Connecting for Better Health Meeting

May 9, 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	Emerging Consent-to-Share Policy and Practices ● Daniel Stein, President, Stewards of Change Institute ● Dr. Mohammad Jafari, Senior Privacy Consultant and Integration Specialist	30 minutes
3	New Resources to Support CalAIM Implementation with Data Exchange ● ITUP Issue Brief, Leveraging Data to Advance Health Equity and Success in CalAIM - Presented by Shirley Lam, Assistant Director of Policy, Insure the Uninsured Project (ITUP) ● C4BH Fact Sheet, Cross-Sector Data Sharing: HIPAA Considerations for Data Exchange between Health Care Entities and Community-Based Organizations - Presented by Andrea Frey, Partner, Hooper Lundy & Bookman	10 minutes
4	C4BH Sandbox Demo	10 minutes
5	Coalition Updates (State Legislation Tracking, News, and Events)	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

Emerging Consent-to-Share Policy and Practices

Daniel Stein
President
Stewards of Change Institute

Dr. Mohammad Jafari
Senior Privacy Consultant and Integration Specialist

Review of the Consent Learning Lab Held With HIMSS, March 2024

Stewards of Change INSTITUTE

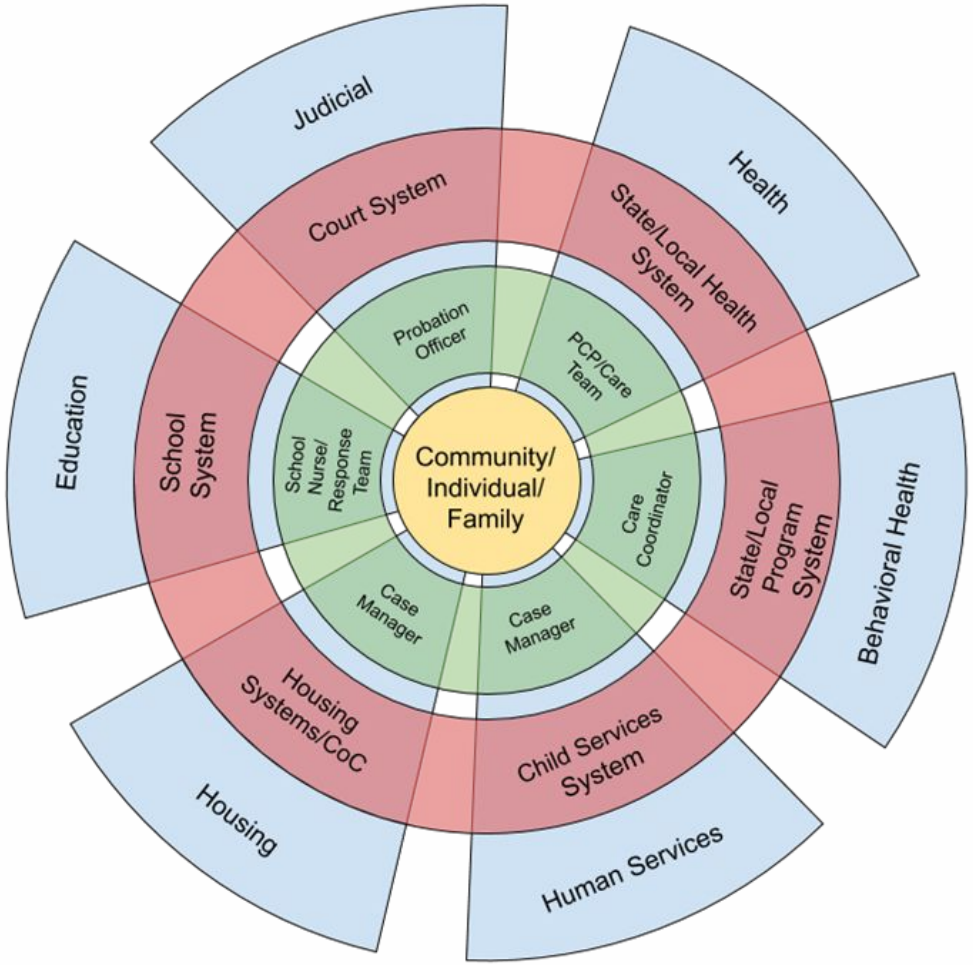
NIC NATIONAL INTEROPERABILITY COLLABORATIVE

The Consent Utility Concept Emerged During Covid... *But It's Roots Go Back a Decade*

Several Major Initiatives Mature the Consent Opportunity:

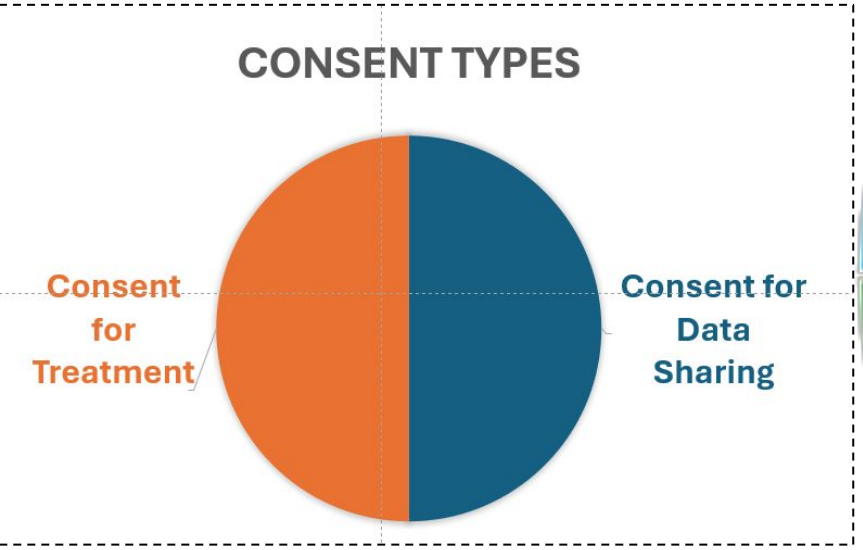
- National Action Agenda to Advance Upstream Social Determinants and Equity, 2020 - 2021
- The National Interoperability Collaborative Consent Forum, 2021- 2023
- Consent Learning Lab I, HIMSS 2023
- California’s Opportunity to Modernize Cross-sector Data Sharing Analysis, 2023
- Consent Learning Lab II, HIMSS 2024

