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## Hospital Equity Measures Advisory Committee Approved Amended Meeting Minutes for November 3, 2022

**Members Attending:** Dr. Amy Adome, Sharp Healthcare; Denny Chan, Justice In Aging; Dr. David Lown, California Association of Public Hospitals and Health Systems; Denise Tugade, Service Employees International Union; Cary Sanders, California Pan-Ethnic Health Network; Silvia Yee, Disability Rights Education & Defense Fund; Kristine Toppe, National Committee for Quality Improvement; Julie Nagasako, Dr. Pamela Riley, California Department of Health Care Services (DHCS); Robyn Strong, Department of Health Care Access and Information (HCAI)

**Members Absent:** Dr. Anthony Iton, California Endowment; and Dannie Ceseña, California LGBTQ Services Network

**Presenters:** Robyn Strong, Assistant Branch Chief, Enterprise Data Operations, HCAI; Elizabeth Landsberg, Director, HCAI; Ignatius Bau, Health Equity Expert, HCAI; Natalie Graves, Hospital Quality Measures Expert, HCAI Consultant; Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant

**Public Attendance:** 22

### Agenda Item I. Call to Order, Welcome & Meeting Minutes

Denise Tugade, Committee Chair, welcomed everyone and called the meeting to order at 10:01 am with roll call of committee members and state partners. Chair Tugade also provided a brief roadmap overview of the meeting agenda and goals of the meeting.

Elia Gallardo, Deputy Director Legislative and Government Affairs and Chief Equity Officer, HCAI, introduced herself and her goals as the facilitator for the meeting. A review of meeting procedures and ground rules for the virtual meeting was provided to all meeting participants.

#### Questions/Comments from the committee:

A review and discussion of the October 6, 2022, meeting minutes with the committee was completed with no further discussion or amendments.



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The committee voted to approve the October meeting minutes as reviewed.

**Motion:** Committee member Neil Maizlish

**Second:** Committee member Silvia Yee

**Final Vote:** 7 Ayes, 0 Nay and 1 Abstention. Motion passed.

Public Comment:

There were no public comments received for this agenda item.

**Agenda Item II. Roadmap – Review of Hospital Equity Reporting Program Timeline and Hospital Equity Measures Advisory Committee Milestones**

Committee Chair Tugade provided a brief review of the legislative intent of Assembly Bill 1204 (AB 1204) and the scope of the committee.

Robyn Strong, Assistant Branch Chief, Enterprise Data Operations, HCAI and committee member, provided an overview of administrative aspects of the Hospital Equity Reporting program, statutory requirements, program timeline, current activities, progress to date, expectations for December, and looking ahead with a roadmap outline.

HCAI Director Elizabeth Landsberg recognized the work of the committee thus far. Director Landsberg noted that HCAI is looking to the committee to provide a reasonable number of measures that hospitals would report on, which, based on the work done in this space by the Department of Managed Health Care and Covered California, should be approximately 13 measures.

Questions/Comments on the Roadmap Review Presentation:

The committee requested to add a discussion item for a future meeting about hospitals for which the measures are applicable, but the denominators are insufficient. The committee inquired about their role in the development of the regulations and received clarification that the role of HCAI is to draft the regulations, informed by the recommendations of this committee. HCAI includes community stakeholder outreach, input, and feedback as a part of regulations development to ensure that the regulations are as effective as possible in carrying out the Department's mission.

Questions/Comments on the Framework Setting from HCAI Director:

The committee discussed if the 13 measures should be applicable to all hospitals and if



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there would be additional measures that are specific to specialty hospitals. The committee also discussed how the number of measures relates to the requirement of the committee to make recommendations on the ten widest disparities. Opportunities to further discuss these topics would be addressed in the upcoming agenda items in this meeting and in the activities outlined within the Roadmap for 2023 and beyond.

Public Comment:

There were no public comments received for this agenda item.

