
UNFINISHED BUSINESS

Bill No: SB 660
Author: Menjivar (D), et al.
Amended: 9/4/25
Vote: 21

SENATE HEALTH COMMITTEE: 7-0, 4/30/25

AYES: Menjivar, Durazo, Gonzalez, Limón, Padilla, Weber Pierson, Wiener

NO VOTE RECORDED: Valladares, Grove, Richardson, Rubio

SENATE APPROPRIATIONS COMMITTEE: 5-0, 5/23/25

AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab

NO VOTE RECORDED: Seyarto, Dahle

SENATE FLOOR: 28-2, 6/2/25

AYES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon,
Caballero, Cervantes, Cortese, Durazo, Gonzalez, Grayson, Laird, Limón,
McGuire, McNerney, Menjivar, Padilla, Pérez, Richardson, Rubio, Smallwood-
Cuevas, Stern, Umberg, Wahab, Weber Pierson, Wiener

NOES: Jones, Strickland

NO VOTE RECORDED: Alvarado-Gil, Choi, Dahle, Grove, Hurtado, Niello,
Ochoa Bogh, Reyes, Seyarto, Valladares

ASSEMBLY FLOOR: 45-5, 9/9/25 – Roll call not available.

SUBJECT: California Health and Human Services Data Exchange Framework

SOURCE: Connecting for Better Health

DIGEST: This bill transfers the responsibility of the California Health and Human Services (CHHS) Data Exchange Framework and Data Sharing Agreement and its policies and procedures to the department of Health Care Access and Information.

Assembly Amendments of 9/4/25 transfer responsibility for the data sharing agreement and data exchange framework to the Department of Health Care Access

and Information (HCAI). Require HCAI to take over responsibility of the stakeholder advisory group (SAG) and ensure that a balance of perspectives with not more than 50% of voting members as signatories to the data sharing agreement. Limit SAG to no more than 17 voting members. Authorize SAG to consider and vote on recommendations for updates to the data sharing agreement and its policies and procedures that HCAI may enact, and require HCAI director to select chair. Eliminate the Data Exchange Board, add a provision that a signatory to the data sharing agreement and policies and procedures is not required to share information that is not maintained by the entity. Align requirements for medical foundations and emergency medical services to execute the data sharing agreement and exchange health information or provide access to health information by July 1, 2026. Eliminate authority for HCAI to determine other categories of entities required to execute the data sharing agreement, and, eliminate requirement to develop and implement policies and procedures prior to adding entities providing social services information. Delay a requirement to January 1, 2027, that HCAI publish names of entities HCAI knows to be not in compliance with requirements to execute the data sharing agreement. Eliminate requirement for HCAI to be responsible for dispute resolution and grievance processes. Clarify HCAI may develop enforcement actions subject to regulations, upon appropriation and after submission of report with an evaluation of the need for a framework for enforcement and investigation and resolution of disputes which is due July 1, 2027. Change the annual report to a one time report that HCAI will develop and submit after collaboration with SAG.

ANALYSIS:

Existing law:

- 1) Requires, on or before July 1, 2022, and subject to an appropriation in the annual Budget Act, the CHHS, along with its departments and offices and in consultation with stakeholders and local partners, to establish the CHHS Data Exchange Framework (data exchange framework) to include a single data sharing agreement and common set of policies and procedures that will leverage and advance national standards for information exchange and data content, and that will govern and require the exchange of health information among health care entities and government agencies in California. [Health & Safety Code (HSC) §130290]
- 2) Requires, by January 31, 2023, and in alignment with existing federal standards and policies, the following health care organizations to execute the data exchange framework data sharing agreement:

- a) General acute care hospitals;
 - b) Physician organizations and medical groups;
 - c) Skilled nursing facilities (SNFs) that currently maintain electronic records;
 - d) Health plans and disability insurers that provide hospital, medical, or surgical coverage that are regulated by the Department of Managed Health Care (DMHC) or the Department of Insurance (CDI), including a Medi-Cal managed care plan under a comprehensive risk contract with the State Department of Health Care Services (DHCS) that is not regulated by DMHC or CDI;
 - e) Clinical laboratories, as specified, that are regulated by the State Department of Public Health; and,
 - f) Acute psychiatric hospitals. [HSC §130290]
- 3) Requires the entities listed above, on or before January 31, 2024, to exchange health information or provide access to health information to and from every other entities listed above in real time as specified by CHHS pursuant to the data exchange framework data sharing agreement for treatment, payment, or health care operations. Exempts, until January 31, 2026, physician practices of fewer than 25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 beds, state-run acute psychiatric hospitals, and any nonprofit clinic with fewer than ten health care providers. [HSC §130290]
- 4) Requires CHHS to convene a SAG too advise on the development and implementation of the data exchange framework, and requires the stakeholder advisory group to inform and advise the CHHS agency on health information technology (HIT) issues, as specified. [HSC §130290]