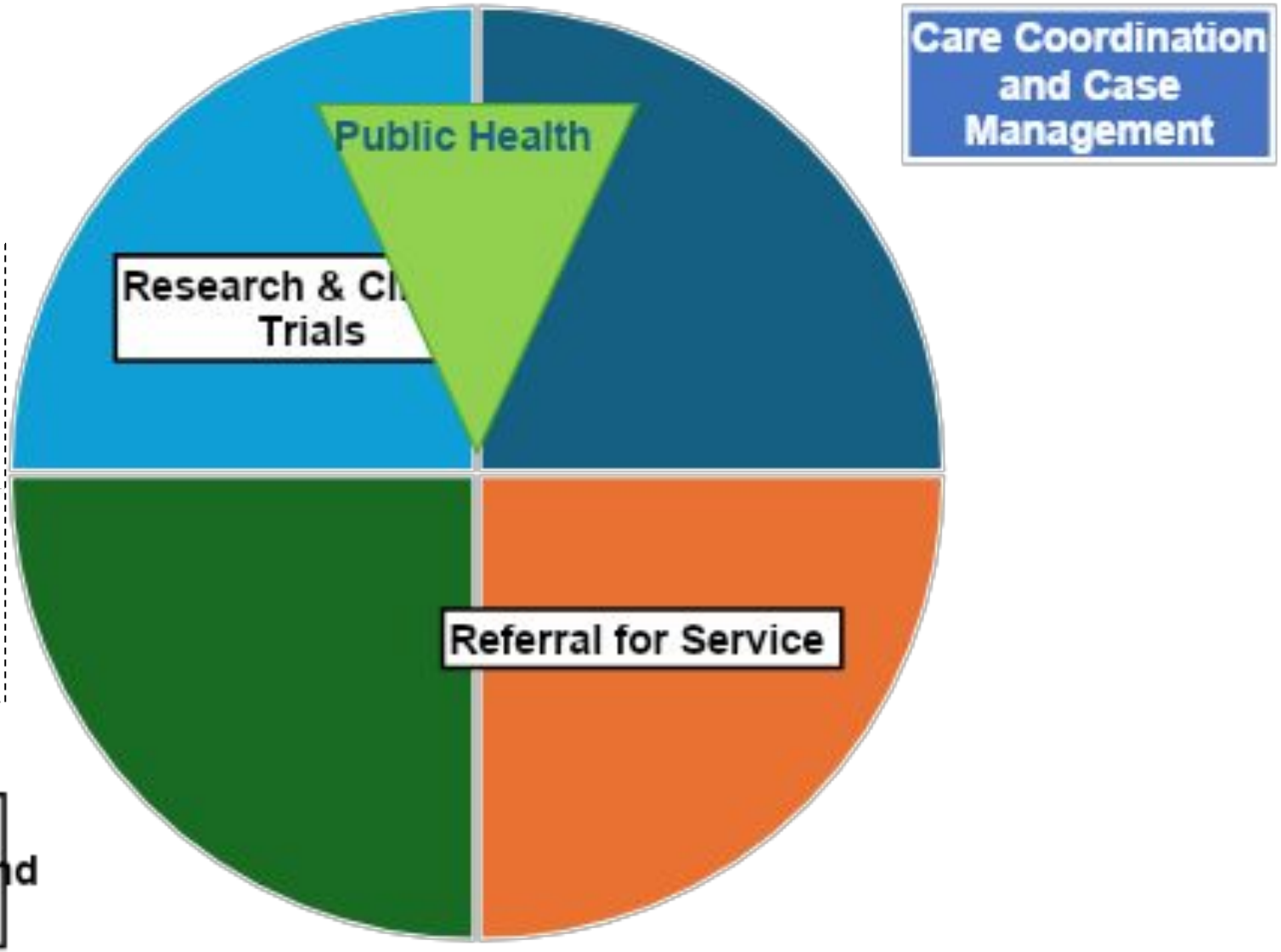
Consent is Essential for Whole-person Care



- Many people must navigate multiple systems and programs to acquire needed services.
- There are few tools for obtaining, sharing, and revoking consent in health and human services.
- A **Consent Utility Service** and a **Modular Uniform Consent Model Template** are essential for building trust, improving decision-making, and enhancing care-coordination.
- Consent is “Equity in Action”

Different Consents are Needed for Different Purposes





Consent Learning Lab Goals 2024

1. Learn from early implementers by sharing promising practices, proof of concepts, model templates/statutes, and failures. (CA, WA, VA, FL)
2. Begin formulating the functional requirements for a Uniform Consent Model.
3. Identify a few actionable recommendations to implement in 2024.
4. Strengthen the national consent collaborative.

Two Informative Panel Presentations:

***The Art of The Actual*: Consent-to-Share Vision, Approaches, and Models for Managing Multi-system Involved Clients**

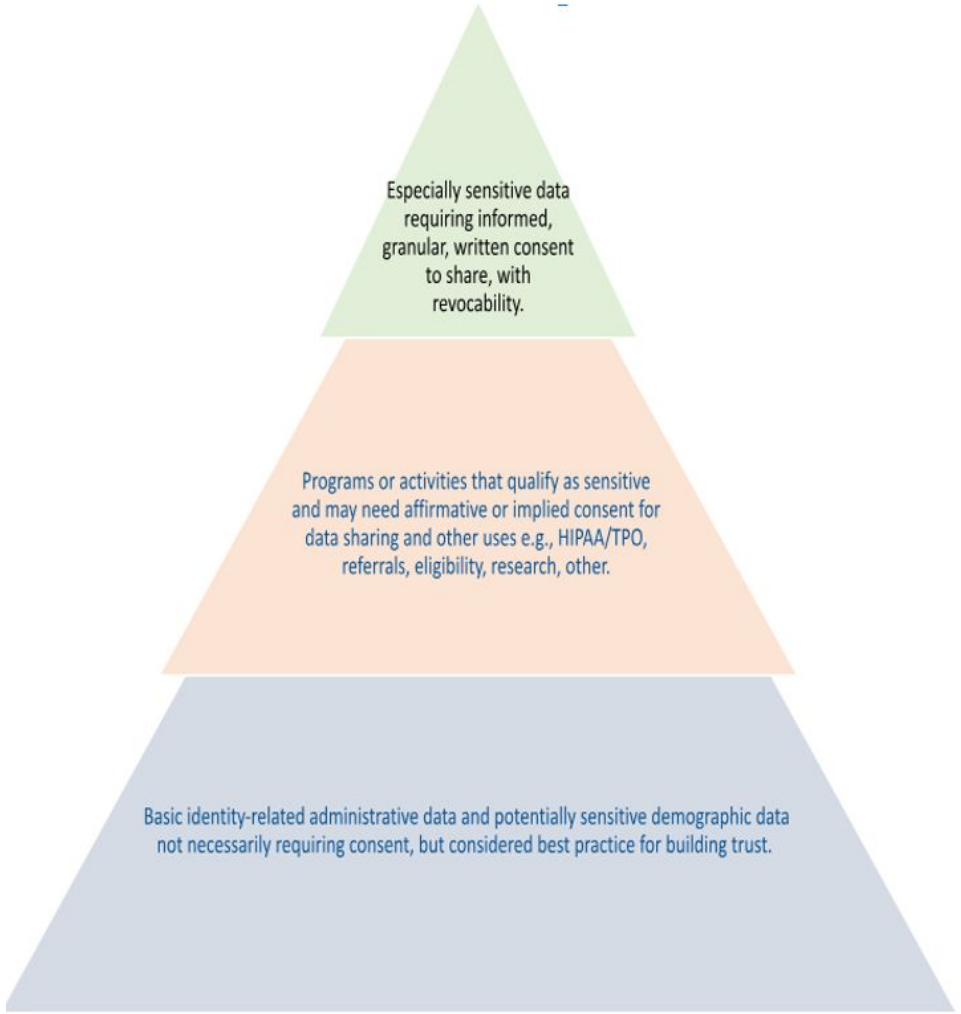
- Moderator: Dr. Kristine McCoy MD, MPH, Family Physician, Senior Consultant for Stewards of Change Institute
- Panelists:
  - Dr. Sristi Sharma, MD MPH, Informatics Medical Consultant, Enterprise Data and Information Management,, CA Department of Health Care Services
  - Jerry Britcher, Assistant Director, Chief Information Office, Enterprise Technology Services, Washington State
  - Sue Gallagher, Chief Innovation Officer, Children's Services Council of Broward County, Florida