**Agenda Item III. CMS Measures and Potential Recommendations from the Advisory Committee for Structural Measures for the Hospital Equity Reports & Voting**

Ignatius Bau, Health Equity Expert, HCAI Consultant, presented proposed recommendations for the Advisory Committee for structural measures to be reported on in the hospital equity reports. These structural measures were organized into three main topic areas, which included:

- Part 1: the review of CMS hospital equity reporting measures,
- Part 2: CMS social screening measures, the HEDIS social need screening and intervention (SNS-E), and
- Part 3: the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards.

A committee discussion, public comment, and roll call vote was conducted after each of the three structural measures topics presented.

Questions/Comments from the committee on the CMS Hospital Equity Reporting Measures to include [Part 1]:

The committee engaged in a robust discussion on the CMS Hospital Equity Reporting Measures and requested specific language modifications to the CMS language used in the proposed structural measures presented. The committee raised concerns on the term "social determinants of health information" used in the CMS measure "Domain 3: Data Analysis (found on Slide 20 of the "Presentation Materials: Potential Structural Measures for Hospital Equity Reports"), as it would be more accurate to use social needs when addressing housing, food security, and other social needs. Another concern raised was that the CMS standard is restricted to collection of information from patients and does not account for area-based measures and/or Healthy Places Index (HPI) scores. The committee continued to discuss the evolution of the CMS process and how the committee can build upon the current CMS process in California. The committee also raised attention to the data analysis section of the CMS Hospital Equity Reporting Measures that it lacks the requirements for analysis and interpretation of the results. The committee discussed how the recommendation language can be expanded to better



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capture more granular information relating to the activities reported by hospitals when addressing the five structural measures outlined in the CMS hospital health equity reporting. Ultimately the committee decided to add the language “with additional specifications to be defined by the committee” to the CMS measure to provide the committee greater flexibility to further define it in the future.

**[Committee Vote] Original Proposed CMS Structural Measures to include:**

The committee recommends that Hospital Equity Reports include the following five (5) structural measures that are included in the CMS hospital health equity reporting:

1. Hospital attests that hospital has a strategic plan for advancing health equity.
2. Hospital attests that hospital engages in demographic and social determinant/drivers of health data collection.
3. Hospital attests that hospital engages in data analysis activities to identify equity gaps.
4. Hospital attests that hospital engages in local, regional, or national quality improvement activities focused on reducing health disparities.
5. Hospital attests that hospital engaged in leadership activities, annually reviewing strategic plan for achieving health equity, and annually reviewing key performance indicators stratified by demographic and/or social factors.

**Motion to amend original proposed:** Committee member David Lown  
**Second:** Chair Tugade

**Amended Proposed CMS Structural Measures to include:**

The committee recommends that Hospital Equity Reports include the following five (5) structural measures that are included in the CMS hospital health equity reporting **with additional specifications to be defined by the committee:**

1. Hospital attests that hospital has a strategic plan for advancing health equity.
2. Hospital attests that hospital engages in demographic and social determinant/drivers of health data collection.
3. Hospital attests that hospital engages in data analysis activities to identify equity gaps.
4. Hospital attests that hospital engages in local, regional, or national quality improvement activities focused on reducing health disparities.
5. Hospital attests that hospital engaged in leadership activities, annually reviewing strategic plan for achieving health equity, and annually reviewing key performance indicators stratified by demographic and/or social factors.

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**Final Vote:** 7 Ayes, 0 Nay and 1 Abstention. Motion passed.

Public Comment:

There were no public comments received for this part of the agenda.

Ignatius Bau continued with the next section of the presentation on Potential Measures for California HCAI Hospital Equity Report that focused on the CMS Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health, as well as the HEDIS measure Social Need Screening and Intervention (SNS-E). The recommendation proposed to the committee for consideration is to use the HEDIS SNS-E measure that focuses on food, housing, and transportation as well as includes reporting of follow-up intervention. While the two CMS screening measures are companion measures, where one is focused on screening for food, housing, transportation, utility, and personal safety issues, and the other companion measure is focused on how many patients screen positive for any of those needs and does not include any reporting of interventions.

