

Connecting for Better Health Meeting

April 11, 2024



Connecting for Better Health

Advancing data sharing to improve the health of all Californians

Agenda

No.	Item	Minutes
1	Welcome and Introductions	5 minutes
2	California State Legislation Tracking	10 minutes
3	Guest Presentation - SB 957 (Wiener) Astin Williams and Isaias Guzman, California LGBTQ Health and Human Services Network	10 minutes
4	Guest Presentation - Legislation Related to AI in Health Care David Ford, California Medical Association	15 minutes
5	Data Exchange Framework Updates	5 minutes
6	Guest Presentation - OMB Revisions to Federal Race and Ethnicity Data Standards Kevin Quach, BluePath Health	10 minutes
7	News, Events and Announcements	5 minutes



About The Coalition

Our Vision: Every Californian and their care teams have the information and insights they need to make care seamless, high quality and affordable.

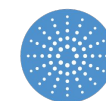


Policy Priorities

- **DSA Education & Implementation:** Promote awareness of the DSA and support data exchange implementation to realize the promise of AB 133
- **Funding:** Advocate for the state to dedicate continued funding for health and social services data sharing and encourage state agencies to seek federal match when and where appropriate
- **Integration of social services data:** Develop and communicate case studies and policy recommendations that support cross-sector data sharing, consent, and authorization
- **Advance DxF Governance, Enforcement, and Accountability:** Work towards the passage of DxF legislation, monitor state legislation and budgetary actions related to data sharing, and provide critical feedback to CDII and other state agencies to resolve challenges



CA State Legislation Tracking



California Legislation Tracking (1/2)

No./Author	Summary	Recent Developments
<u>AB 236</u> (Holden)	Requires health plans and insurers to annually verify and delete inaccurate listings from provider directories to be at least 60% accurate, with administrative penalties for failure to meet benchmarks. Authorizes DMHC and Department of Insurance to develop uniform formats for plans and insurers to request directory information from providers and authorizes the establishment of methodology and processes to ensure accuracy.	Passed Assembly; Awaiting Senate Committee Assignment (1/30)
<u>AB 1011</u> (Weber)	Imposes new restrictions on the sale, disclosure of “social care information” on users of “closed-loop referral systems” including public agencies, non-profits, health care providers, vendors.	Two-year bill in Senate Approps Committee
<u>AB 1331</u> (Wood)	Establishes DxF governing board; outlines appointment of members; requires board approval for any amendments to DSA; requires QHIOs to be non-profits; decrease size of board to five members; require certain reports and educational efforts related to consumers and data; among other requirements.	Two-year bill in Senate Approps Committee
<u>AB 2089</u> (Holden)	Require the collection of additional demographics data of city and county employees for specified Black or African American groups.	Amended and re-referred to Judiciary Committee (4/8)
<u>AB 2153</u> (Lowenthal)	Require public agencies to promptly provide written notice prior to release of any personnel, medical, or similar records of a public agency employee.	Referred to Judiciary Committee; Hearing cancelled at author request (3/13)



California Legislation Tracking (2/2)