The Art of the Possible: New Policies and Initiatives

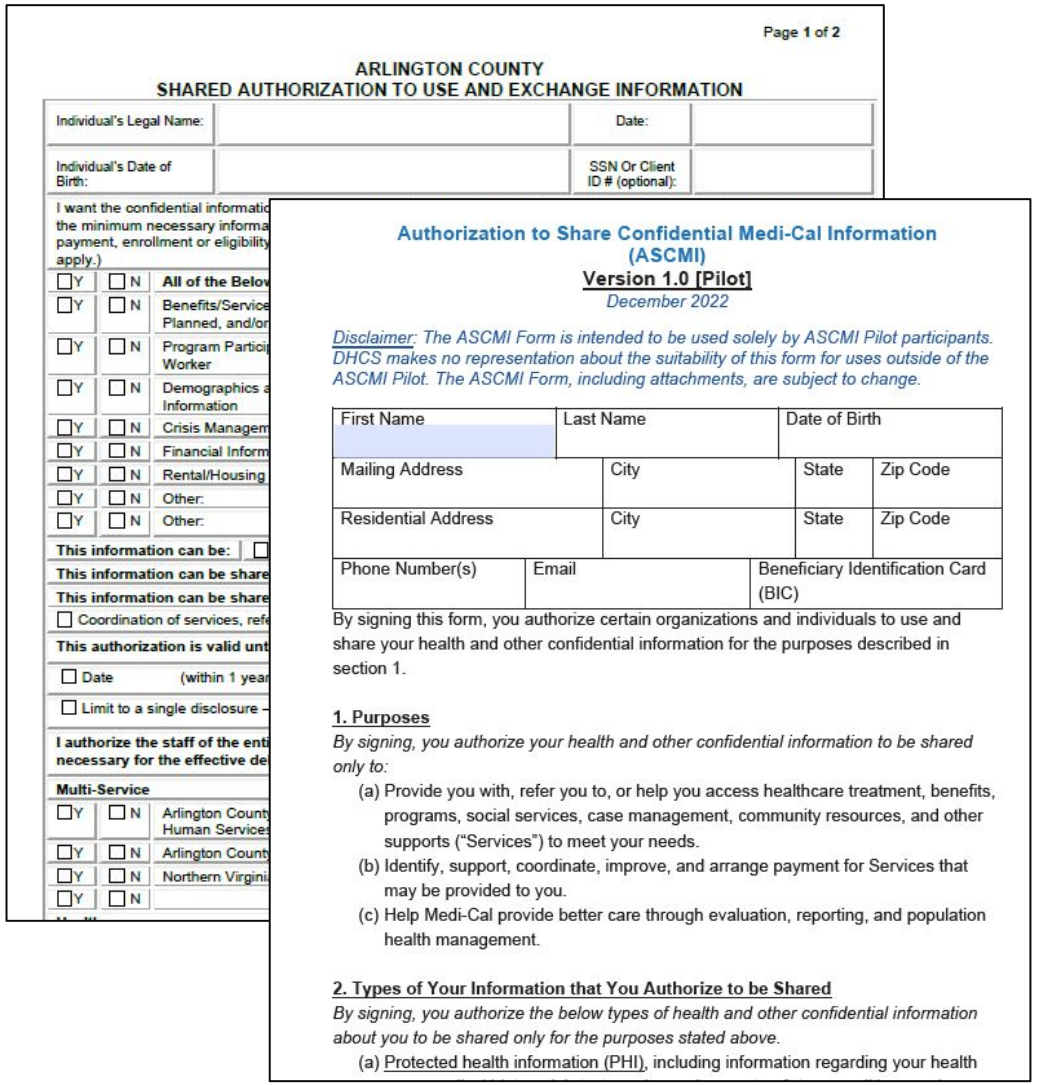
- Moderator: Daniel Stein
- Presenters:
  - Tom Novak, Senior Advisor State Policy - Office of the National Coordinator for Health
  - John Rancourt, Deputy Director, Office of Technology, Office of the National Coordinator for Health IT, U.S. Dept. HHS
  - Nichole Sweeny, JD, General Counsel and Chief Privacy Officer, Chesapeake Regional Information System for our Patients

Interactive Session: Designing A Uniform Consent Model Template

CONSENT BINGO!					
Medicaid	TANF	Veteran's Services	Wearables, Digital Health Technology	Jail/Prison Reentry Programs	Elementary and Secondary Education
Clinical Trials	Substance Use Disorder Treatment	Advanced Medical Directives	Sensitive Demographic Information	Jobs/Work	Community Care Plan & Referral Services
Reproductive Health	Post-acute/ Home Health	Mental Health	Research	MCH Home Visiting	Child Welfare
Early Intervention (IDEA Part C)	Disability SSI/SSDI & LTSS	Adult Education	Public Health	Child Support Enforcement	Housing
Gender Affirming Services	HIV-AIDS	Population Health	Emergency Medical Services	Community Based Services	Food & Nutrition
Domestic Violence	Medical Care	Transportation	Child Care	Adult Aging	Justice Involvement, Probation



Interactive Session: Designing A Uniform Consent Model Template



Page 1 of 2

ARLINGTON COUNTY
SHARED AUTHORIZATION TO USE AND EXCHANGE INFORMATION

Individual's Legal Name:		Date:	
Individual's Date of Birth:		SSN Or Client ID # (optional):	

I want the confidential informatio
the minimum necessary informa
payment, enrollment or eligibility
apply.)

☐Y	☐N	All of the Belov
☐Y	☐N	Benefits/Service Planned, and/or
☐Y	☐N	Program Partici Worker
☐Y	☐N	Demographics a Information
☐Y	☐N	Crisis Managem
☐Y	☐N	Financial Inform
☐Y	☐N	Rental/Housing
☐Y	☐N	Other:
☐Y	☐N	Other:

This information can be:
This information can be share
This information can be share
☐ Coordination of services, refe
This authorization is valid unt
☐ Date (within 1 year
☐ Limit to a single disclosure –
I authorize the staff of the enti
necessary for the effective de

Multi-Service

☐Y	☐N	Arlington County Human Services
☐Y	☐N	Arlington County
☐Y	☐N	Northern Virgini
☐Y	☐N	

Authorization to Share Confidential Medi-Cal Information (ASCMI)
Version 1.0 [Pilot]
December 2022

Disclaimer: The ASCMI Form is intended to be used solely by ASCMI Pilot participants. DHCS makes no representation about the suitability of this form for uses outside of the ASCMI Pilot. The ASCMI Form, including attachments, are subject to change.

First Name	Last Name	Date of Birth	
Mailing Address	City	State	Zip Code
Residential Address	City	State	Zip Code
Phone Number(s)	Email	Beneficiary Identification Card (BIC)	

By signing this form, you authorize certain organizations and individuals to use and share your health and other confidential information for the purposes described in section 1.

