

Connecting for Better Health Meeting

April 25, 2024

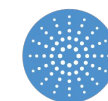


Connecting for Better Health

Advancing data sharing to improve the health of all Californians

Agenda

| No. | Item | Minutes |
|-----|---|------------|
| 1 | Welcome and Introductions | 5 minutes |
| 2 | AB 352 Policy Workshop <ul style="list-style-type: none">● Lisa Matsubara, Planned Parenthood Affiliates of California● Andrea Frey, Hooper Lundy & Bookman● Dr. Steven Lane, Health Gorilla, and Dr. Raymonde Uy, National Association of Community Health Centers● Group Discussion● Wrap Up & Next Steps | 50 minutes |
| 3 | C4BH DxF Bootcamp and Sandbox Updates | 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



AB 352 (Bauer-Kahan) Policy Workshop



AB 352 Overview & Current State

Lisa Matsubara, JD

Chief Legal & Advocacy Officer

Planned Parenthood Affiliates of California (PPAC)



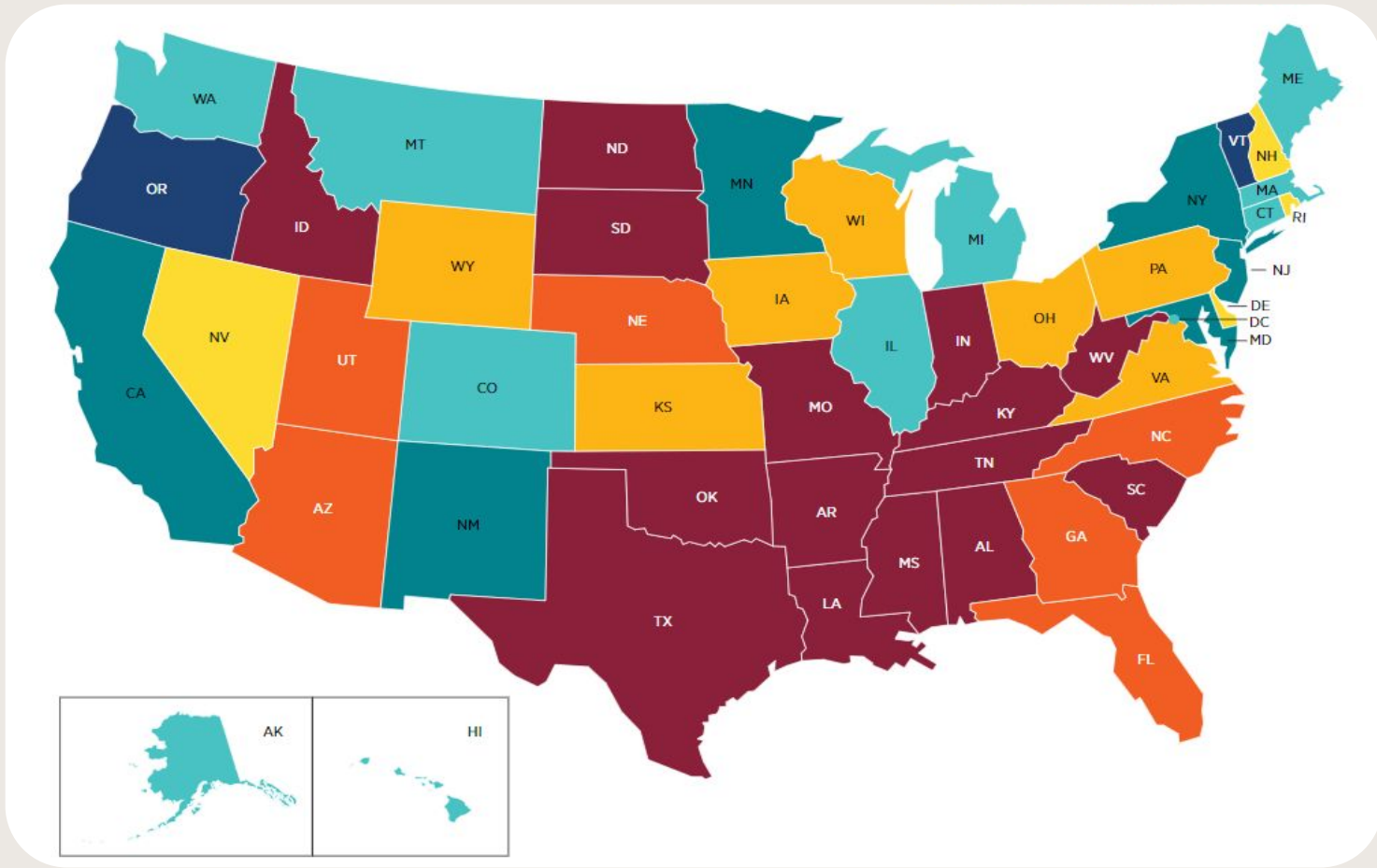


Planned Parenthood Affiliates of California

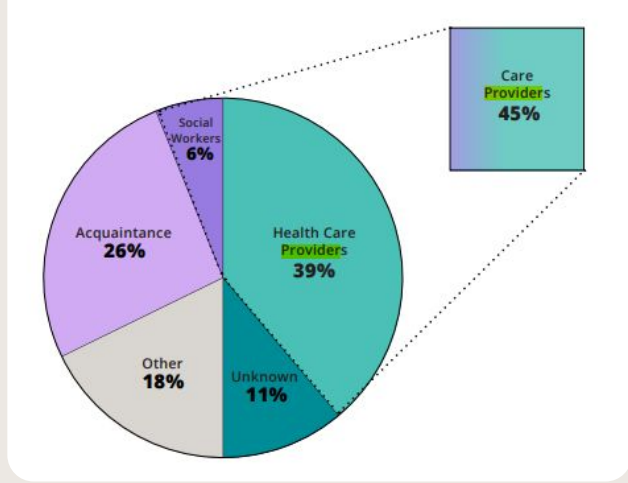
www.ppactionca.org

Planned Parenthood Affiliates lead the statewide public policy and advocacy work on behalf of the seven separately incorporated Planned Parenthood affiliates in California

Planned Parenthood affiliates provide nearly 1.4 million annual visits in over 100 health centers across the state



How self-managed abortion is reported to law enforcement




1 in 4
U.S. women
will have an
abortion
by age 45

What does AB 352 do?

Who

Businesses that store or maintain medical information

Providers
Plans
Contractors
Employers

Data Exchange
Framework
Participants

What

Must develop capabilities to segregate and protect medical information related to gender affirming care, contraception, and abortion and abortion-related services

May not knowingly share information related to abortion and abortion-related services outside of California without authorization

Are not required to share health information related to abortion and abortion-related services as part of the DxF

When

July 1, 2024

January 1, 2024*

January 1, 2024

*Safe harbor for good faith effort until January 31, 2026

AB 352 & HIPAA Reproductive Health Privacy Final Rule Legal Considerations

Andrea Frey, JD

Partner

Co-Chair, Digital Health Practice

Co-Chair, Reproductive Health Practice

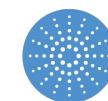
Hooper Lundy & Bookman



HIPAA Reproductive Health Final Rule

HHS released a [final rule](#) on Monday, April 22 that modifies HIPAA by:

- **Adding a new category of prohibited uses and disclosures:**
 - Prohibits a regulated entity from using or disclosing an individual's PHI for the purpose of conducting a criminal, civil, or administrative investigation into or imposing criminal, civil, or administrative liability on a person for seeking, obtaining, providing, or facilitating reproductive health care that is lawfully provided.
- Continuing to allow a regulated entity to use or disclose PHI when the request is not for the purpose of investigating or imposing liability on a person.