Questions/Comments from the committee on CMS Social Screening Measures and HEDIS measure Social Need Screening and Intervention (SNS-E) to include [Part 2]:

The committee expressed the need for discussion around using the HEDIS measure Social Need Screening and Interventions (SNS-E) over the CMS Social Screening Measures before accepting the proposed recommendation. The committee discussed that the HEDIS measure is based on health plan members and would need some language modifications to be applied to hospitals. The committee discussed how each measure would affect the hospitals' ability to report, whether it would become a burden to the hospitals to report, and the effectiveness of performing screenings without also providing the intervention. Additionally, some committee members noted the administrative burden posed to hospitals in deviating from the CMS requirements and noted that percentage screened and percentage positive are the key places to start, because percentage screened indicates how to intervene at the point of care for a given individual, while percent positive screened indicates, from the hospital anchor institution perspective, where to prioritize resources. Other committee members noted that the importance of intervention cannot be minimized, and without interventions and documentation for what the intervention actually did it would be challenging to produce accountability. On the CMS Social Screening Measures, committee members noted the importance of including screening for access to home utilities and screening for interpersonal violence as criteria and noted that the HEDIS measure does not include screening or intervention on those categories of social needs. Committee members also noted the importance of providing a progression in terms of gradually setting new expectations for hospitals, such as an option to starting with screening but adding intervention measures in the future.

Public Comment:

There were no public comments received for this part of the agenda.





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**[Committee Vote]** *Original Proposed CMS Structural Measures and HEDIS measure Social Need Screening and Intervention (SNS-E) to include:*

The committee recommends that the Hospital Equity Reports include the following HEDIS measure:

**HEDIS measure Social Need Screening and Intervention (SNS-E):** The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive.

**Motion:** Committee member Neil Maizlish

**Second:** Chair Tugade

**Final Vote:** 5 Ayes, 1 Nay and 1 Abstention. Motion passed.

**Public Comment:**

There were no public comments received for this part of the agenda.

Ignatius Bau continued with the presentation on the final section of this agenda item on Potential Measures for California HCAI Hospital Equity Report that focused on the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards.

**Questions/Comments from the committee on the additional structural measures based upon the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards to include [Part 3]:**

The committee engaged in conversation of the terms used Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards, particularly the reporting of the percentage of patients with preferred language spoken (measure number 9), inclusion of sign language (ASL) and preferences (such as large print and other accommodations for Limited English Proficiency), reduction of healthcare disparities, and adding employee training as well as adding providing documentation of hospital policy to the measure (number 8).

**[Committee Vote]** *Original Proposed additional structural measures based upon the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards to include:*

The committee recommends that the Hospital Equity Reports include the following structural measures based on the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards:

7. Designate an individual to lead hospital activities to reduce health care



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disparities.

8. Provide documentation of policy prohibiting discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression.

9. Report percentage of patients with preferred language spoken.

**Motion to amend original proposed:** Committee member Yee

**Second:** Committee member Maizlish

**Motion for friendly amendment to the proposed amendment:** Chair Tugade.

**Second:** Committee member Chan

Final Amended Proposed CMS Structural Measures to include:

The committee recommends that the Hospital Equity Reports include the following structural measures based on the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards:

7. Designate an individual to lead hospital **health equity** activities.

8. Provide documentation of policy prohibiting discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression **and how workers are trained on that policy.**

9. Report percentage of patients **by** preferred language spoken

**Final Vote:** 8 Ayes, 0 Nay and 1 Abstention. Motion passed.

Public Comment:

There were no public comments received for this part of the agenda item.

#### **Agenda Item IV. Follow-Up from October Advisory Committee Meeting**

Elia Gallardo, HCAI Chief Equity Officer, Advisory Committee Facilitator provided a reminder of the goal of 13 measures as mentioned earlier by Director Landsberg, reemphasized the statutory requirement of adopting measure recommendations by December 31, 2022, the key goals and activities presented in Committee member Strong's Roadmap review, and important points to consider as the committee continues with the hospital quality measures selection process.