This bill:

- 1) Requires on or before January 1, 2026, HCAI to take over the establishment, implementation, and all of the functions related to the data exchange framework, including the data sharing agreement and policies and procedures, and SAG.
- 2) Requires state hospitals operated by the State Department of State Hospitals (DSH) and facilities operated by the State Department of Developmental Services (DDS) that utilize seclusion or behavioral restraints to exchange health information or provide access to health information to and from every other entity as specified in real time beginning on January 31, 2029.

- 3) Requires emergency medical services and a medical foundation exempt from licensure to execute the data sharing agreement by July 1, 2026.
- 4) Excludes, from the requirement to exchange health information, gender-affirming care, immigration or citizenship status, or place of birth. Abortion and abortion-related services are already excluded from the law.
- 5) Adds, to the existing SAG, skilled nursing facilities, physician organizations and medical groups, and Management Services Organizations.
- 6) Requires the SAG to identify ways to incorporate relevant data on developmental disabilities, and, develop policies and procedures on matters of meaningful and informed consent, privacy, confidentiality, and security. Deletes references to consistency with federal rules and programs.
- 7) Requires, commencing July 1, 2026, unless already required by an existing contract requirement, compliance with executing the data sharing agreement to be required as a condition of continuing, amending or entering into a new or existing contract for the provision of health care services with DHCS, the Public Employees' Retirement System (CalPERS), and Covered California.
- 8) Requires HCAI to administer, manage, oversee, and enforce the data exchange framework and data sharing agreement, including its related policies and procedures, governance, and all other materials or initiatives related to the data sharing framework.
- 9) Requires HCAI to publicly post approved updates in advance of the 180 calendar days before the effective date in order to give signatories time to come into compliance, unless a shorter time is necessary to comply with applicable law.
- 10) Requires HCAI, commencing January 1, 2027, to publish and keep current on its website the names of any entities not in compliance with requires to execute the data sharing agreement. Requires HCAI to take into consideration extenuating circumstances which may impact an entity's ability to come into compliance. Requires HCAI to submit this information to relevant state licensing entities.
- 11) Authorizes, upon appropriation, HCAI to develop enforcement actions, to be approved by the board, and subject to the Administrative Procedures Act after the submission of the report described in 12) below.

12) Requires HCAI to develop in collaboration with the SAG a report to be submitted to the Legislature by July 1, 2027 that includes all of the following:

- a) A list of all entities deemed to be required signatories to the California Health and Human Services Data Exchange Framework data sharing agreement, and the status of each entity's execution of the data sharing agreement.
- b) The compliance pathway or pathways utilized to meet its contractual requirements under the data sharing agreement, and, where applicable, if the signatory has a contract in place, as specified.
- c) An evaluation as to the need for an independent governing board.
- d) An evaluation of the need for technical assistance and other grant programs to support signatories' legal requirements under the data sharing requirement.
- e) An evaluation of other categories of entities for participation in the Data Exchange Framework.
- f) An evaluation of the need for a framework for enforcement and investigation and resolution of disputes between Data Exchange Framework participants regarding the data sharing agreement and its policies and procedures.
- g) An assessment of consumer experiences with health and social services information exchange.

Comments

Author's statement. According to the author, this bill moves the responsibilities of the data exchange framework to CDII, and establishes a governing board to review and approve changes to the data exchange framework. The data exchange framework was created to securely standardize and clarify data sharing policies and procedures, and a standard data sharing agreement ensures participants agree to follow the policies and procedures. With the passage of this bill, a structure for governance of the data exchange framework and its policies and procedures will be enacted that will ensure participation, accountability, and confidence for data exchange stakeholders and ultimately, better care for Californians. Access to comprehensive, real-time information is essential for making care more affordable while improving quality, safety, and outcomes.