No./Author	Summary	Recent Developments
<u>SB 294</u> (Wiener)	Requires health plans and disability insurers that uphold grievance decisions to automatically submit decisions to the Independent Medical Review System within 24 hours, along with relevant information.	Passed Senate; Held at Desk in Assembly (1/29)
<u>SB 957</u> (Wiener)	Requires the California Department of Public Health to collect sexual orientation and gender identity (SOGI) data from third-party entities, including local health jurisdictions, on any forms or electronic data systems unless prohibited by federal or state law.	Passed Health (3/20) and Judiciary (4/2) Committees; Set for Approps Hearing on April 15
<u>SB 1016</u> (Gonzalez)	Requires CalFresh to use separate collection categories for Hispanic or Latino groups using OMB standards and require use of separate categories for each major Latino group, Mesoamerican Indigenous nation, and Mesoamerican Indigenous language group with reporting requirements.	Passed Human Services (4/1) and Health (4/10) Committees; Referred to Approps Committee
<u>AB 2198</u> (Flora)	Excludes dental or vision benefits the APIs that health plans and insurers are required to maintain.	Referred to Health Committee; Set for Hearing April 23
<u>AB 2250</u> (Weber)	Establishes SDOH screeners as a covered benefit for Medi-Cal beneficiaries and require health plans and insurers to cover SDOH screenings. Additionally, requires providers to use specified tools or protocols to document patient responses and require health plans and insurers to provide PCPs access to peer support specialists, lay health workers, social workers, or CHWs.	Passed Health (4/2); Sent to Approps Committee
<u>AB 1943</u> (Weber)	Requires DHCS to produce a report on telehealth in Medi-Cal, including telehealth access and utilization; effect of telehealth on timeliness, access, and care quality; and effect of telehealth on clinical outcomes. Authorizes DHCS to issue policy recommendations based on report findings.	Passed Health (4/2); Sent to Privacy and Consumer Protection with consent calendar recommendation; Amended
<u>AB 2058</u> (Weber)	Requires legible disclosures on medical devices to note effectiveness limitations based on patient characteristics, including age, color, disability, ethnicity, gender, or race. Infractions are considered to be a criminal.	Passed Health (4/9); Sent to Approps Committee

California Legislation Tracking - Artificial Intelligence

No./Author	Summary	Recent Developments
<u>SB 721</u> (Becker)	Creates the California Interagency AI Working Group to deliver a report to the legislature on AI, including a recommended definition of AI use in legislation and study implications.	Passed Senate; Referred to Asm Privacy and Consumer Protection Committee (6/1/23)
<u>SB 892</u> (Padilla)	Requires the Department of Technology to establish an AI risk management standard, which would include a risk assessment procedure for automated decision systems.	Passed Gov Org as amended to Judiciary Committee (4/9); Hearing on April 16
<u>SB 893</u> (Padilla)	Establishes the California Artificial Intelligence Research Hub to facilitate collaboration between government agencies, academic institutions, and private sector partners.	Passed Gov Org as amended to Judiciary Committee (4/9); Hearing on April 16
<u>SB 896</u> (Dodd)	Requires the State to produce a Benefits and Risks of Generative Artificial Intelligence Report, perform a joint risk analysis of potential threats, and notify individuals of AI communications.	Passed Gov Org to Judiciary Committee (4/9); Hearing on April 16
<u>SB 1047</u> (Weiner)	Defines “AI models” and requires AI developers to conduct AI positive safety determinations before initiating AI training, among other provisions.	Passed Judiciary as amended to Gov Org Committee (4/2)
<u>SB 1120</u> (Becker)	Requires health plans and insurers to have licensed physicians supervise AI decision making tools used to review prior authorizations and establish requirements for algorithms and AI used for utilization reviews.	Amended (4/1); Passed Health (4/10) and referred to Approps Committee
<u>AB 3030</u> (Calderon)	Requires health providers using AI for patient communications to include AI disclaimer and directions to access direct communications. Prohibits licensure, certification, or criminal liability for failure to comply.	Passed Health as amended to Privacy and Consumer Protection Committee (4/9)
<u>AB 2013</u> (Irwin)	Requires developers of AI made available to Californians for use to publicly post documentation regarding the data used to train the artificial intelligence system or service.	Set for Privacy and Consumer Protection Committee Hearing April 16 (removed)
<u>AB 2930</u> (Bauer-Kahan)	Requires automated decision tool developers and deployers to perform impact assessments annually, make the reports available to the state, notify impacted individuals and accommodate requests, prohibits algorithmic discrimination, and authorizes civil action for violations.	Referred to Privacy and Consumer Protection and Judiciary Committees (3/21); Set for P CP Hearing April 16
<u>AB 3095</u> (Waldron)	Declares intent of legislature to enact legislation relating to AI.	Introduced (2/16)
<u>AB 3050</u> (Low)	Establishes watermark standards for AI-generated material and require their usage. Established liability for damages suffered from unauthorized deepfake use of a person’s name, voice, signature, photo, or likeness.	Referred to Privacy and Consumer Protection and Judiciary Committees (3/21); Set for P CP Hearing April 16