Natalie Graves, Hospital Quality Measures Expert, HCAI Consultant, led the presentation on two options for measure selection for this agenda item. Option A: Core & Supplemental Quality Measures – where all hospitals would report on Core measures, and then would be able to select which supplemental measures they would like to report

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on; and Option B: All Quality Measures Required – where all hospitals would be required to report on all measures. The committee voted on which option will be used for the measure selection process moving forward, after the presentation, discussion, and public comment.

### Questions/Comments from the committee:

The committee engaged in a robust conversation about the two options for measure selection and sought clarity on supplemental measures and whether those measures would be specific to different types of hospitals such as psychiatric hospitals. The committee discussed the pros and cons of each option, as well as the possibility of considering how in the future HCAI might develop a way to “test track” data for analytical feedback, prior to the selection and reporting of the measures. Regarding Option A, some committee members expressed concern that by allowing hospitals to select which supplemental measures to report may result in less complete data. Other committee members noted that Option B would limit hospitals’ ability to select measures that are specific to their communities and so actionable to drive change. There was also a discussion if the structural measures would be counted as part of the goal for 13 total measures, given that they are mostly attestations and already being submitted to CMS.

The committee also discussed other related issues to data reporting, which will be further discussed with the committee in 2023, including data collection, data availability, how different data and measures are reported to various entities, and the definition of a disparity.

**[Committee Vote]** *The committee will vote on which option A or B that will be used for the measure selection process moving forward*

### **Option A: Core plus Supplemental Quality Measures**

- Structural Measures for all hospital to report
- Core Measures applicable hospitals to report
  - Hospital waivers for core measures where services are not provided
  - Hospital waivers for alternate measures where a special circumstance goes outside the measure options
- Supplemental Measures (hospitals to report on measures of their choosing)

### **Option B: All Quality Measures Required**

- Structural Measures for all hospital to report
- Core Measures applicable hospitals to report
  - Hospital waivers for core measures where services are not provided
  - Hospital waivers for alternate measures where a special circumstance goes outside the measure options

A motion in favor of Option B was made, and the committee voted to adopt Option B as the measure selection process moving forward.





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**Motion:** Chair Tugade  
**Second:** Committee member Adome

**Final Vote:** 5 Ayes, 1 Nay and 2 Abstentions. Motion passed.

Public Comment:

There were no public comments received for this agenda item.

## V. Continue Measure Selection Discussion & Voting

Dr. Bruce Spurlock, Hospital Quality Measures Expert, HCAI Consultant, reviewed the updated proposed measures list and provided a brief rationale of the measures found in Tier 2, Tier 3, and Tier 4. The overall goal for the committee is to recommend approximately 13 measures for all hospitals by the December 31 deadline set by statute. The committee discussed the pros and cons of each proposed measure and held a vote on the additional measures to include for all hospital reporting.

Specific “All Hospitals” measures reviewed in Tier 2 were:

- Sepsis management
- Cesarean birth rate (NTSV)
- Pneumonia death rate
- Heart attack death rate
- C. difficile infection
- Vaginal birth after delivery (VBAC) rate

Specific “All Hospitals” measures reviewed in Tier 3 were:

- Death after serious treatable complication
- Percentage of patients who came to the emergency room with stroke symptoms who received brain scan results within 30 minutes of arrival
- Catheter associated urinary tract infections
- Central line blood stream infections
- Time in the ED without being seen
- Methicillin resistant staph aureus
- Surgical site infection – Colon
- Surgical site infection – Abdominal hysterectomy
- Stroke death rate

Specific “All Hospitals” measures reviewed in Tier 4 were:

- Left the ED without being seen
- Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription to treat their alcohol or drug use disorder OR (2) received or refused a referral for



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- addiction treatment
- Patients hospitalized for mental illness who received follow-up care from an outpatient mental health care provider within 30 days of discharge
  - Emergency Post-Exposure Prophylaxis (PEP) diagnosis and medication distribution within the ED
  - ED or hospital screening & referral for behavioral health and/or substance use disorders
  - Measures of volume by hospital service area – ED, inpatient discharges, ambulatory surgery visits
  - Lown Institute approach to hospital equity measures

Questions/Comments from the committee:

The committee engaged in a robust discussion on several of the measures proposed within Tier 2, Tier 3, and Tier 4, as described below.