 - **Requires a valid attestation from the requester** for the use or disclosure of PHI potentially related to reproductive health care.



HIE Implementation Efforts: Code List

Dr. Steven Lane

Chief Medical Officer

Health Gorilla

Dr. Raymonde Uy

Physician Informaticist

National Association of Community Health Centers



Connecting for Better Health Meeting: AB 352 Policy Workshop

Webinar 4/25



+



Speaker introduction



Dr. Steven Lane

Chief Medical Officer
Health Gorilla



Dr. Raymonde Uy

Physician Informaticist
National Association of
Community Health Centers
(NACHC)

Data Infrastructure to Manage Sensitive Data

Data Segmentation

Define / Identify

Analyze / Report

Tag

Enforce

Coordination with related industry initiatives:

- Sequoia Project **Privacy & Consent Workgroup** - Gaps, methods, implementations
- Shift Interoperability **Terminology Workgroup** - Value set definitions, stewards

Industry Collaboration



Collaboration with American Health Information Management Association (AHIMA) and clinical SMEs to develop initial value set

- Initial focus: prepare tools that AHIMA members can use to assure compliance with OCR final rule



Value Set Steward: National Association of Community Health Centers (NACH)

- Commitment to develop, publicly post, and maintain value sets to support legally required management of multiple categories of highly sensitive data, including State and regulation-specific groupers
- Value sets developed using Clinical Architecture's *Symedical* data management platform, posted to the National Library of Medicine (NLM) Value Set Authority Center (VSAC): <https://vsac.nlm.nih.gov/>
- Development and continuous maintenance of value sets on Clinical Architecture's platform and Symedical's clinical data management platform



Develop agreement on value sets for priority sensitive data types

- Reproductive health services - including abortion and related services, pregnancy, infertility, contraceptive services (multiple statutes)
- Gender affirming care (CA AB 352)
- Individual value sets can be selected by organizations based on local interpretation of compliance requirements

Sensitive Data Value Sets Code Systems

Diagnoses

ICD-10

SNOMED-CT
Concepts

Medications

RxNorm

NDC

HCPCS

Procedures

CPT

HCPCS

ICD-10-PCS

SNOMED CT
Procedures

Documentation*

LOINC

* Pregnancy outcome, abortion #, method, consent

Identifying value sets based on related patient data

Gender Affirming Care

| | |
|--------------------------------------|--|
| Gender Dysphoria | Transfeminine Regimens, All |
| Gender Identity | Transfeminine Regimens, Antiandrogens |
| Intersex Surgery, All | Transfeminine Regimens, Estrogens |
| Intersex Surgery, Female to Male | Transfeminine Regimens, GnRH Agonists |
| Intersex Surgery, History | Transmasculine Regimens, All |
| Intersex Surgery, Male to Female Sex | Transmasculine Regimens, Testosterone, Parenteral |
| Intersex Surgery, Non-specific | Transmasculine Regimens, Testosterone, Transdermal |
| Sexual Orientation | |