Guest Speakers

SB 957 (Wiener)

Astin Williams and Isaias Guzman

California LGBTQ Health and Human Services Network

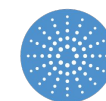


Guest Speaker

Legislation Related to AI in Health Care

David Ford

CEO, CMA Physician Services
California Medical Association





PHYSICIAN SERVICES ORGANIZATION

**Legislation Related to AI in Health Care
2024 Session of the California State Legislature**

April 2024

Federal Final Rule: Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1)

- Published February 8, 2024; took effect on March 11th
- Implements provisions of the 21st Century Cures Act; Updates the ONC Certification Program
- **“Algorithm Transparency:** Establishes first of its kind transparency requirements for the artificial intelligence (AI) and other predictive algorithms that are part of certified health IT. ONC-certified health IT supports the care delivered by more than 96% of hospitals and 78% of office-based physicians around the country. HHS’ leading-edge regulatory approach will promote responsible AI and make it possible for clinical users to access a consistent, baseline set of information about the algorithms they use to support their decision making and to assess such algorithms for fairness, appropriateness, validity, effectiveness, and safety.”



State Legislation

- **State Senate**

- SB 1120 (Becker)

- **State Assembly**

- AB 2013: Training Data Transparency
- AB 2058: Automated Decision Systems
- AB 2885: Defines “artificial intelligence in state law”
- AB 2930: Sanctions on “developers” and “deployers” of AI tools found to include biased algorithms
- AB 3030: Disclaimers for AI chat bots used in health care

* *Note: There are other AI-related bills that are not related to health care.*



Senate Bill (SB) 1120 (Becker)

- Authored by Senator Josh Becker (D-San Jose)
- Sponsored by CMA
- Requires that “ *a denial, delay, or modification of health care services based on medical necessity shall be made by a licensed physician or other health care provider competent to evaluate the specific clinical issues involved.*”
- Also requires that AI algorithms are transparent and free from bias
- Heard in Senate Health Committee Yesterday (4/10); Approved, 11-0



Assembly Bills

- **AB 2013 (Irwin)**

- Requires transparency of data sources used to train AI systems

- **AB 2058 (Weber)**

- Requires disclosures on medical devices about the limitations of the devices

- **AB 2885 (Bauer-Kahan)**

- Defines “artificial intelligence” in state law



Assembly Bills

- **AB 2930 (Bauer-Kahan)**

- Applies to “developers” and “deployers” of automated decision systems
- Requires annual testing to ensure they are free from algorithmic bias
- Subject developers and deployers to potential civil fines of up to \$25,000 per violation

- **AB 3030 (Calderon)**

- Applies to AI chat bots used in health care settings
- Requires disclosure that responses are being generated by AI
- Subject providers who do not comply to licensure sanctions





Second Annual HIT Summit
May 7-8, 2024 | Grand Hyatt SFO
cmadocs.org/healthit



**PHYSICIAN SERVICES
ORGANIZATION**

Thank you!

QUESTIONS?

THOUGHTS?

April 2024



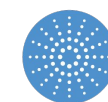
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Data Exchange Framework Updates



Data Exchange Framework Updates

- For DSA signatory grant recipient support, reach out to PCG
 - [Office Hours](#) will take place on 4/17 from 12-1pm PT
- Reminder: The [DxF Feedback Form](#) is available
- 4/10 DxF DSA Policies & Procedures Subcommittee Meeting:
 - Implementation Progress Updates
 - Developing DxF Impact Measurement Approach
 - Proposed 2024 Priority Topics: Cyberattacks, Push-Based Information Delivery, Individual Opt-Out



