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2020 West El Camino Avenue, Suite 800
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**Hospital Equity Measures Advisory Committee (HEMAC)**

**Draft Meeting Minutes for June 17, 2025**

**Members Attending In-Person:** Dr. Ash Amarnath, California Association of Public Hospitals and Health Systems; Elia Gallardo, Department of Health Care Access and Information (HCAI).

**Members Attending Remotely:** Joan Allen, Service Employees International Union; Dannie Ceseña, California LGBTQ Health and Human Services Network; Dr. Neil Maizlish, Public Health Alliance of Southern California; Cary Sanders, California Pan-Ethnic Health Network; Dr. Amy Sitapati, University of California San Diego; Kristine Toppe, National Committee for Quality Assurance; Silvia Yee, Disability Rights Education & Defense Fund.

**State Partners Attending Remotely:** Peg Carpenter, Covered California

**Members Absent:** Dr. Amy Adome, Sharp Healthcare; Denny Chan, Justice in Aging.

**State Partners Absent:** Sarah Lahidji, California Department of Health Care Services (DHCS) Julie Nagasako, California Department of Public Health (CDPH); Nathan Nau, California Department of Managed Health Care (DMHC).



**Presenters:** Elizabeth Ballart, Attorney III, HCAI; Ignatius Bau, Health Equity Subject Matter Expert, HCAI Consultant; Dannie Ceseña, MPH, Director, California LGBTQ Services Network; Chris Craig, Information Technology Manager, HCAI; Elia Gallardo, Chief Equity Officer, HCAI; Alma Lopez, Program Manager, HCAI; Ying Yang, Research Scientist Supervisor, HCAI.

**Public Attendance: 85**

**Agenda Item #1: Call to Order, Welcome, and Meeting Minutes**

Elia Gallardo, Chief Equity Officer at HCAI, welcomed everyone and called the meeting to order with a roll call of committee members and state partners. The committee reviewed and approved the minutes from the October 2, 2024, HEMAC meeting. A motion was made by Ash Amarnath and seconded by Neil Maizlish. The following members voted to approve the minutes: Ash Amarnath, Joan Allen, Dannie Ceseña, Neil Maizlish, Cary Sanders, Amy Sitapati, Kristine Toppe, Silvia Yee, and Elia Gallardo.

The minutes were approved by a vote of nine.

*Questions/Comments from the Committee:*

There were no public comments received on this agenda item.

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*Public Comment:*

There were no public comments received on this agenda item.

**Agenda Item #2: October 2, 2024, Meeting Recap**

Elia Gallardo recapped how the rulemaking process for the Hospital Equity Measures Reporting program was detailed, including a 45-day public comment period, followed by a 15-day revision comment period, and final submission to the Office of Administrative Law (OAL). The hospital equity data toolkit webpage was reviewed and updated to support hospitals with resources on data collection, social needs screening, and health equity planning. The October meeting also covered the need for ongoing technical assistance for hospitals, including support with regulations, data submission, and peer learning tools like webinars and help desks. Additionally, Providence Mission Hospital presented successful strategies and outcomes in data-driven health equity interventions.

*Questions/Comments from the Committee:*

The committee did not have any questions or comments about this agenda item.

*Public Comment:*

There were no public comments received on this agenda item.



**Agenda Item #3: Hospital Equity Measures Program Updates**

HEM Regulations Overview

Elizabeth Ballart, Attorney at HCAI, announced that the hospital equity regulations package was approved by OAL, effective June 4, 2025. The final regulations and supporting documents are available on HCAI's website.

Ying Yang, Research Scientist Supervisor at HCAI, described the equity report and equity plan requirements for Hospital Equity Measures, which all hospitals and hospital systems are required to report annually.

HEM Report Submissions Overview

Alma Lopez, Program Manager at HCAI, explained that her team will assist with the report submission process and HCAI's collection of hospital equity reports. Her presentation outlined methods for report submission and the resources available to help hospitals meet the annual Hospital Equity Measures reporting requirements, including quick start guides, submission templates, and the hospital equity data toolkit, available on the Hospital Equity Reporting webpage.

*Questions/Comments from the Committee:*

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The committee appreciated the detailed presentation and noted that it made the Hospital Equity Measures Reporting process feel tangible and real. The committee inquired about public access to hospital equity data, and HCAI explained that the data will be available for download on HCAI's Open Data Portal in early 2026, after the September 30 reporting deadline and any possible extensions.

The committee congratulated the team on regulatory approval and raised concerns about how ambiguities or flaws in the reporting process, like unclear stratification labels such as the absence of terms like "non-Hispanic" will be identified and addressed. The committee emphasized that unclear labeling could affect data interpretation and comparability and called for a clear and quick process to identify and address these ambiguities. HCAI explained that the HDC system includes basic data checks and a more detailed data quality analysis will follow once the data is collected.

The committee restated their understanding that manual data will be included in extraction files to enable comparisons. They also mentioned that the supplemental report will be available as a separate PDF for each hospital, rather than being compiled into a single, comprehensive document covering all hospitals. HCAI confirmed the committee's understanding was correct.



The committee emphasized the need for standardized naming of hospital PDFs to avoid placing extra burden on researchers who would otherwise need to rename files. The committee also noted that, by statute, equity reports must be titled "equity report" or use a similar term.

The committee asked whether the top 10 disparities are limited to categories defined in AB 1204 or if other demographic categories, like income, can be included. HCAI clarified that the top 10 disparities are to be limited to the measures and stratifications specified in the regulations.

The committee asked if the equity plan is submitted through the portal via CSV or manual entry? HCAI confirmed it must be entered manually as part of the reporting process, not as a supplemental document.