Identifying value sets based on related patient data

Abortion and Abortion-related Services

| | |
|--------------------------|-------------------------------------|
| Abortion Medications | Abortion, Medical Management |
| Abortion, 1st Trimester | Abortion, Spontaneous / Miscarriage |
| Abortion, 2nd Trimester | Abortion, Surgical Management |
| Abortion, 3rd Trimester | Age of Gestation |
| Abortion, All | Methotrexate Injection |
| Abortion, Elective | Mifepristone |
| Abortion, Failed Attempt | Misoprostol |
| Abortion, Induced | |

Identifying value sets based on related patient data

Contraception

| | | |
|--|--|--|
| Contraception, Counseling | Contraceptive, Hormonal Progestogen Intrauterine Devices (IUD) | Contraceptive, Spermicides for Contraception |
| Contraception, Surveillance | Contraceptive, Implants | Contraceptive, Sponges |
| Contraceptive, Cervical Cap Barrier | Contraceptive, Intrauterine Devices (IUD) | Contraceptive, Sterilization, All |
| Contraceptive, Combination Oral (COC) | Contraceptive, Intrauterine Devices (IUD), Non specific | Contraceptive, Sterilization, Female |
| Contraceptive, Copper Intrauterine Devices (IUD) | Contraceptive, Long-Acting Reversible Contraception (LARC) | Contraceptive, Sterilization, Male |
| Contraceptive, Diaphragm and Cervical Cap | Contraceptive, Oral Contraceptives | Contraceptive, Transdermal Patch |
| Contraceptive, Diaphragm Barrier | Contraceptive, Oral Usage | Contraceptive, Vaginal Rings |
| Contraceptive, Emergency Contraception Progestogen or Progestin only Pills (POP) | Contraceptive, Progestogen only Injectable Contraceptives (POIC) | Contraceptives, All |
| Contraceptive, Female or Male Condom Use | Contraceptive, Progestogen only or Progestin only Pills (POP) | Contraceptives, Oral |

Note: We plan to post value sets that support the additional sensitive conditions referenced in the OCR's recent HIPAA Privacy Rule to Support Reproductive Health Care Privacy, including Infertility treatment and Prenatal Care

Based on permissions provided by data sources, Health Gorilla can analyze and report on specific value sets.

Total patient population

27.6mil

California population in
Health Gorilla's database

2,697,789

CA AB 352 Codes

29,046 (1.076%)

Where to Start

Go to the National Library of Medicine (NLM) Value Set Authority Center (VSAC) Support Center

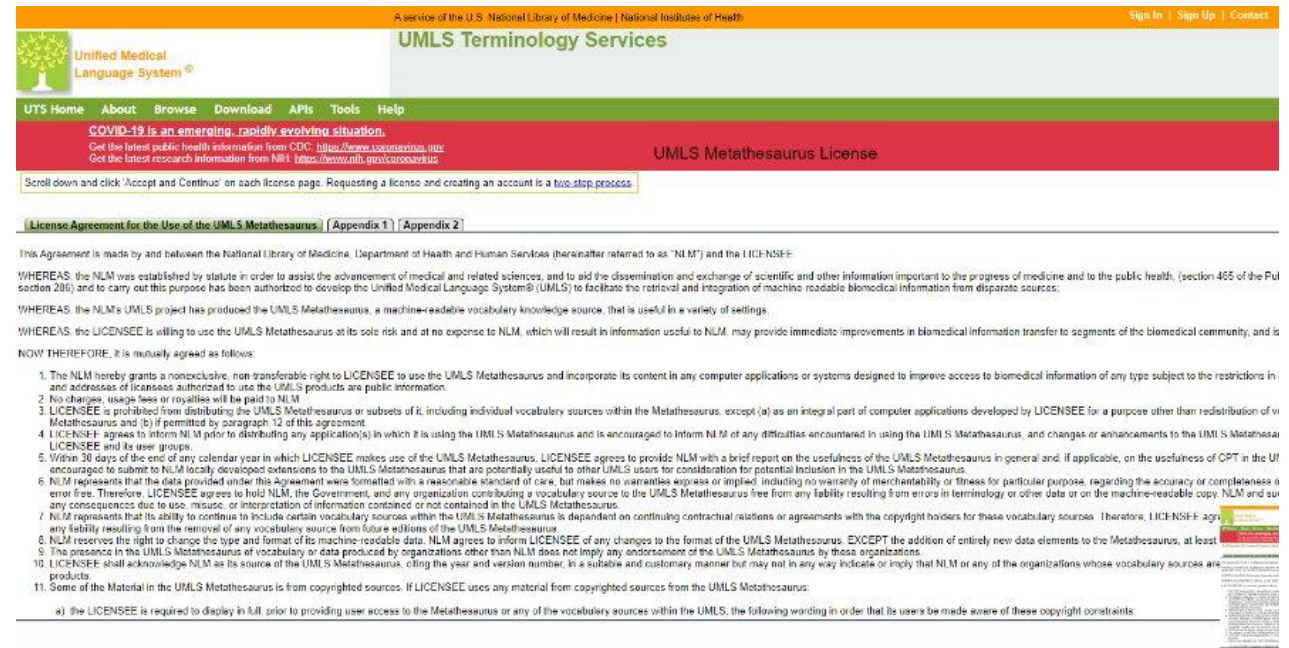
<https://www.nlm.nih.gov/vsac/support/index.html>