4/10 DSA Policies & Procedures Subcommittee Meeting

Signatory Count as of 04/03/2024

There are over 2,300 signed DSAs that represent ~3,500 Participants

Participant Type (Self-Attested)	Signatories*
General acute care hospitals	273 / 408
Physician organizations and medical groups	1,758
SNFs	722 / 1,198
Plans	81 / 171
Clinical Labs	221
Acute psychiatric hospitals	19 / 119
QHIOs	9
County (local public health agency)	15
County health, public health, and/or social services, state (CCHCS, DDS)	63
Other (CBOs, non QHIO Intermediaries, other)	402

* Subordinate level sub-totals; some figures have been approximated as CDII works with signatories on DSA line item clarification

4/10 DSA Policies & Procedures Subcommittee Meeting

Participant Directory Choices

as of 04/03/2024

Organizations (primary and subordinate) entering choices	485 (13%)
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Of those organizations entering choices in the Participant Directory:

Entity Type Selected	Request for Info	Info Delivery	ADT Events
Nationwide networks and frameworks	29%	28%	-
Qualified HIOs	61%	62%	59%
SELF (point-to-point connections)	5%	4%	14%
OTHER (not a nationwide network or QHIO)	1%	2%	2%
ONBOARDING TO QHIO (DSA Signatory Grantee)	1%	1%	1%
NOT APPLICABLE	3%	4%	24%

Organizations electing to exercise the option to delay exchange until January 31, 2026, as allowed under Health and Safety Code § 130290 or the Requirement to Exchange Health and Social Services Information P&P	19%
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The Participant Directory Listing in machine-readable flat-file format is available [on the DxF webpage](#).

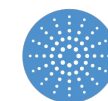


Guest Speaker

OMB Revisions to Federal Race and Ethnicity Data Standards

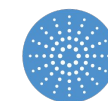
Kevin Quach

Associate
BluePath Health



OMB Revisions to Federal Race and Ethnicity Data Standards – Summary

- Revisions
 - Combined question for race and ethnicity to improve clarity
 - Adding Middle Eastern or North African as new minimum category
 - Requiring additional detail for race and ethnicity beyond the minimum required for further data disaggregation, but with exceptions
 - Updates to terminology in Statistical Policy Directive (SPD) 15
 - *Learn more about the full set of revisions [here](#)*
- Next steps
 - Federal agencies must update their surveys and submit action plans within 18 months
 - All federal programs and data collection efforts must fully comply within 5 years
 - The Working Group provided recommendations for implementation



OMB Revisions to Federal Race and Ethnicity Data Standards – Examples of Question Formats

What is your race and/or ethnicity?
Select all that apply and enter additional details in the spaces below.

American Indian or Alaska Native – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

Asian – Provide details below.

Chinese Asian Indian Filipino
 Vietnamese Korean Japanese
Enter, for example, Pakistani, Hmong, Afghan, etc.

Black or African American – Provide details below.

African American Jamaican Haitian
 Nigerian Ethiopian Somali
Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

Hispanic or Latino – Provide details below.

Mexican Puerto Rican Salvadoran
 Cuban Dominican Guatemalan
Enter, for example, Colombian, Honduran, Spaniard, etc.

Middle Eastern or North African – Provide details below.

Lebanese Iranian Egyptian
 Syrian Iraqi Israeli
Enter, for example, Moroccan, Yemeni, Kurdish, etc.

Native Hawaiian or Pacific Islander – Provide details below.

Native Hawaiian Samoan Chamorro
 Tongan Fijian Marshallese
Enter, for example, Chuukese, Palauan, Tahitian, etc.

White – Provide details below.

English German Irish
 Italian Polish Scottish
Enter, for example, French, Swedish, Norwegian, etc.

What is your race and/or ethnicity?
Select all that apply.

American Indian or Alaska Native
For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

Asian
For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

Black or African American
For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

Hispanic or Latino
For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

Middle Eastern or North African
For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

Native Hawaiian or Pacific Islander
For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

White
For example, English, German, Irish, Italian, Polish, Scottish, etc.