1. Purposes

By signing, you authorize your health and other confidential information to be shared only to:

(a) Provide you with, refer you to, or help you access healthcare treatment, benefits, programs, social services, case management, community resources, and other supports ("Services") to meet your needs.
(b) Identify, support, coordinate, improve, and arrange payment for Services that may be provided to you.
(c) Help Medi-Cal provide better care through evaluation, reporting, and population health management.

2. Types of Your Information that You Authorize to be Shared

By signing, you authorize the below types of health and other confidential information about you to be shared only for the purposes stated above.

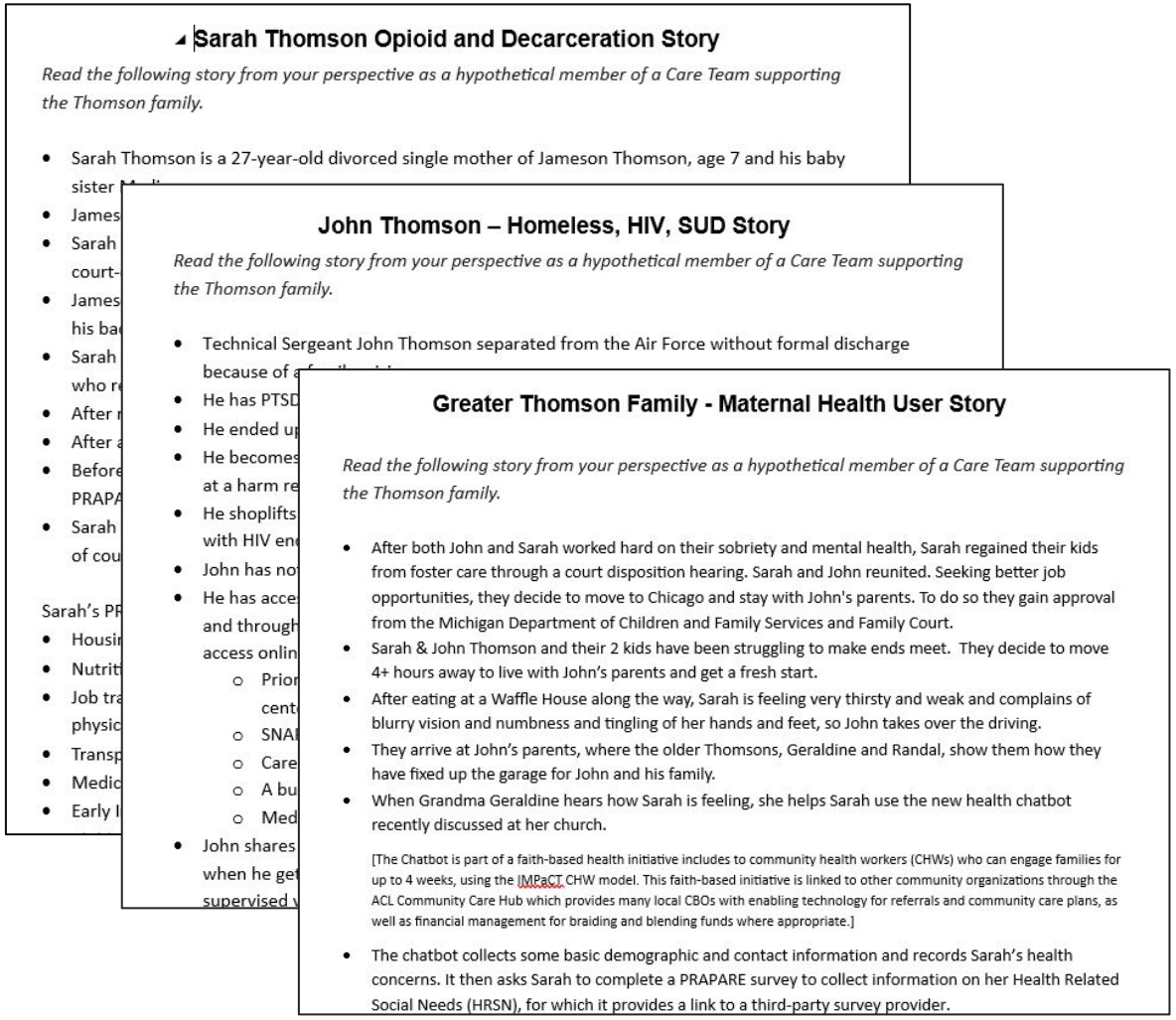
(a) Protected health information (PHI), including information regarding your health

Considerations for Implementing Uniform Consent

Deployment of uniform consent to streamline the collection and sharing of data across healthcare and social services providers requires a harmonization of legal disclosures according to relevant jurisdictional requirements. But there are recognized general principles of disclosure and consent that will be helpful in developing successful implementations. The validity of consent may be further enhanced through operational mechanisms that provide tools for the capture, maintenance or revocation of consent (whether paper-based or digital); allow for the segregation and non-reporting of individual record elements; or that otherwise allow granular management of recipients.

General Principles	California ASCMI (Yes, No, Maybe)	Arlington VA (Yes, No, Maybe)
Has consent been freely given? Valid consent requires genuine choice, along with an absence of coercion in the circumstances in which it is obtained or detriment to the individual upon refusal. Capacity (e.g., minors) and the scope/duration of consent implied in emergency situations should also be considered.		
Is consent specific and informed? To be valid, both the specific purposes for which data will be used should be disclosed along with the identities of the organizations collecting or receiving such information. Particularly specific disclosure may be needed for uses or transfer of especially sensitive data. • For organizations collecting or receiving data, how are their identities disclosed (by category or specific name, rather than by type of organization)? • For use purposes, are the types of individual data and their uses described with precision and clarity, not merely in general terms? • Do especially sensitive data uses (Part 2, e.g.) receive more prominent disclosure and/or separate consent?		
What general protections are promised for data use or access? Are there protections provided that apply to all data, and which help prevent harm to the individual (e.g., data shared only to provide "*access to social services*," or other regulatory protections)? Protections can include limits on law enforcement access, cybersecurity, accountability mechanisms,		

Interactive Session: Applying Uniform Consent Model to User Stories



Sarah Thomson Opioid and Decarceration Story

Read the following story from your perspective as a hypothetical member of a Care Team supporting the Thomson family.

- Sarah Thomson is a 27-year-old divorced single mother of Jameson Thomson, age 7 and his baby sister
- James
- Sarah court-
- James his ba
- Sarah who re
- After
- After
- Before PRAPA
- Sarah of cou

Sarah's PR

- Housi
- Nutrit
- Job tra physic
- Transp
- Medic
- Early l

John Thomson – Homeless, HIV, SUD Story

Read the following story from your perspective as a hypothetical member of a Care Team supporting the Thomson family.

- Technical Sergeant John Thomson separated from the Air Force without formal discharge because of a
- He has PTSD
- He ended up
- He becomes at a harm re
- He shoplifts with HIV en
- John has no
- He has acce and through access onlin
  - Prior cent
  - SNAI
  - Care
  - A bu
  - Med
- John shares when he get supervised

Greater Thomson Family - Maternal Health User Story

Read the following story from your perspective as a hypothetical member of a Care Team supporting the Thomson family.