<https://tinyurl.com/NLMVSAC>

Getting a Unified Medical Language System (UMLS) Account to Access VSAC

1. Go to the VSAC Support Center:
<https://www.nlm.nih.gov/vsac/support/index.html>
2. Click on “Request a UMLS License”:
<https://www.nlm.nih.gov/vsac/support/usingvsac/requestumlslicense.html>
3. Fill out the UTS License Request Form
4. Wait for credentials and sign in to VSAC



The screenshot shows the UMLS Terminology Services website. At the top, it says "A service of the U.S. National Library of Medicine | National Institutes of Health" and "UMLS Terminology Services". Below that, there's a navigation bar with "UTS Home", "About", "Browse", "Download", "APIs", "Tools", and "Help". A red banner contains a COVID-19 notice: "COVID-19 is an emerging, rapidly evolving situation. Get the latest public health information from CDC: <https://www.cdc.gov/coronavirus>. Get the latest research information from NIH: <https://www.nih.gov/coronavirus>". Below the banner, there's a link to "UMLS Metathesaurus License" and a note: "Scroll down and click 'Accept and Continue' on each license page. Requesting a license and creating an account is a two-step process." The main content area is titled "License Agreement for the Use of the UMLS Metathesaurus" and includes sections for "WHEREAS" and "NOW THEREFORE, it is mutually agreed as follows:" followed by 11 numbered terms of the license agreement.

NOTE: By signing the UMLS license agreement you are agreeing not to violate the licensing of any of the code systems you access using VSAC. If you are unsure of these requirements they are available in the UTS agreement.

How to Search and Filter in VSAC

Filter Options:

Name

OID

Code System

Definition

Steward = NACHC

Code

Keywords

The screenshot shows the VSAC search interface. At the top, there are navigation tabs: Welcome, Search Value Sets, Authoring, Collaboration Management, Download, Comparison Tool, Browse Code Systems, and Help. Below the navigation, there is a search bar with the text "Search the NLM Value Set Repository." and a dropdown menu for "Program" set to "All". To the right, there is a dropdown for "Expansion Version" set to "Latest". Below the search bar, there is a "Refine by:" section with a dropdown menu set to "NACHC". A red box highlights this dropdown menu, which contains a search filter input field with the text "Filter: [Enter keyword] Check all" and a list of filter options: "NACHC" (checked), "Mathematica PSI", "Meaningful Drug Interaction Alerts", "Medisolv", "NCBDDD", "NCQA", and "NEMSQA". Below the "Refine by:" section, there is a "Search Results" section with a "Results for All" dropdown and a "Select a type" dropdown. Below the "Search Results" section, there is a "Matched Value Sets" section with a "Download" button and a table of results. The table has columns: Code System, Definition Type, Steward, OID, Expansion Status, and Code Count. A red box highlights the "Steward" column, which contains the value "NACHC". The table lists various value sets related to "Abortion" with their respective code systems, definition types, stewards, OIDs, expansion statuses, and code counts.

| | Code System | Definition Type | Steward | OID | Expansion Status | Code Count | |
|--------------------------|-------------------------------------|-------------------------------------|-------------|-------|--------------------------------|------------|-----|
| <input type="checkbox"/> | Abortion Medications | RKNORM | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.129 | Active | 127 |
| <input type="checkbox"/> | Abortion, 1st Trimester | HCPCS | Intensional | NACHC | 2.16.840.1.113762.1.4.1221.152 | Active | 1 |
| <input type="checkbox"/> | Abortion, 2nd Trimester | HCPCS | Intensional | NACHC | 2.16.840.1.113762.1.4.1221.153 | Active | 2 |
| <input type="checkbox"/> | Abortion, 2nd Trimester | CPT | Intensional | NACHC | 2.16.840.1.113762.1.4.1221.154 | Active | 1 |
| <input type="checkbox"/> | Abortion, 3rd Trimester | HCPCS | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.155 | Active | 2 |
| <input type="checkbox"/> | Abortion, All | CPT HCPLS ICD10CM SNOMEDCT | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.150 | Active | 189 |
| <input type="checkbox"/> | Abortion, All (CPT) | CPT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.151 | Active | 14 |
| <input type="checkbox"/> | Abortion, All (ICD 10 CM) | ICD10CM | Intensional | NACHC | 2.16.840.1.113762.1.4.1221.146 | Active | 32 |
| <input type="checkbox"/> | Abortion, All (SNOMED CT) | SNOMEDCT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.149 | Active | 114 |
| <input type="checkbox"/> | Abortion, Elective | SNOMEDCT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.156 | Active | 1 |
| <input type="checkbox"/> | Abortion, Elective | ICD10CM | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.157 | Active | 1 |
| <input type="checkbox"/> | Abortion, Elective | ICD10CM SNOMEDCT | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.165 | Active | 2 |
| <input type="checkbox"/> | Abortion, failed Attempt | ICD10CM | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.158 | Active | 16 |
| <input type="checkbox"/> | Abortion, Induced | CPT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.159 | Active | 9 |
| <input type="checkbox"/> | Abortion, Induced | HCPCS | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.160 | Active | 5 |
| <input type="checkbox"/> | Abortion, Induced | CPT HCPLS | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.161 | Active | 14 |
| <input type="checkbox"/> | Abortion, Medical Management | CPT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.162 | Active | 6 |
| <input type="checkbox"/> | Abortion, Medical Management | HCPCS | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.163 | Active | 1 |
| <input type="checkbox"/> | Abortion, Medical Management | CPT HCPCS | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.164 | Active | 7 |
| <input type="checkbox"/> | Abortion, Spontaneous / Miscarriage | ICD10CM | extensional | NACHC | 2.16.840.1.113762.1.4.1221.169 | Active | 31 |