What is your race and/or ethnicity?
Select all that apply.

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

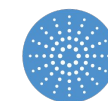


OMB Revisions to Federal Race and Ethnicity Data Standards – Implications

- The [U.S. Census](#) will implement revisions in 2030 Census and the American Community Survey
- Overall positive stakeholder reactions with constructive feedback
 - [Southeast Asia Resource Action Center](#) - *“SEARAC applauds the OMB and the Administration for this revision which marks progress for more visibility of the Southeast Asian community...we are disappointed that the regulation doesn’t go further to require the collection of additional Southeast Asian ethnic data...through a write-in option as the default standard. We are also concerned about the option for agencies to opt-out of the requirement to collect detailed race and ethnic data”*
 - [Latino Coalition for a Healthy California](#) - *“We are thrilled to see that these new standards are a step in the right direction for data equity on a federal level and support our urgency for SB 1016 in California...While there is a lot to celebrate, SB 1016 would go a step beyond by requiring disaggregation by Latine subgroups and additional Mesoamerican nations – in addition to the collection of Indigenous language data.”*



News, Events, And Announcements



What We're Reading – Check Out C4BH's Newsletter!

New ITUP Data & CalAIM Issue Brief

The issue brief emphasizes the important role of data exchange for CalAIM's success and how the DxF can support CalAIM's information sharing needs. [Read More](#)

ONC Announces Federal HIT Strategic Plan

The five-year draft strategic plan for federal health IT priorities focuses on health equity, public health, and AI while additionally advancing cybersecurity and interoperability. The public comment period closes on 5/28. [Read More](#)

Modest PCP Satisfaction with Accessing External Data

New research reports that while 70% of PCPs are at least somewhat satisfied, only 30% find it easy or very easy to access and use outside data. These results underscore the need for further policy and strategies to reduce barriers and improve data usability. [Read More](#)

DxF

The California Health and Human Services (CalHHS) [Data Exchange Framework](#) (DxF) established California's first-ever statewide data sharing agreement (DSA) with a common set of policies and procedures. The DxF provides a governance structure to privately and securely exchange health and social services information (HSSI) between health care providers, entities, government agencies, and social service programs in California, with the goal of improved health equity and outcomes. See [ITUP's DxF 101 Fact Sheet](#) for more information on the DXF.

CalAIM

[California Advancing and Innovating Medi-Cal \(CalAIM\)](#) is a multi-year initiative by the Department of Health Care Services (DHCS) to enhance care coordination and improve the quality of care provided to Medi-Cal members. The [CalAIM Initiative](#) strives to advance health equity and quality, integrate SDOH into care, and modernize the delivery system for vulnerable Californians, with a specific focus on BIPOC communities, justice-involved population, and those with compounding social needs. See [ITUP's CalAIM Resources and Timeline Fact Sheet](#) for more information on CalAIM.



Upcoming Events

- **April 16:** NorCal State of Reform Health Policy Conference | Sacramento, CA | [Register here](#)
- **April 17, 2-3PM PT:** HIMSS Northern California | Advocacy 101 Webinar | [Register here](#)
- **April 23, 1:30-3PM PT:** CalHHS CDII | DxF Technical Advisory Subcommittee Meeting #3 | [Register here](#)
- **April 25, 12-1:30PM PT:** California Health Care Foundation | AI and Health Care Briefing | [Register here](#)
- **April 26:** Riverside County Medical Association | First Annual AI Healthcare Conference | Rancho Cucamonga, CA | [Register here](#)
- **May 1, 9-10AM PT:** American Medical Association and Manatt Health | Future of Health: The Emerging Landscape of Augmented Intelligence in Health Care | [Register here](#)
- **May 7-8:** California Medical Association | Annual Health IT Summit | San Francisco, CA | [Register here](#)
- **June 24-26:** 2-1-1 San Diego 2024 CIE Summit | San Diego, CA | [Register here](#)