- After both John and Sarah worked hard on their sobriety and mental health, Sarah regained their kids from foster care through a court disposition hearing. Sarah and John reunited. Seeking better job opportunities, they decide to move to Chicago and stay with John's parents. To do so they gain approval from the Michigan Department of Children and Family Services and Family Court.
- Sarah & John Thomson and their 2 kids have been struggling to make ends meet. They decide to move 4+ hours away to live with John's parents and get a fresh start.
- After eating at a Waffle House along the way, Sarah is feeling very thirsty and weak and complains of blurry vision and numbness and tingling of her hands and feet, so John takes over the driving.
- They arrive at John's parents, where the older Thomsons, Geraldine and Randal, show them how they have fixed up the garage for John and his family.
- When Grandma Geraldine hears how Sarah is feeling, she helps Sarah use the new health chatbot recently discussed at her church.

  [The Chatbot is part of a faith-based health initiative includes to community health workers (CHWs) who can engage families for up to 4 weeks, using the IMPaCT CHW model. This faith-based initiative is linked to other community organizations through the ACL Community Care Hub which provides many local CBOs with enabling technology for referrals and community care plans, as well as financial management for braiding and blending funds where appropriate.]

- The chatbot collects some basic demographic and contact information and records Sarah's health concerns. It then asks Sarah to complete a PRAPARE survey to collect information on her Health Related Social Needs (HRSN), for which it provides a link to a third-party survey provider.

User Story Analysis Template (Interactive #2)

User Story Name: _____

1) Discuss the user story and their goals. What services are being sought or recommended for each person?	**2) Which data and information will be shared, with whom, and for what purpose for each person in the story?**
3) Considering the data that will be exchanged, identify specific consents that will be needed or recommended to initiate, evaluate, or sustain services?	**4) Which consent template would you use? How would you modify it to meet the criteria and make it equitable and operational? Other challenges and opportunities?**

Key Take Away: *Think "Rosetta Stone" or "Middleware"*

A Modular Uniform Consent Model Template can **help resolve a key obstacle inhibiting data sharing by r**esolving challenges, conflicting requirements, and unclear guidance from statutory authorities at local, state, and federal levels.

- Enables a Consent Utility or Registry to function by providing information about all needed consents.
- Supports care coordination across all services which is essential for integrating the determinants of health in medicine and social care.
- Facilitates the use of data (linked and mostly deidentified data) for policy development and implementation, responsive community interventions, and analysis/research.
- Builds trust and agency by recognizing the human right to control one's own data.

Next Steps

- Finalize meeting recap and publish findings and recommendations (June)
- Host Consent Implementers in a virtual workshop to continue vetting the POCs and gathering learning from use cases
- Prepare in person meeting to delve deeply into prototype “Modular Uniform Consent Model Template”

New Resources to Support CalAIM Implementation with Data Exchange

Shirley Lam - New ITUP Issue Brief
Assistant Director of Policy
Insure the Uninsured Project (ITUP)

Andrea Frey - New C4BH Fact Sheet
Partner
Hooper Lundy & Bookman

ITUP's Latest Issue Brief: Leveraging Data to Advance Health Equity and Success in CalAIM

Shirley Lam, MPH

Assistant Director of Policy

Leveraging Data to Advance Health Equity and Success in CalAIM

ITUP Insure the Uninsured Project

» Issue Brief

Leveraging Data to Advance Health Equity and Success in CalAIM

APRIL 2024

EXECUTIVE SUMMARY

Data exchange is integral to identifying and connecting populations to health and social services, modernizing delivery systems, and improving quality of care for all Medi-Cal patients. This issue brief explores how improved health and social services information exchange through the California Health and Human Services (CalHHS) Data Exchange Framework (DxF) is essential for the foundational success of California's Advancing and Innovating Medi-Cal (CalAIM) Initiative. Data sharing through the DxF directly supports CalAIM's goals to improve whole person care by addressing social determinants of health (SDOH), improving systems of care for Medi-Cal members, generating better health outcomes and advancing health equity.[1] Data sharing is a vital element to measure the impact on health care access and health outcomes for Medi-Cal members.[2] This brief further examines data sharing needs for **five major CalAIM Initiatives**:

Connect
Medi-Cal Members to Community Supports

Transition
Dual-Eligibles to Managed Care

Transform
Behavioral Health Services

Identify and Address
Health and Social Needs of Justice-Involved Medi-Cal Members

Establish
Statewide Population Health Management

ACRONYMS 101: Lingo To Know

BIPOC = Black, Indigenous, and Other People of Color

CalAIM = California Advancing and Innovating Medi-Cal

CIE = Community Information Exchange

CBO = Community-Based Organization

DxF = Data Exchange Framework

DSA = Data Sharing Agreement

ECM = Enhanced Care Management

EHR = Electronic Health Record

HIE = Health Information Exchange

HIO = Health Information Organization

HSSI = Health and Social Services Information

MCP = Medi-Cal Managed Care Plan

QHIO = Qualified Health Information Organization

SOGI = Sexual Orientation and Gender Identity

SDOH = Social Determinants of Health

CalAIM & DxF TIMELINE

January 2022
Enhanced Care Management (ECM) and Community Supports Initiative launches; Mandatory Managed Care Enrollment for dual-eligibles launches.

JULY 2022
CalHHS establishes Data Sharing Agreement (DSA) and Data Exchange Framework (DxF) as mandated by AB 133, and releases a final version of the DSA and an initial set of policies and procedures to govern the DxF.

July 2022
Behavioral Health No Wrong Door Policy goes live.

November 2022
DSA signing begins.

January 2023
Deadline for DSA to be signed by required signatories in California.

January 2023
Justice-Involved Initiative launches, releasing applications for county jail and youth correctional facilities.

January 2023
Population Health Management (PHM) Initiative launches. Full statewide launch of PHM is still being determined.

January 2024
Most required DXF signatories must begin to exchange health information for treatment, payment, health care operations, and public health activities.

January 2024
Qualified Health Information Organizations (QHIOs) for the DxF are announced.

April 2024
Beginning of 24-month phase-in period for Justice-Involved pre-release Medi-Cal services.

