

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

5/12/2026

2. Department

Health Care Access and Information

3. Organizational Placement (Division/Branch/Office Name)

Data Exchange Framework (DxF)

4. CEA Position Title

DxF Program Director

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

The DxF Program Director will lead and coordinate state engagement on the Data Exchange Framework (DxF), governance, policy, and related programs in support of interoperable health information exchange (HIE) as a vital infrastructure component that can reduce medical errors, improve health care quality, and produce greater value for health care expenditures.

Senate Bill (SB) 6601 codified changes to the Data Exchange Framework (DxF), including the transfer of DxF from the California Health and Human Services Agency (CalHHS) to the Department of Health Care Access and Information (HCAI).

6. Reports to: (Class Title/Level)

CEA B - Deputy Director/Chief Data Officer

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain):

8. Organizational Level (Select one)

- 1st
- 2nd
- 3rd
- 4th
- 5th (mega departments only - 17,001+ allocated positions)

B. SUMMARY OF REQUEST

9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

The DxF Program Director will continue to set California's data exchange vision in collaboration with all key stakeholders. The Program Director will resolve data exchange, privacy, and security issues through the harmonization of state and federal laws, policies and procedures, governance and enforcement. The Program Director will oversee the implementation of California's strategy, taking into account new and emerging trends in data exchange. The Program Director will oversee a grant program to further data exchange efforts in California.

The Program Director will continue to coordinate all Data Exchange Framework (DxF) initiatives including, but not limited to the DxF framework, data sharing agreement, policies and procedures, governance, stakeholder engagement, and digital identities. The Program Director will also coordinate all federal health information exchange efforts and programs to ensure alignment with California's DxF. The Program Director is also a charter member of the Advisory Groups.

The Program Director continues to oversee the integration of state government HIE efforts to ensure that the state's health information technology system implementations are: 1) interoperable; 2) advance the coordination of health care; and 3) and helps ensure state health information technology project are aligned with the DxF and national standards, initiatives and policies. This position also leads the state's engagement in the development, application, and use of health information technology at the department level.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: The Data Exchange Framework (DxF) program is essential as it advances the core goals established at the CalHHS and as HCAI assumes full responsibility for the DxF in accordance with SB660, the program will be integral to the department's mission, playing a key role in strengthening health care access, improving outcomes, and advancing statewide policy priorities. The DxF is built on foundational principles that reflect both CalHHS and HCAI priorities: advancing health equity; making data available to drive decisions and outcomes; supporting whole-person care; promoting individual access to their own data; reinforcing privacy and security; ensuring transparent terms for data collection, exchange, and use; adhering to exchange standards; and ensuring accountability. These principles serve as the guiding "rules of the road" for statewide electronic health and human services information exchange. Through improved data sharing, coordination, and transparency, the DxF directly supports the collective work of hundreds of experts and community members and is critical to enabling more efficient, equitable delivery of services statewide.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

AB 133 (Chapter 143, Statutes of 2021) initiated the development of the state's first-ever DxF, requiring CalHHS to establish a single statewide Data Sharing Agreement and a common set of policies and procedures governing health information exchange. This legislation set an aggressive timeline: the DxF had to be finalized by July 1, 2022, and health care providers were mandated to fully participate in data exchange beginning January 31, 2024.

Effective January 1, 2026, SB 660 amends Health and Safety Code section 130290 and adds section 130291, transferring full responsibility for the establishment, implementation, and ongoing functions of the DxF from CalHHS to the Department of Health Care Access and Information (HCAI). This includes ownership and maintenance of the Data Sharing Agreement, all related policies and procedures, and ongoing coordination with stakeholders and participating entities statewide. This transition represents a substantial operational shift. HCAI must now assume programmatic leadership, policy development, enforcement preparation, stakeholder engagement, and long-term governance of a statewide data exchange system that affects thousands of health care entities and government agencies. For example, tasks previously performed by CalHHS—such as managing updates to the Data Sharing Agreement, overseeing compliance expectations, supporting technical and operational implementation, and developing the Digital Identities Strategy—must now be fully absorbed into HCAI's organizational structure. Because HCAI was not previously resourced to perform these functions, the CEA and other staff, previously established by CalHHS are being transitioned to HCAI to ensure continuity, meet statutory obligations, and maintain the statewide infrastructure that enables timely, equitable, privacy-protected data exchange. Without this request, HCAI would be unable to fulfill its new legal mandate, support provider compliance, or uphold the DxF's role in advancing health equity, whole-person care, and statewide data-driven decision-making.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

Through the implementation of the Data Exchange Framework, data sharing agreement, and corresponding policies and procedures which the CEA will be the principle policy maker, there will be an identifiable impact statewide as it relates to exchanging patient information real time to inform better health and human services data exchange and subsequent better health outcomes. For example, policy areas include:

- Process for Amending the DSA
- Modifications to Policies and Procedures
- Data Elements to be Exchanged
- Breach Notification
- Permitted Required and Prohibited Purposes
- Requirement to Exchange Health and Social Services Information
- Privacy and Security Safeguards
- Individual Access Services

The result of the Data Exchange Framework and the corresponding policies and procedure will be that every Californian should be able to walk into a doctor's office, a pharmacy, a county social service agency, or an emergency room and be assured health and human services providers can access the information they need to provide safe, effective, whole person care—while keeping our data private and secure.

This is the goal of California's Health and Human Services Data Exchange Framework, a first-ever, statewide data sharing agreement that will accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs beginning in 2024. The Data Exchange Framework and the above listed initial policies are in direct support of this goal and the CEA is the principle policy maker in this area.

C. ROLE IN POLICY INFLUENCE (continued)

13. What is the CEA position's scope and nature of decision-making authority?

The CEA Program Director reports to the Office of Health Information Program Director/Chief Data Officer and acts as the Administration's key advisor on all issues related to electronic health information technology and exchange. The Program Director for the DxF will lead and coordinate state engagement on the DxF, governance, policy, and related programs.

The CEA will set California's data exchange vision in collaboration with all key stakeholders. The CEA will resolve data exchange, privacy, and security issues through the harmonization of state and federal laws, policies and procedures, governance and enforcement. The CEA will oversee the implementation of California's strategy, taking into account new and emerging trends in data exchange. The CEA will oversee a grant program to further data exchange efforts in California.

The CEA will coordinate all DxF initiatives including, but not limited the DxF framework, data sharing agreement, policies and procedures, governance, stakeholder engagement, and digital identities. The CEA will also coordinate all federal health information exchange efforts and programs to ensure alignment with California's DxF. The CEA is also a charter member of the Advisory Groups.

Finally, the Program Director will oversee the integration of state government health information exchange efforts to ensure that the state's health information technology system implementations are: interoperable; advance the coordination of health care; and help ensure state health information technology project are aligned with the DxF and national standards, initiatives and policies. This position also leads the state's engagement in the development, application, and use of health information technology at the department level.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

Yes - There are multiple policies that support the Data Exchange Framework that will impact entities across that state that may or may not currently be practicing the requirements spelled out in the data exchange framework and policies that they will be required to follow. In addition, revisions to the policies will be needed and new policies will also be developed. This work will be accomplished under the CEA's leadership and through a stakeholder engagement process.