| Matched Value Sets | | | | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|-----------------|---------|--------------------------------|------------------|------------|
| Download View Toggle Clear | | | | | | | |
| Page 1 of 1 300 View 1 - 25 of 25 | | | | | | | |
| <input type="checkbox"/> | Name | Code System | Definition Type | Steward | OID | Expansion Status | Code Count |
| | Abortion | | | NACHC | | | |
| <input type="checkbox"/> | Abortion Medications | RXNORM | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.179 | Active | 127 |
| <input type="checkbox"/> | Abortion, 1st Trimester | HCPCS | Intensional | NACHC | 2.16.840.1.113762.1.4.1221.152 | Active | 1 |
| <input type="checkbox"/> | Abortion, 2nd Trimester | HCPCS | Intensional | NACHC | 2.16.840.1.113762.1.4.1221.153 | Active | 2 |
| <input type="checkbox"/> | Abortion, 2nd Trimester | CPT | Intensional | NACHC | 2.16.840.1.113762.1.4.1221.154 | Active | 1 |
| <input type="checkbox"/> | Abortion, 3rd Trimester | HCPCS | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.155 | Active | 2 |
| <input type="checkbox"/> | Abortion, All | CPT HCPCS ICD10CM SNOMEDCT | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.150 | Active | 189 |
| <input type="checkbox"/> | Abortion, All (CPT) | CPT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.151 | Active | 14 |
| <input type="checkbox"/> | Abortion, All (ICD 10 CM) | ICD10CM | Intensional | NACHC | 2.16.840.1.113762.1.4.1221.146 | Active | 32 |
| <input type="checkbox"/> | Abortion, All (SNOMED CT) | SNOMEDCT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.149 | Active | 114 |
| <input type="checkbox"/> | Abortion, Elective | SNOMEDCT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.156 | Active | 1 |
| <input type="checkbox"/> | Abortion, Elective | ICD10CM | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.157 | Active | 1 |
| <input type="checkbox"/> | Abortion, Elective | ICD10CM SNOMEDCT | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.165 | Active | 2 |
| <input type="checkbox"/> | Abortion, Failed Attempt | ICD10CM | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.158 | Active | 16 |
| <input type="checkbox"/> | Abortion, Induced | CPT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.159 | Active | 9 |
| <input type="checkbox"/> | Abortion, Induced | HCPCS | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.160 | Active | 5 |
| <input type="checkbox"/> | Abortion, Induced | CPT HCPCS | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.161 | Active | 14 |
| <input type="checkbox"/> | Abortion, Medical Management | CPT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.162 | Active | 6 |
| <input type="checkbox"/> | Abortion, Medical Management | HCPCS | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.163 | Active | 1 |
| <input type="checkbox"/> | Abortion, Medical Management | CPT HCPCS | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.164 | Active | 7 |
| <input type="checkbox"/> | Abortion, Spontaneous / Miscarriage | ICD10CM | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.169 | Active | 31 |
| <input type="checkbox"/> | Abortion, Spontaneous / Miscarriage | SNOMEDCT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.170 | Active | 96 |
| <input type="checkbox"/> | Abortion, Spontaneous / Miscarriage | ICD10CM SNOMEDCT | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.171 | Active | 127 |
| <input type="checkbox"/> | Abortion, Surgical Management | CPT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.166 | Active | 7 |
| <input type="checkbox"/> | Abortion, Surgical Management | SNOMEDCT | Extensional | NACHC | 2.16.840.1.113762.1.4.1221.167 | Active | 4 |
| <input type="checkbox"/> | Abortion, Surgical Management | CPT SNOMEDCT | Grouping | NACHC | 2.16.840.1.113762.1.4.1221.168 | Active | 11 |

[Metadata](#)[Description](#)[Grouping Members](#)**Purpose:****Clinical Focus:**

The purpose of this value set is to represent encounters for elective induced abortion procedures, referring to abortions performed voluntarily and without medical necessity.

Inclusion Criteria:

This concept covers induced abortion procedures performed voluntarily and not due to fetal anomalies, maternal health risks, or other clinical indications.

Note:**Data Element Scope:**

This value set group contains concepts intended for use with data elements related to the reason for an obstetric encounter or admission within electronic health records or clinical quality measures. The concept would belong to the Condition semantic category.

Exclusion Criteria:

Any concepts related to spontaneous abortions, missed abortions, or induced abortions performed for fetal anomalies, maternal health risks, or other medical reasons are explicitly excluded from this value set. Concepts describing additional details about the abortion procedure method, gestational age, or other clinical characteristics are not included. The value set is intentionally narrow to capture only elective, non-medically necessary induced abortion encounters.