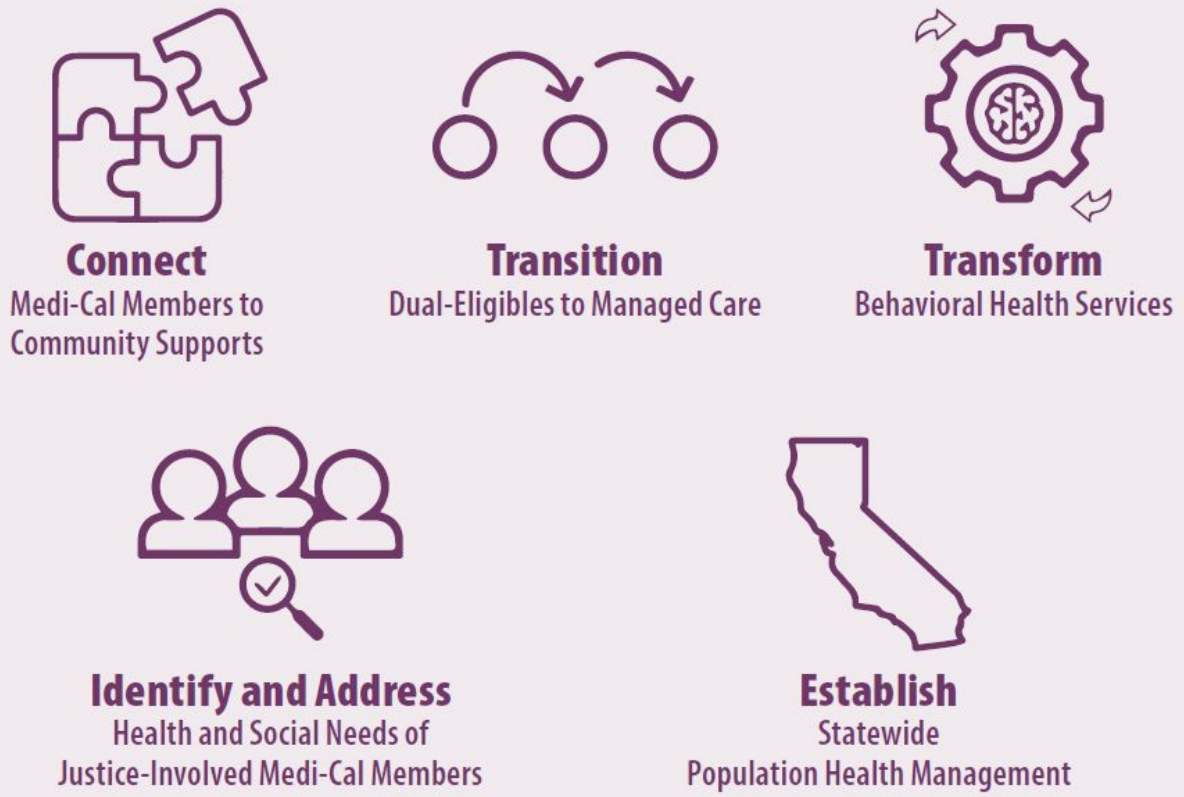
January 2026
All required DxF signatories must begin sharing health information.

ITUP Insure the Uninsured Project

Equity in Data and Data Sharing is Foundational for CalAIM's Success

- Access to Health and Social Services Information is Foundational
- Equity-Focused Statewide Data Policy is Necessary
- Opportunity is Now

The Opportunity the DxF Has in Supporting the CalAIM Initiative

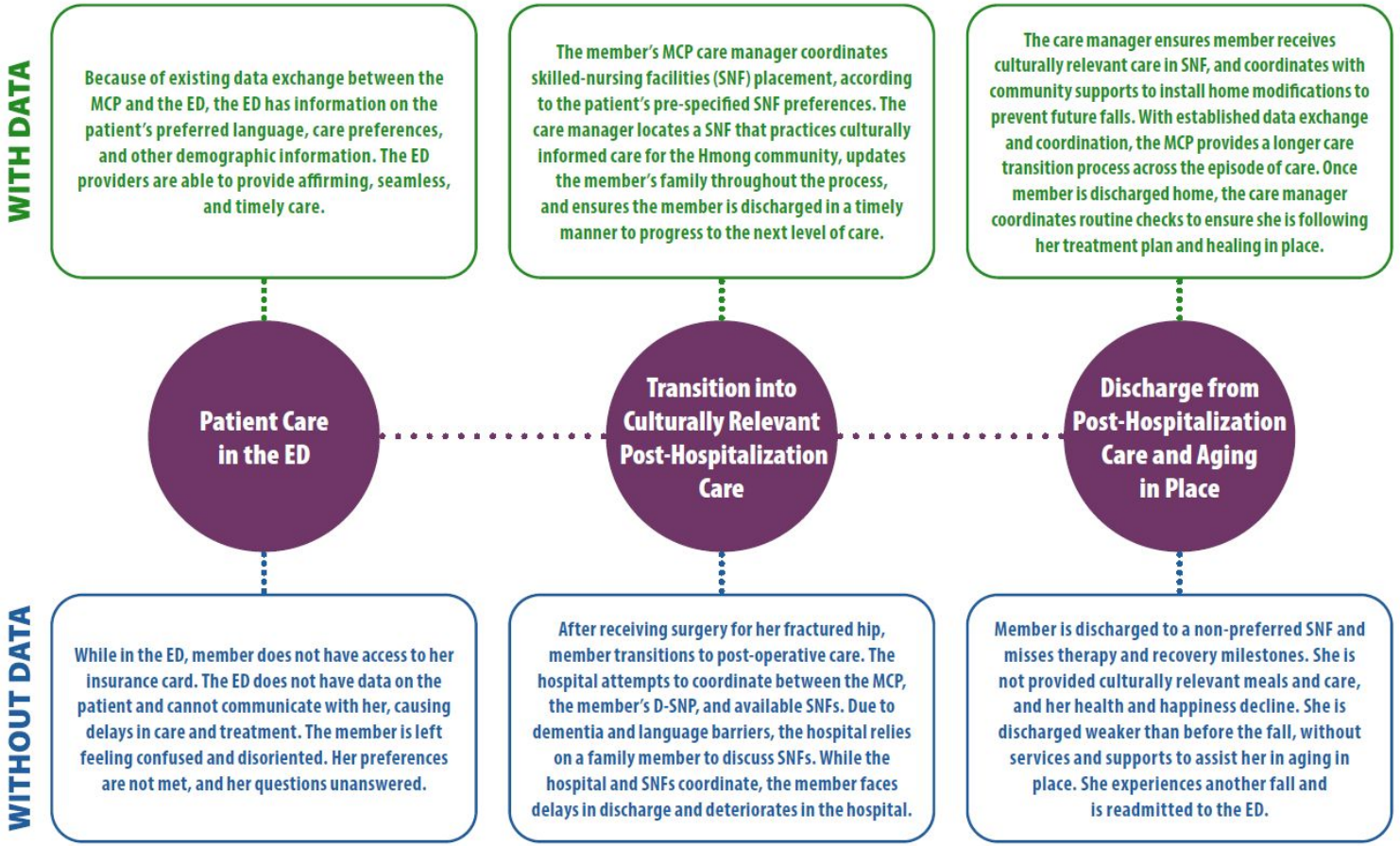


- Data Sharing through DxF Directly Supports CalAIM's Goals
- Vital to Measure Impact on Health Care Access & Health Outcomes for Medi-Cal Members