Discussion on Tier 2 Measures:

Specific measures referenced by the committee from the proposed list for further discussion and consideration within Tier 2 were:

C. difficile infection

The committee discussed removing the C. difficile infection as part of Tier 2 to make room for another measure given that of all the hospital required measures, it is the one that continues to show improvement. If the trend continues to improve, then the numbers would get smaller and smaller which would be a challenge to have enough data to identify disparities. The committee concluded to remove this measure as part of the core measures for recommendation.

Cesarean birth rate (NTSV) and Vaginal birth after delivery (VBAC) rate

The committee engaged in a dialogue on which of these birthing measures would be better for identifying disparities, and which would have more robust reporting, and considered if it would make sense to remove one of the two measures from Tier 2 consideration. Hospital equity measures expert and consultant, Bruce Spurlock, M.D., explained to the committee that the VBAC rate has a tighter correlation with HPI, while C-section (NTSV) has a lower correlation with HPI. However, there are studies to suggest that there are racial and other disparities with the number of C sections (NTSV), but not the outcomes from C sections (NTSV). So, the frequency of C sections (NTSV) does have disparities. There has been less study of the VBAC rate and there are less than half the hospitals perform VBAC in which some of them have very low rates. The committee concluded to keep both birthing measures as recommendations.



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### Heart attack death rate

The committee briefly discussed whether both pneumonia and heart attack should be kept on the Tier 2 list for consideration for recommendation, as there is an issue of number hospitals and actionability to report on the measures. While some committee members suggested to keep the heart attack death rate measure, as there are racial disparities linked with cardiovascular issues and heart attacks, others noted that heart attack death rate has small sample sizes.

### Discussion on Tier 3 Measures:

Specific measures referenced by the committee from the proposed list for further discussion and consideration within Tier 3 was “*Time in the ED without being seen*” and “*Death after serious treatable condition*”.

### Death after serious treatable complication

The committee discussed having this measure moved to Tier 2 and consider it to be included in the recommendations based on the latest studies looking at implicit bias amongst providers when deciding who they would treat especially if there were patients with severe disabilities, who are aging, or present other characteristics that would trigger implicit biases when deciding to provide treatment.

### Time in ED without being seen

The committee noted that currently there are no measures assessing Emergency Department usage, which is an important area to measure as many vulnerable populations utilize EDs as their primary source of accessing healthcare. When comparing “time in ED without being seen” and “left ED without being seen” the committee determined to elevate time in ED to a Tier 2 measure.

The committee agreed to include both of these measures, “*Time in the ED without being seen*” and “*Death after serious treatable condition*”, as part of the recommendation to include in Tier 2.

### Discussion on Tier 4 Measures:

Specific measures referenced by the committee from the proposed list for further discussion and consideration within Tier 4 were:

### Left the ED without being seen

The committee expressed interest in understanding why the National Quality Forum (NQF) is retiring this measure. It was noted that this measure has been a challenging to report in California as well as nationally. The NQF committee had a complex discussion when deciding to retire this measure, as there is some concern that improving outcomes on this



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measure could further incentivize people to see the emergency department as primary site of care. There is also data that the being seen in the emergency department for common complaints that could be taken care of in the ambulatory setting is much more expensive; therefore, there is a cost component to consider as well. And finally, some people say that the measures of “left the ED without being seen” is a reflection of a patient's own assessment of the severity of illness and self-triage methods.

Based upon the information provided, the committee concluded not to include this measure as a recommendation.

