



August 4, 2025

The Honorable Buffy Wicks
Chair, Assembly Appropriations Committee
1021 O Street, Room 8220
Sacramento, CA 95814

SUBJECT: SB 660 (Menjivar) — OPPOSE UNLESS AMENDED

Dear Assemblymember Wicks:

Hospitals and health systems have been at the forefront of data exchange, investing significant resources in health information exchange (HIE) and participating in state, federal, and national initiatives toward its advancement. To that end, the California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, supports an HIE governance framework that will maintain patient privacy, advance seamless care transitions, and reduce disparities in care.

While CHA appreciates the ongoing dialogue with Senator Caroline Menjivar, sponsors, and committee staff, it is crucial that a balanced approach to HIE governance be taken so that Data Exchange Framework (DxF) participants work collaboratively toward data exchange in California. CHA continues to believe that Senate Bill (SB) 660 should include two important amendments, detailed below.

1. The Data Exchange Framework (DxF) Governing Board should be composed of data exchange experts and Data Sharing Agreement (DSA) signatories.

California is home to many of the nation's leading data exchange experts, including two members of the federal Health Information Technology Advisory Committee who have been working on data exchange for more than two decades. Due to the provisions in SB 660, however, they would be disqualified from the DxF Governing Board — as would many others with real world experience in HIE. Not only is having such expertise on this board essential, but so is balancing their expertise with that of practitioners responsible for implementing the DxF — especially those who work in under-resourced safety-net organizations. Practitioners bring on-the-ground perspective about how a change in state policy will affect health care delivery and maintain patient confidentiality.

2. Enforcement mechanisms should be deferred until additional policies, procedures, and technical specifications are developed.

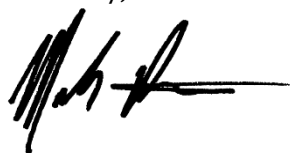
Hospital and other provider leaders have been working to inform DxF policy and procedure development for nearly four years — but these legally binding documents still need a significant amount of work. For example, a procedure does not exist for resolving conflict among DxF participants, nor do technical specifications for exchange. Until these are developed, hospitals and other entities lack a clear understanding of what is required to comply with DxF. Before requiring that any enforcement mechanisms and new activities are completed, the California Health and

Human Services Agency's Center for Data Insights and Innovation should focus on completing the work set forth in Assembly Bill 133 (2023).

Implementing new HIE requirements would necessitate investment in more resources and impose additional costs on California's hospitals and health systems, including public hospitals. At a time when federal funding is being pulled from the health care system, it is even more critical that governance, data sharing, and deployment efforts are guided by collaboration and informed by meaningful stakeholder input. In addition to the more than 400 hospitals located in California, thousands of other required DxF participants will be subject to enforcement by the state, which will require additional State personnel and resources.

For these reasons, **CHA is opposed to SB 660 unless it is amended to address these remaining concerns.**

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Farouk', with a long horizontal flourish extending to the right.

Mark Farouk
Vice President, State Advocacy

cc: The Honorable Caroline Menjivar
The Honorable Members of the Assembly Appropriations Committee
Allegra Kim, Principal Consultant, Assembly Appropriations Committee
Joe Shinstock, Appropriations Consultant, Assembly Republican Caucus