Value Set Members**Expanded Code List**[View](#) [Toggle](#) [Clear](#)Page 1 of 1 20 View 1 - 2 of 2

| Code | Descriptor | Code System | Version | Code System OID |
|----------|---|-------------|---------|------------------------|
| 18391007 | Elective abortion (disorder) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| Z33.2 | Encounter for elective termination of pregnancy | ICD10CM | 2024 | 2.16.840.1.113883.6.90 |

[View](#)Page 1 of 1 20 View 1 - 2 of 2



VSAC



FHIR[®] Terminology Service for VSAC Resources

The FHIR Terminology Service for VSAC Resources is a RESTful API service for accessing the VSAC value sets and supported code systems.

VSAC SVS API

The VSAC SVS API is based on the IHE SVS Technical Framework, section 2.2.21 Sharing Value Set Integration Profile (SVS), and the IHE SVS XML Schema

Base URLs

Authentication

[Endpoint Calls and Related Utility Calls](#)

Parameter Descriptions

HTTP Binding

Upcoming webinar

Privacy Value Set Presentation

Tuesday, 5/14/2024
10:00–11:00 AM PST

[Zoom registration:](#)

https://healthgorilla.zoom.us/webinar/register/WN_DzH1gOs7T-FM1bTSn5LFg#/registration

- Discuss progress toward the delivery of the value sets needed to support compliance with the new HIPAA reproductive health data requirements
- Present additional reporting using value sets tailored to the Maryland abortion data privacy regulation
- Dig into the process of developing the value sets and the methods that could be used to implement the value sets into compliance efforts by providers and networks



+



NATIONAL ASSOCIATION OF

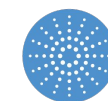
Community Health Centers

Discussion Questions

1. How are stakeholders approaching implementation?
What strategies are organizations currently pursuing?
2. What are the barriers and challenges of implementing AB 352
from a provider, health plan, EHR developer, and HIE perspective?
3. What policy and technology approaches should be considered to
drive implementation and accountability for AB 352?



Add your Ideas
to Jamboard!

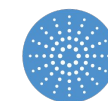


DxF Bootcamp & Sandbox Updates



Available C4BH Technical Assistance

| | Level of DxF Readiness | C4BH Supports | Outputs |
|---|------------------------|-------------------------|---|
| 1 | Planning | DxF Bootcamp | Develop a DxF Roadmap and Identify Priority Use Cases |
| 2 | Assessment | Community Design Studio | Develop Priority Use Case with Trading Partners |
| 3 | Ready to Connect! | DxF Sandbox | Test and Validate Use Case to Establish Workflows |



Join The May 10th DxF Bootcamp

May 10, 2024
9:30AM -
12:30PM PST

HELD
VIRTUALLY
ON ZOOM

Join our DxF Bootcamp on May 10th to learn more about the DxF policies and procedures and receive hands-on guidance from experts to develop a DxF implementation roadmap.

Participants will identify their priority use cases, existing data assets and key partners, plus preview engagement in the DxF Sandbox and Design Studio to accelerate secure, real-time data exchange.



[Share with Partners](#)
[& Register Here](#)



