvement of health data infrastructure that advances Medi-Cal and public health priorities, including but not limited to qualified health information organizations, and an assessment of the ability to leverage enhanced federal matching to General Fund expenditures, federal grants, and philanthropic funding options.
(8) Meetings of the board are subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).
(9) The board shall meet at least quarterly or at the call of the chair.
~~(j)~~
~~(m)~~ (p) (1) All actions to implement the California Health and Human Services Data Exchange Framework, including the adoption or development of any data sharing agreement, requirements, policies and procedures, guidelines, subgrantee contract provisions, or reporting requirements, shall be exempt from the Administrative Procedure

Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The ~~California Health and Human Services Agency, or a designee department or office under its jurisdiction,~~ center shall release program notices that detail the requirements of the California Health and Human Services Data Exchange Framework.

(2) The center may, but is not obligated to, enact recommendations advanced by the board in accordance with the law and its rulemaking authority.

(3) The center may adopt reasonable rules and regulations to implement, administer, and oversee its duties under this section in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(4) The center may adopt emergency regulations to consolidate, clarify, or make consistent regulations, including emergency regulations adopted to implement this section.

(5) The center may readopt any emergency regulation authorized by this section that is the same as, or substantially equivalent to, an emergency regulation previously adopted as authorized by this section. A readoption shall be limited to one time for each regulation.

(6) Notwithstanding any other law, the adoption of emergency regulations and the readoption of emergency regulations authorized by this section, if done on or before December 31, 2025, shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations and the readopted emergency regulations authorized by this section shall each be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time final regulations may be adopted.

(7) The center may establish additional advisory groups and councils composed of representatives of data sharing agreement signatories and other stakeholders as needed to provide recommendations on the Data Exchange Framework data sharing agreement and policies and procedures.

~~(n)~~ (q) For purposes of this section:

(1) "Board" means the CalHHS Data Exchange Board established pursuant to subdivision (k).

(2) "Center" means the Center for Data Insights and Innovation.

(3) "Qualified health information organization" shall have the same meaning as that developed by the center in its data sharing agreement and policies and procedures.