Budget trailer bill. Budget trailer bill provisions proposed by the Newsom Administration in 2023 would have, by July 1, 2023 and subject to appropriation in the annual Budget Act, require CDII to take over establishment, implementation, and all the functions related to the data exchange framework, including the data sharing agreement and policies and procedures, from the CHHS agency. The trailer

bill would have required CDII to establish a board of 12 voting members made mostly of Governor's appointees (eight out of 12) and two legislative appointees that would approve modifications to the data exchange framework data sharing agreement and its policy and procedures. The board would establish new data sharing requirements for signatories with approval from the CHHS Secretary, would advance recommendations on technical assistance, onboarding, and grant programs, but would have been required to develop recommendations to the Legislature and Governor on statutory amendments to align state law with federal law, and advise the CDII on the advancement and refinement of the data exchange framework priorities and principles. The trailer bill provisions were not adopted, but many are contained in this bill.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Assembly Appropriations Committee, General Fund costs of an unknown amount, possibly low millions of dollars annually, to support staffing the Data Exchange Framework program, manage enforcement, engage in dispute resolution, track consumer grievances, and conduct outreach to consumers. HCAI will require contractual services to facilitate public engagement activities, support program development and organizational change management, and project management services.

SUPPORT: (Verified 9/9/25)

Connecting for Better Health (sponsor)
 Alameda County Community Food Bank
 America's Physician Groups
 Bangash Family Medicine
 Blue Shield of California
 California Academy of Family Physicians
 California Food is Medicine Coalition
 California Primary Care Association
 California State Council of Service Employees International Union
 California WIC Association
 Central California Alliance for Health
 Citizen Health, Inc.
 Community Clinic Association of Los Angeles County
 County of Alameda
 County Welfare Directors Association of California
 Eye Medical Center of Fresno
 GroundGame Health

Indiana Health Information Exchange
Inland Empire Health Information Organization
Insight Vision Center
Insure the Uninsured Project
LA Care Health Plan
Los Angeles Network for Enhanced Services
Madera Family Medical Group
Manifest Medex
Medpoint Management
MyLigo, Inc.
Object Health
Orange County Partners in Health
Partners in Care Foundation
Premier Cancer Care and Infusion Center
Riverside County Medical Association
Sacramento Native American Health Center
SacValley MedShare
San Diego Health Connect
Serving Communities Health Information Organization
Sonoma Connect & Health Action Together
Synclarity Consulting
WiseCare Primary and Specialty Medicine

OPPOSITION: (Verified 9/9/25)

California Hospital Association
PointClickCare

ARGUMENTS IN SUPPORT: This bill is sponsored by Connecting for Better Health, which writes, “Vital health and social service records must follow Californians wherever they seek care, but this is not the reality today in our state. Without common standards and connected health information exchange networks, a person’s important information – even when digitized – remains siloed across regions, networks, and disparate systems. For safe, high-quality, and affordable care, primary care providers need access to historical immunization and test records, emergency services require timely allergy and medication information, and strong connections between hospitals and care teams are essential for supported care transitions. Effective data sharing ensures the availability of comprehensive, real-time information to reduce duplication, enhance coordination, and empower individuals. America’s Physicians Groups (APG) writes, “California’s Medi-Cal CalAIM waiver seeks to implement a whole person care

delivery system for our state's most vulnerable populations. This bill clarifies the required participation of additional providers that are essential to full data exchange, such as medical foundations, as well as other provider types that were inadvertently omitted under the original legislation, AB 133." Nonprofit health data networks serving Los Angeles, San Diego and Orange counties, the Inland Empire, Central Coast, Bay Area, and Central Valley write, "If all entities subject to the data exchange framework fully complied with existing law, Qualified Health Information Organizations (QHIOs) would be well-positioned to help stakeholders securely share information as needed, especially with major health systems. Despite over three years of data exchange framework planning and implementation many organizations still do not participate or contribute information as required, including physician practices, and some health systems have listed methods of exchange that are not yet operational, many large hospitals and health systems do not provide meaningful ways for care teams or QHIOs to access information such as alerts for when patients are admitted or discharged."

ARGUMENTS IN OPPOSITION: The California Hospital Association (CHA) this bill places limitations on who can participate in the SAG, imposes enforcement mechanisms that should be deferred until addition policies, procedures, and technical specifications are developed, and does not acknowledge the cost of compliance. PointClickCare, which provides technical supports for "Senior Care," including SNFs writes that SNFs, Assisted Living, and Home Health were not included in federal HITECH Act to receive funding for acquiring certified electronic health records, which leads to significant variation in sophistication of technology adoption. PointClickCare believes there are technical, regulatory and administrative issues that may disrupt the framework, and to best support its clients there should be a delay of the effective and enforcement dates until the time of Medi-Cal rate negotiations in order to identify the appropriate investment and reimbursement methodologies tied to technology standards that will allow its clients to successfully participate.

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9/9/25 14:54:33

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