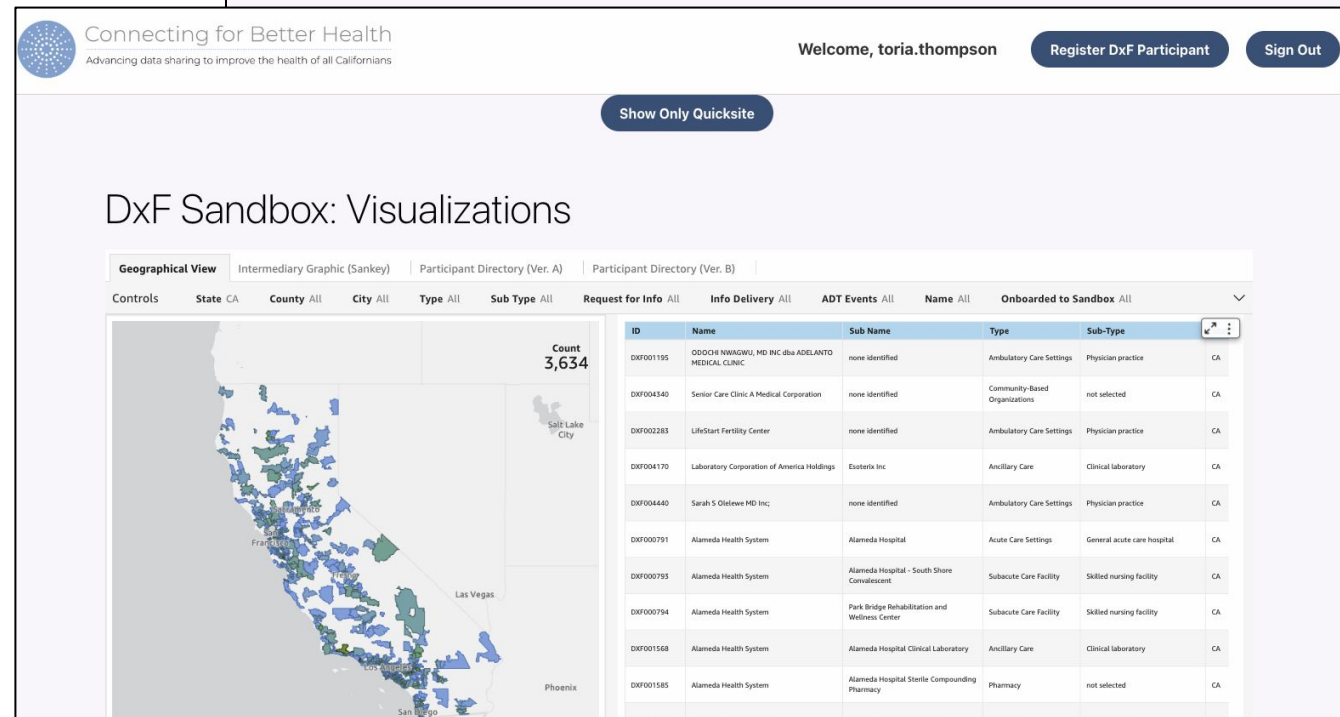
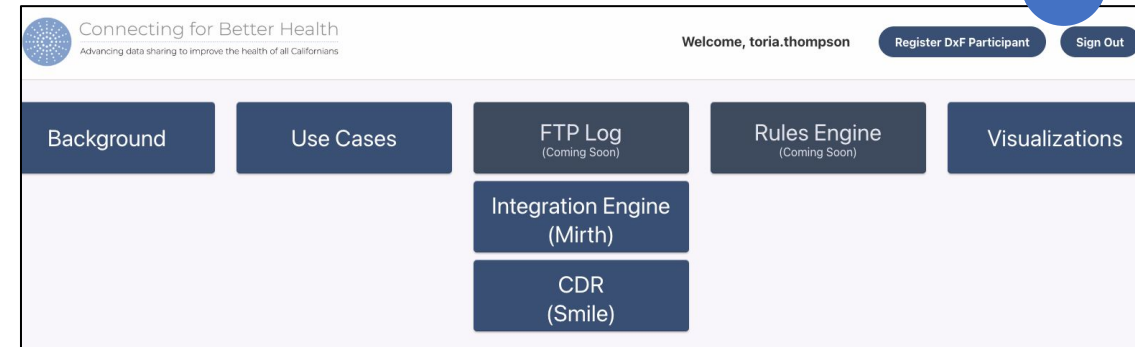
Connecting for Better Health
Advancing data sharing to improve the health of all Californians

DxF Sandbox Update

The DxF Sandbox interface is in beta testing with our co-design team and will soon be ready for general onboarding. Stay tuned!

Features of the interface include:

- Visualization tool to view DxF Sandbox participants, their exchange preferences, etc.
- Clinical Data Repository Viewer
- Use Case Library of use cases developed through the Community Design Studio



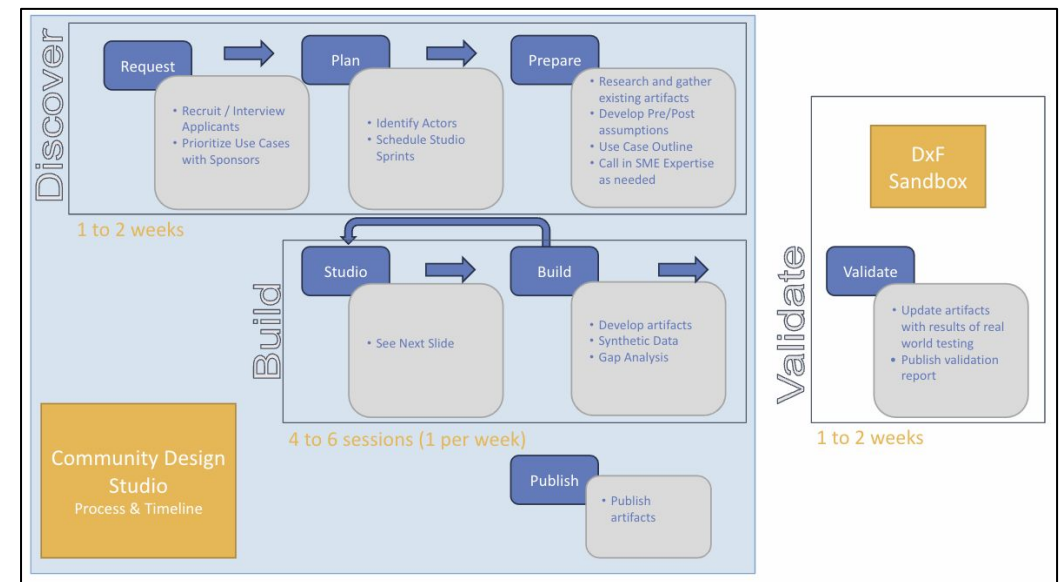
Design Studio Update

1. Partners in Care Foundation will beta test our Community Design Studio in May 2024
 - Use case will focus on homelessness and aging ([CHCF use case](#)) with organizations in the Los Angeles area
2. Continue discussions with additional organizations

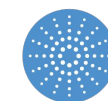
Community Design Studio Overview

The DxF Sandbox Community Design Studio is an open collaborative that will develop human-centered design (HCD) use cases and provide immediate feedback to specific areas of interest before DxF implementation.