Data Sharing Advances Equity & Efficiency in CalAIM Initiatives

Insure the Uninsured Project

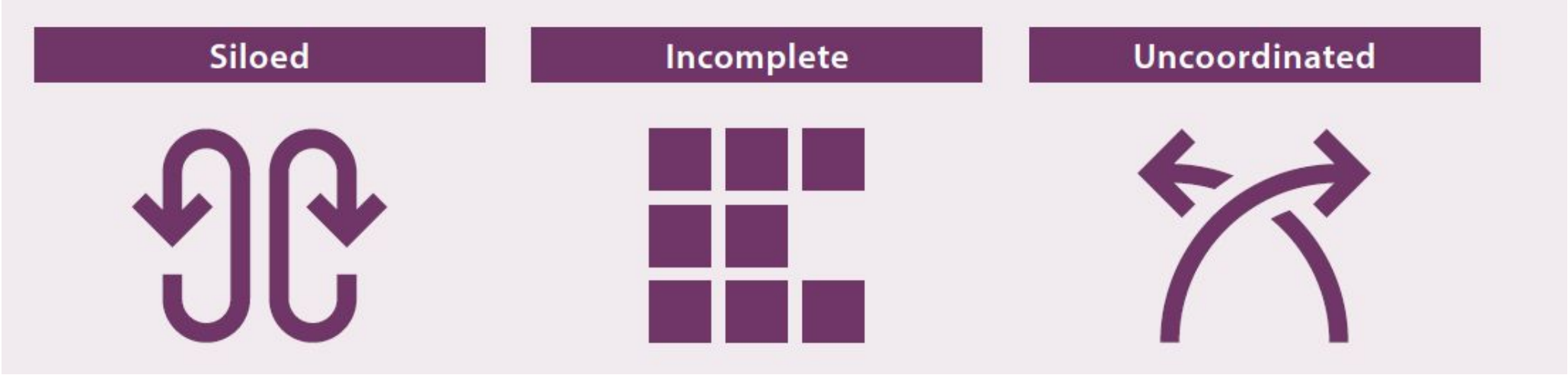
- Includes 3 Detailed Scenarios:
  - *Community Supports*
  - *Dual-Eligible Members*
  - *Justice-Involved Population*
- Barriers to Success: Policy Considerations



Barriers to Success: Policy Considerations

Adoption of DxF is Essential for Advancing Health Equity

- Disproportionately Impacts Low-Income BIPOC Communities
- Equity-Focused Data Policy is Essential in Addressing Whole-Person Care
- Establishes Common Data Exchange Procedures
- Collects and Integrates SDOH Data



Thank You!

Follow ITUP on Social Media!

- Check out ITUP's Issue Brief: Leveraging Data to Advance Health Equity and Success in CalAIM
- Check out ITUP's Fact Sheet: California Data Exchange Framework 101
- Check out ITUP's Policy Toolkit: California Data Exchange Framework 101

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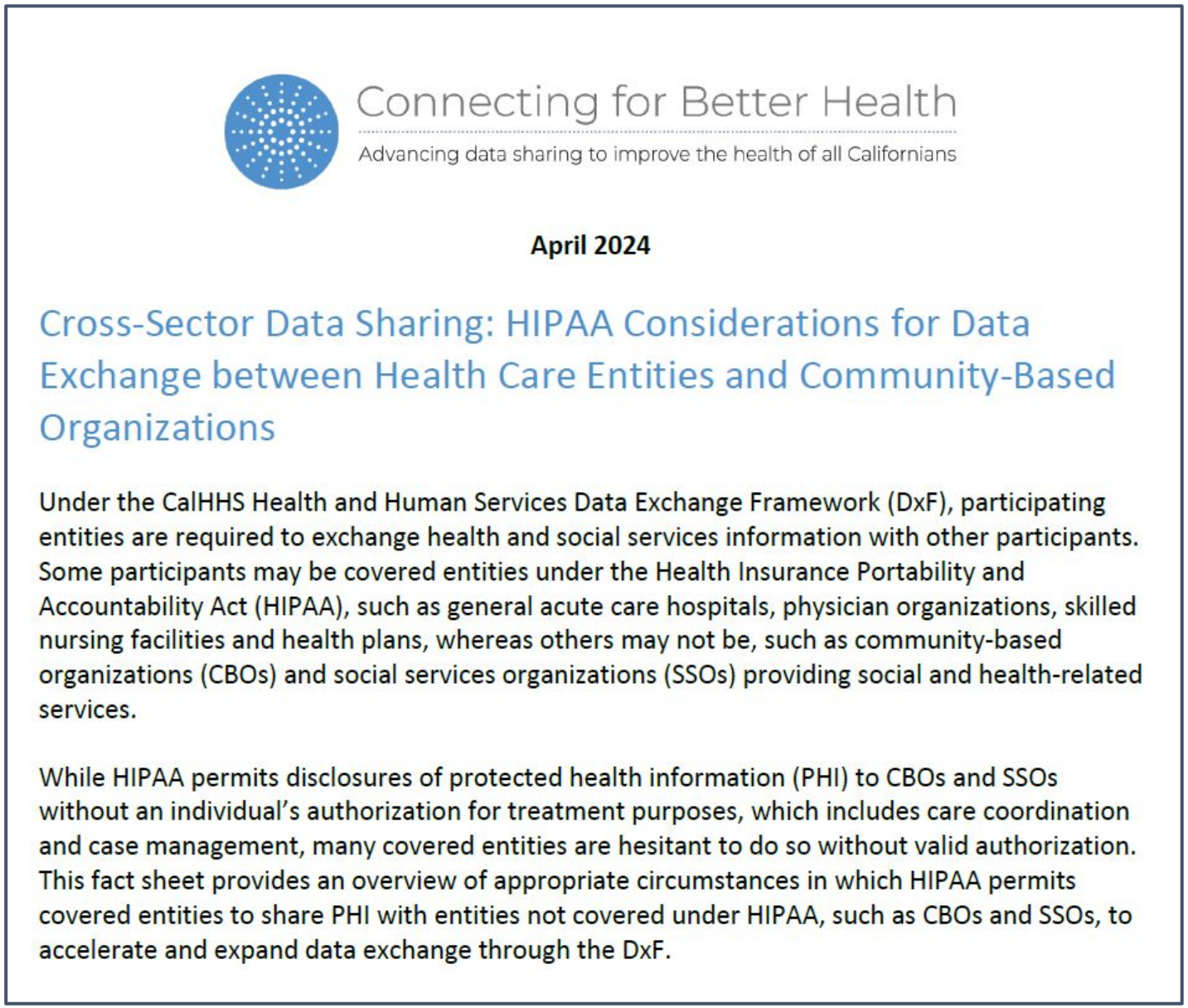
New C4BH Fact Sheet

Cross-Sector Data Sharing: HIPAA Considerations for Data Exchange between Health Care Entities and Community-Based Organizations

Presented by Andrea Frey

Partner, Hooper Lundy & Bookman



Connecting for Better Health

Advancing data sharing to improve the health of all Californians

April 2024

Cross-Sector Data Sharing: HIPAA Considerations for Data Exchange between Health Care Entities and Community-Based Organizations

Under the CalHHS Health and Human Services Data Exchange Framework (DxF), participating entities are required to exchange health and social services information with other participants. Some participants may be covered entities under the Health Insurance Portability and Accountability Act (HIPAA), such as general acute care hospitals, physician organizations, skilled nursing facilities and health plans, whereas others may not be, such as community-based organizations (CBOs) and social services organizations (SSOs) providing social and health-related services.

While HIPAA permits disclosures of protected health information (PHI) to CBOs and SSOs without an individual's authorization for treatment purposes, which includes care coordination and case management, many covered entities are hesitant to do so without valid authorization. This fact sheet provides an overview of appropriate circumstances in which HIPAA permits covered entities to share PHI with entities not covered under HIPAA, such as CBOs and SSOs, to accelerate and expand data exchange through the DxF.

Cross-Sector Data Sharing Fact Sheet Summary

1. **Sharing PHI for Care Coordination and Case Management Purposes**

   HIPAA allows sharing PHI with CBOs and SSOs for treatment purposes, including care coordination and case management, without individual authorization.