### **Behavioral Health Measures:**

*Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription to treat their alcohol or drug use disorder OR (2) received or refused a referral for addiction treatment*

*Patients hospitalized for mental illness who received follow-up care from an outpatient mental health care provider within 30 days of discharge*

These two measures were identified as one of the psychiatric hospital specific measures that will be further discussed at the December meeting that will focus on psychiatric hospital specific measures.

*ED or hospital screening & referral for behavioral health and/or substance use disorders*

Committee members discussed this measure as part of the behavioral health measures. While this is done in non-psychiatric hospitals, typically with Z codes for behavioral health or substance use disorders, it has a very low rate like less than 1% of hospitals are using this measure and then the service volume by service area.

The committee expressed concern that all of the mental health measures are predominantly for psychiatric hospitals, and that it is important for non-psychiatric settings to be screening for behavioral health, or substance use disorders, and providing the appropriate referrals. The committee felt that including some sort of a behavioral health measure that the hospitals will be required to report on would be imperative for these reports. It was noted that the readmissions measure, one that the committee had already voted on, could be a behavioral health measure given that one of the biggest categories of readmissions are behavioral health readmissions. Therefore, stratifying by behavioral health diagnosis code could serve as a measure on behavioral health. It was also noted that there is a correlation with behavioral health and Medi-Cal membership. Additionally, there was discussion on two HEDIS measures that the Department of Health Care Services is considering that could be leveraged for this discussion.

The committee determined to add to Tier 2 recommendations a “Behavioral Health -TBD” measure and requested a further discussion at the December meeting to further assess options for which behavioral health measure would be most appropriate to include.





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*Emergency Post-Exposure Prophylaxis (PEP) diagnosis and medication distribution within the ED*

The committee sought clarity if this measure was related to substance use, but this measure is related to HIV and not substance use disorders. It was also noted that few hospitals actually collect this data to know who is receiving it. Hospitals struggle even in patients with opiate use disorder, knowing how many got buprenorphine appropriately, and struggle even more in this category.

**[Committee Vote]**

Measures originally proposed in Tier 2 were:

- Sepsis management
- Cesarean birth rate (NTSV)
- Pneumonia death rate
- Heart attack death rate
- C. difficile infection
- Vaginal birth after delivery (VBAC) rate

After deliberation on Tier 2, Tier 3, and Tier 4 measures, the committee decided to have the following measures from Tier 3 and Tier 4 added to Tier 2 and took a vote on this updated list of Tier 2 measures:

- Sepsis management
- Cesarean birth rate (NTSV)
- Pneumonia death rate
- ~~Heart attack death rate~~
- ~~C. difficile infection~~
- Vaginal birth after delivery (VBAC) rate
- **Death after serious treatable complication**
- **Time in the ED without being seen**
- **Behavioral Health - TBD**

*Voting on Core Measures*

Recommendation: Approval for the “All Hospitals” measures to be included in Tier 2 list as amended.

**Motion to amend original proposed:** Chair Tugade.

**Second:** Committee member Sanders.

**Motion for friendly amendment to the proposed:** Committee member Adome.

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**Second:** Committee member Lown.

**Final Vote:** 7 Ayes, 0 Nay and 1 Abstention. Motion passed.

Public Comment:

There were no public comments received for this agenda item.

## Agenda Item V. Committee Wrap Up

Denise Tugade, Committee Chair, led the closing discussion including a recap of items covered and reminders for the next meeting. The next meeting will be on Thursday, December 1 at 10 am, with a hybrid format that includes an in-person meeting location in Sacramento at the HCAI main office. The meeting will be focused on requirements for pediatric and psychiatric hospitals, the finalization of a behavioral health measure, and the finalization of committee recommendations.

Questions/Comments from the committee:

The committee acknowledged and supported the follow up items identified.

Public Comment:

There were no public comments received for this agenda item.

## Agenda Item V. Public Comment

There were no public comments received for this agenda item.

## Agenda Item VI. Adjournment

Denise Tugade, Committee Chair, provided reminders for the December committee meeting and procedures for hybrid meeting options.

**Chair Tugade adjourned the meeting at 2:05 pm.**