



# DxF Accountability Measures

Updated: February 12, 2026

Health and Safety Code section 130290 reflects the Legislature’s evolving approach to ensuring accountability for entities required to execute the DxF Data Sharing Agreement (DSA). When the DxF was first established under AB 133 (2021), the statute did not include enforcement or accountability mechanisms. Despite this, the state observed strong adoption of the DSA, driven largely by extensive outreach, stakeholder engagement, and early momentum across California’s health and human services ecosystem.

Recognizing both the success of early participation and the opportunity to strengthen long-term compliance, the Administration and the Legislature determined that additional accountability structures would be beneficial. SB 660 (2025) therefore introduced a set of statutory mechanisms designed to reinforce adherence to the DSA and DxF Policies and Procedures. These mechanisms leverage public transparency, state purchasing levers, coordination with licensing entities, and contractual obligations among participants. SB 660 also directed the DxF Advisory Committee to evaluate and recommend potential future enforcement and dispute-resolution approaches, ensuring that any additional authority is informed, deliberate, and appropriately resourced.

Together, these provisions are intended to promote consistent compliance while enabling the Legislature to consider further action, if warranted, based on advisory committee recommendations and ongoing implementation experience.

## **Public Listing of Noncompliant Entities (Effective January 1, 2027)**

Beginning January 1, 2027, the department is required to publish and maintain on its website the names of any known entities it deems not to be in compliance with the requirement to execute the DSA. Entities identified as noncompliant may submit a statement of extenuating circumstances that may impact their ability to come into compliance. The department is required to publish those statements alongside the listing.

## **State Licensing Entity Oversight**

State licensing agencies and other regulatory entities may, as appropriate, use the above mentioned public listing of noncompliance within their existing compliance and oversight authorities to support DSA execution. The new provision created by SB 660 does not create new licensing enforcement authority, but enables coordination between the DxF Program and existing regulatory bodies.

## **Contracting Condition with State Health Care Purchasers (Effective July 1, 2026)**



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Beginning July 1, 2026 (unless already required by an existing contract), compliance with the requirement for mandatory signatories to execute the DSA is a condition of continuing, amending, or entering into a new or existing contract for the coverage of or provision of health care services with the Department of Health Care Services (DHCS), the Public Employees' Retirement System (CalPERS), and the California Health Benefit Exchange (Covered California).

Each of these state purchasers has already implemented various DxF-related contracting requirements. See below:

## *DHCS*

In the Medi-Cal Managed Care Plan [contract](#), several sections include language regarding requirements for MCPs to participate in the DxF as well as to comply with CMS interoperability rules. These sections require plans to fully comply with the CMS Interoperability and Patient Access Final Rule and to participate in DxF as mandated in H&S 130290. Contractors must ensure that all Network Providers, Subcontractors, and Downstream Subcontractors execute the DxF data sharing agreement and maintain system capabilities that support real-time, standards-based data exchange. Multiple sections reinforce that data sharing must follow federal and state standards, and promote additional state priorities including event notifications. Overall, the contract embeds DxF compliance as a core operational expectation for contractors and all associated providers.

## *CoveredCA*

The Qualified Health Plan Issuer [contract](#) includes language regarding requirements for MCPs to participate in the DxF and other data exchange related activities. The language requires health plans to fully participate in the statewide Data Exchange Framework (DxF) by executing the Data Sharing Agreement and using at least one Qualified Health Information Organization to meet exchange obligations. Plans must share and use data needed for quality measurement, population health management, care coordination, and health equity efforts, consistent with DxF Policies and Procedures. Contractors are also responsible for monitoring hospital compliance with technical exchange requirements and must send ADT notifications when requested by DxF Participants. Additionally, plans must report to Covered California on hospitals that fail to provide ADT notifications and explain any alternative methods those hospitals use to meet exchange requirements.



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## *CalPERS*

CalPERS standard contract template is not publicly available, though the contracts do require contractors to work with CalPERS to comply with California Health and Safety Code 130290.

## **Qualified Health Information Organization (QHIO) Compliance**

QHIOs must follow additional program requirements outlined in the [QHIO Program Guide](#), which set expectations beyond the standards defined in the DSA and P&Ps. Prior to qualification, each QHIO attested to their ability to meet those requirements. The state may conduct compliance reviews, as described in the [Maintaining Qualified Status document](#). Currently, there is no annual or routine review cycle established; DxF plans to review this procedure with the stakeholder advisory committee.

## **Accountability Measures Participants or Individuals May Take**

All DxF Participants must sign the DxF Data Sharing Agreement in order to participate in the Framework. The DSA establishes binding contractual obligations among participants. There is no prohibition on a participant pursuing private action against another participant for breaching a provision of the DSA or the DxF Policies and Procedures, which are incorporated into the DSA by reference. As a result, traditional contract remedies may remain available under applicable law.

DxF Participants may also be required by applicable law to follow some DxF requirements. In these circumstances, DxF Participants may also contact the following oversight authorities:

- Violations of the federal Information Blocking Rule:
  - Department of Health and Human Services, Office of the Inspector General
  
- Breach of Protected Health Information or 42 C.F.R. Part 2:
  - Department of Health and Human Services, Office for Civil Rights
  
- Breach of Medical Information:
  - California Department of Public Health, Licensing and Certification Program

For complaints about a participant you may contact the appropriate state licensing entity.



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## **Evaluation of Additional Enforcement and Dispute Resolution Mechanisms (Report Due July 1, 2027)**

Throughout 2026 and early 2027, the department will work in collaboration with the DxF Stakeholder Advisory Committee to evaluate the need for additional enforcement actions and for a framework to investigate and resolve disputes between DxF participants regarding the DSA and its policies and procedures. By July 1, 2027, the department must submit a report to the Legislature that includes, among other items, an evaluation of the need for enforcement and dispute resolution mechanisms. Following submission of that report, and subject to appropriation, the department may develop enforcement actions through the Administrative Procedure Act rulemaking process.