2. **Sharing of PHI for such purposes with third parties does not require written authorization under the HIPAA Privacy Rule**

   Health care providers can share PHI for treatment purposes without individual authorization, including coordination with third parties like social service entities, as confirmed by OCR guidance, if deemed necessary for the individual's health or mental health care.

3. **Other Considerations for Covered Entities with Data Sharing for Care Coordination and Case Management**

   HIPAA holds covered entities accountable for disclosing PHI to CBOs or SSOs in compliance with HIPAA regulations, but not for the actions of these organizations with respect to PHI post-disclosure.

DxF Sandbox Demo

Coalition Updates

California Legislation Tracking (1/2)

No./Author	Summary	Recent Developments
AB 236 **(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)
AB 1011 **(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
AB 1331 **(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
AB 2089 **(Holden)**	Require the collection of additional demographics data of city and county employees for specified Black or African American groups.	Referred to Approps Consent Calendar (5/1)
AB 2153 **(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
SB 294 (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; Referred to Assembly Health (4/29)
SB 957 (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)
SB 1016 (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)
AB 2198 (Flora)	Delays when specialized health plans that offer dental or vision benefits must comply with the API requirements that health plans and insurers are required to maintain until 2027 or when final federal rules are implemented, whichever is later.	Amended (4/29); Passed Health and Referred to Approps
AB 2250 (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.	Referred to Approps Suspense File (5/1)
AB 1943 (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 Approps on Consent (5/1)
AB 2058 (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 Approps (5/1) and Ordered to Third Reading

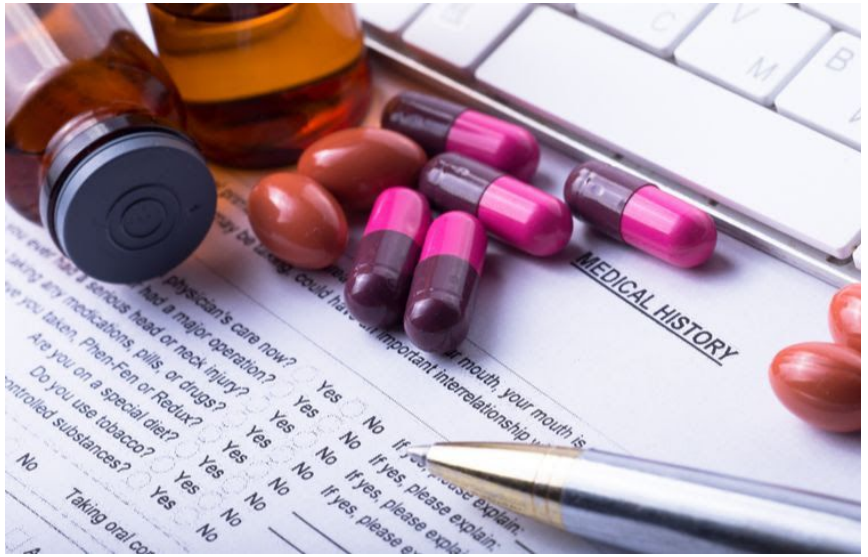
California Legislation Tracking - Artificial Intelligence

No./Author	Summary	Recent Developments
SB 892 (Padilla)	Requires the Department of Technology to establish an AI risk management standard, which would include a risk assessment procedure for automated decision systems.	Placed on Approps Suspense File (4/29)
SB 893 (Padilla)	Establishes the California Artificial Intelligence Research Hub to facilitate collaboration between government agencies, academic institutions, and private sector partners.	Placed on Approps Suspense File (4/29)
SB 896 (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.	Placed on Approps Suspense File (4/29)
SB 1047 (Weiner)	Defines "AI models" and establishes AI training requirements for covered models with annual certification with a "limited duty exemption" for covered models with no hazardous capability. Limits to no monetary penalties for violations before July 1, 2025 and no civil penalties for violations before January 1, 2026.	Amended (4/30); Placed on Approps Suspense File (5/6)
SB 1120 (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 a crime.	Placed on Approps Suspense File (4/22)
AB 3030 (Calderon)	Requires health providers using AI for patient communications to include AI disclaimers specific to the communication type and clear instructions permitting them to communicate with a human health care provider. Violations are considered to be a crime.	Passed Privacy and Consumer Protection as Amended and Referred to Approps (4/29)
AB 2013 (Irwin)	Requires AI developers to publicly post by 2026 a high-level summary of the datasets used to train their AI with minimum reporting elements specified and a synthetic data generation disclosure.	Passed Privacy and Consumer Protection as Amended (5/2) and Ordered to Third Reading
AB 2930 (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.	Amended and Re-Referred to Approps (4/24)
AB 3095 (Waldron)	Declares intent of legislature to enact legislation relating to AI.	Introduced (2/16)
AB 3050 (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!

Assessing SDOH Risk For Quality Measures & Patient Interventions

A panel at the AMCP 2024 Annual Meeting discussed the growing importance of SDOH data for risk assessments to support quality measure ratings and patient interventions. Read More



Alameda County Is Tracking Homeless Mortality to Save Lives

Researchers in Alameda County are pursuing data matching to identify and examine deaths among unhoused residents to better understand the causes and to inform strategies to decrease avoidable mortality. Read More

TEFCA V2 Released With FHIR Requirements

ONC released Version 2 of the TEFCA Common Agreement, requiring support for API-based exchange using HL7's FHIR standards to support seamless and scalable nationwide exchange while modernizing exchange methods to align with health IT tools that commonly utilize standardized APIs. Read More

Upcoming Events

- **May 14, 10-11AM PT:** Health Gorilla | Establishing Value Sets for Sensitive Data Management Webinar| Register here
- **May 15, 12-1PM PT:** Blue Shield of CA | Co-opetition in Action: in Action: California Advance Primary Care Initiative Webinar | Register here
- **May 17, 10-11AM PT:** AHIMA Embrace the Future of Healthcare with the Latest SDOH Webinar | Register here
- **May 21, 2-3PM PT:** CalHHS CDII | DxF Technical Advisory Subcommittee #2C Meeting | Register here
- **May 22, 10-11AM PT:** Bamboo Health | Enhancing the Lives of Californians Through the Sharing of Patient Data | Register here
- **May 22, 12-2:30PM PT:** CalHHS CDII | DxF Implementation Advisory Meeting | 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

C4BH Technical Assistance and Sponsor Opportunities

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

C4BH Annual Sponsor Tiers

Annual Sponsor Tiers *See next slide for exclusive sponsor benefits*	**Platinum** *$100,000+*	**Gold** *$50,000*	**Silver** *$25,000*	**Supporters** *$500*
End-of-Year Dinner	**Table of 8-10 seats with recognition**	**4 seats with recognition**	**2 seats with recognition**	**Priority Invitation**
Add Logo to Website and Sign-On Letters with Opt-Out Approach	✓	✓	✓	✓
Access to Office Hours	✓	✓	✓	✓
Advisory Group Representatives	**1+**	**1**	**1**	
Access to DxF Sandbox Community Studio	**Priority Access**	✓	✓	
Access to DxF Bootcamps	**Priority Access**	✓		
First Right to Engage in New C4BH Projects	✓			
White-Labeled DxF Implementation Toolkit	✓			

Do Your Priorities Differ From The Annual Sponsor Tiers? Reach Out To Us!

Additional Sponsor Opportunities Available For Our End-Of-Year Dinner On December 5th!