| | |
|-------------|---|
| Who | <ul style="list-style-type: none">• The application process to participate in the Studio will be open to all CA healthcare stakeholders, CBOs, partnerships, and associations who desire to collaboratively develop a set of use cases to demonstrate the data flow among their partners utilizing DxF data sharing capabilities.• Stakeholders will include functional and technical representatives from participating entities |
| What | <ul style="list-style-type: none">• Depending on the complexity of the use case, studio participants will meet for four to six 90 minute design sessions which can be conducted weekly or combined to create two or three ½ day design studio intensives.• Participants will be expected to conduct work outside of studio time. |
| Why | <ul style="list-style-type: none">• At the completion of the work, participants will have well documented flow diagrams, synthetic data that represents the use cases as well as documented gaps and workarounds within current system capabilities that they can immediately put to use.• These artifacts will also be made publicly available enabling communities to build upon the work of prior design studios. |
| Cost | <ul style="list-style-type: none">• The Studio costs include C4BH Studio Team time, compensation for community experts, facilitator fees and venue costs, if onsite. We encourage participants to include Studio costs in grant proposals or take advantage of the TA Marketplace to cover design fees. The average cost for a Community Design Studio can vary depending on the number of community experts who participate, number of use cases to be delivered and complexity of the work. |



Appendix



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. | Passed Judiciary Committee and referred to Approps (4/16) |
| <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. | Placed on Approps Suspense File (4/15) |
| <u>SB 1016</u> (Gonzalez) | Requires CalFresh to collect preferred language with specified categories, to use OMB demographic collection categories for Hispanic or Latino groups, and additionally to use categories for each major Latino group and Mesoamerican Indigenous nation not specified in the OMB standards. | Placed on Approps Suspense File (4/22) |
| <u>AB 2198</u> (Flora) | Excludes dental or vision benefits the APIs that health plans and insurers are required to maintain. | Passed Health Committee and referred to Approps (4/23) |
| <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 and referred to Approps (4/9) |

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 Judiciary and referred to Approps with consent calendar rec (4/16); April 29th Hearing |
| <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 Judiciary and referred to Approps with consent calendar rec (4/16); April 29th Hearing |
| <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 Judiciary and referred to Approps with consent calendar rec (4/16); April 29th Hearing |
| <u>SB 1047</u> (Weiner) | Defines “AI models” and establishes AI training requirements for covered models with annual certification under penalty of perjury and a “limited duty exemption” for covered models with no hazardous capability. | Amended (4/16); Passed Gov Org Committee and referred to Approps (4/23) |
| <u>SB 1120</u> (Becker) | Establishes requirements for health plans and insurers using algorithms and AI decision making tools for utilization review or utilization management decisions. Violations are considered to be criminal. | Amended (4/15); Placed on Approps Suspense File (4/22) |
| <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 or certification liability for failure to comply. | Passed Health as amended to Privacy and Consumer Protection Committee (4/9) |
| <u>AB 2013</u> (Irwin) | Requires AI developers to publicly post the data used to train their AI and that AI systems and services are made available to Californians for use, regardless if compensations is required, by 2026. | Amended (4/22); Re-referred to Privacy and Consumer Protection Committee |
| <u>AB 2930</u> (Bauer-Kahan) | Requires automated decision tool developers and deployers to perform impact assessments before first use and annually by 2026, make results available to the state, notify impacted individuals and accommodate requests, prohibits AI that results in algorithmic discrimination, and authorizes civil action for violations. | Passed Privacy and Consumer Protection (4/16); Amended (4/22); Passed Judiciary and referred to Approps (4/23) |
| <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 damages liability 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) |

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

HIPAA Final Rule to Protect Reproductive Health Privacy

The Biden Administration's final HIPAA rule prohibits disclosing patient health information for investigating patients or providers seeking lawful reproductive care, requiring signed attestations from covered entities. [Read More](#)



Epic and Particle Health Dispute

In response to potential misuse of patient health information, Epic suspended data requests from certain Particle Health customers via Carequality, highlighting the need for transparency and governance to protect patient privacy while also enabling data sharing for valid treatment and non-treatment purposes. [Read More](#)

Updated CDC Public Health Strategy Plus 2023 Accomplishments

The Centers for Disease Control recently highlighted their 2023 achievements including: expanded CDC laboratory reporting with local partners, improved real-time CDC reporting by emergency departments, and increased electronic case reporting. Future strategies focus on connectivity between health care and public health data systems. [Read More](#)



Upcoming Events

- **April 26:** Riverside County Medical Association | First Annual AI Healthcare Conference | Rancho Cucamonga, CA | [Register here](#)
- **April 30, 11-12PM PT:** BDT Trust | Safe and Responsible AI Webinar | [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 Webinar | [Register here](#)
- **May 1, 10-11AM PT:** Civitas and Verato | Powering Interoperability Webinar | [Register here](#)
- **May 7, 2-3PM PT:** CalHHS CDII | DxF Technical Advisory Subcommittee Meeting | [Register here](#)
- **May 7-8:** California Medical Association | Annual Health IT Summit | San Francisco, CA | [Register here](#)
- **May 29-30:** Centers for Medicare and Medicaid Services | Health Equity Conference | Bethesda, MD | [Register here](#)
- **May 29-31:** American's Physician Groups | Spring Conference | San Diego, CA | [Register here](#)
- **June 24-26:** 2-1-1 San Diego 2024 CIE Summit | San Diego, CA | [Register here](#)