The committee inquired whether the reference group for the rate ratio was predefined. HCAI confirmed it has a higher performance group as a reference group, with detailed guidance available depending on the type of measure.

*Public Comment:*

There were no public comments received on this agenda item.

**Agenda Item #4: Best Practices in Data Collection and Patient Protection**

Elia Gallardo, Chief Equity Officer, HCAI, prefaced this agenda item by reaffirming HCAI's mission to expand equitable access to quality, affordable health care for all Californians. Elia Gallardo highlighted that HCAI's programs are state-mandated and aim to enhance the health care delivery system while ensuring compliance with all current state and federal laws.

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Ignatius Bau, Health Equity Subject Matter Expert, emphasized that California's work on hospital equity reports aligns with all relevant legal authorities, HCAI's mission, and the state's longstanding commitment to person-centered, equity-focused, and data-driven health care, guided by strategic plans from the California Health and Human Services Agency. HCAI's work on hospital equity reporting is based on AB 1204 (Ch. 751, Statutes of 2021) and consistent with federal and state laws on non-discrimination and patient privacy. The presentation affirmed that the right to health care access and privacy remains intact, and discussed civil rights laws. The presentation also highlighted resources from the California Attorney General.

Dannie Ceseña, MPH, Director, California LGBTQ Services Network, reviewed California laws regarding the collection of SOGI data (AB 959, SB 957), emphasizing transparency, privacy, and cultural competency. The presentation highlighted best practices including using inclusive language, offering self-identification options, providing staff training, and collaborating with LGBTQ+ organizations to ensure respectful, community-informed data practices that build trust and promote health equity.

*Questions/Comments from the Committee:*



The committee expressed concern about how future federal actions, especially those affecting privacy protections, might conflict with California's strong state privacy laws, noting risks of legal challenges and questioning the scope of federal injunctions. They stressed the need to proactively safeguard privacy. Elia Gallardo explained that HCAI is actively monitoring these issues, including federal privacy regulations, and mentioned the next presentation will detail current privacy and confidentiality measures, reinforcing HCAI's commitment to safeguarding patient information.

The committee inquired about vendor efforts to incorporate SOGI data into electronic health records (EHR) certification processes. Dannie Ceseña shared that the California LGBTQ Services Network is working with Epic Systems, with some hospitals already using Epic's SOGI data collection features. Epic Systems is currently partnering with California Dialogue on Cancer to ensure oncology providers, particularly those serving LGBTQ+ populations, utilize these fields, aiming to increase cancer screenings within the community.

The committee inquired whether HCAI will provide training on equity measures related to SOGI data collection that will be available to providers. HCAI confirmed that Dannie's presentation was recorded to be included in HCAI's hospital equity toolkit for hospitals to support SOGI data collection. Dannie's team actively provides SOGI data trainings to medical providers and hospital systems, including collaborations with organizations like Epic and the California Department of Public Health.

*Public Comment:*

There were no public comments received on this agenda item.

**Agenda Item #5: Ensuring Data Privacy, Confidentiality, and De-Identification**

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Chris Craig, Information Technology Manager at HCAI, presented an overview of data confidentiality and privacy, focusing specifically on de-identification guidelines (DDG) for hospital equity measures reporting. He emphasized that while traditional facility data submissions to HCAI are de-identified by the agency before public release, hospitals are required by statute and regulations to de-identify their own data prior to submission and publication of hospital equity reports on public websites.

Ying Yang, Research Scientist Supervisor at HCAI, addressed the DDG for hospital equity measures, covering the minimum numerator and denominator and publication scoring criteria. HCAI will offer webinars and workshops to assist hospitals in applying these guidelines effectively.

*Questions/Comments from the Committee:*

The committee raised concerns about how the 20,000-threshold denominator is interpreted for hospital equity measure reporting, noting that it may limit reporting for smaller hospitals or racial/ethnic groups that often fall below the cutoff.

HCAI clarified that the numerator and denominator definitions vary by measure and are detailed in the Hospital Equity Report: Measures Submission Guide. The 20,000 denominator and 11 numerator thresholds trigger a risk assessment rather than automatic suppression. This assessment uses a scoring system: If the final score is 12 or less, the data can be released without suppression. If the score is above 12, there is a high risk of re-identification, and the data must be adjusted to ensure proper de-identification. It was acknowledged that many smaller groups will face suppression, but the risk assessment allows some confidentiality protected data to be reported.



The committee asked whether the denominator should represent the hospital's catchment area population, potentially defined by patient ZIP codes and census data, rather than just the hospital address, and how age restrictions factor into population counts. They also raised the option of multi-year reporting to increase numerator counts.

HCAI stated that aggregation techniques, such as multiyear reporting and age clustering, were affirmed as valid within the DDG.

The committee expressed concern that requiring hospitals to de-identify data before submission could hinder analysis of disparities, particularly for small hospitals, specific conditions, and smaller demographic groups, and limit the ability to analyze statewide or regional trends. They also noted that, without clear guidance, hospitals may apply DDG inconsistently or leave data blank without clear direction. They suggested allowing hospitals to submit both suppressed (de-identified) and unsuppressed versions of their data to allow for greater consistency and analytical value.

HCAI clarified that both the program's statute and regulations require hospitals to apply de-identification prior to submission, not just for public release. Under Health and Safety Code §127373(d), hospitals must submit data in a way that complies with state and federal privacy laws, including HIPAA and the Confidentiality of Medical Information Act. HCAI acknowledged the

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potential analytical limitations but affirmed that de-identified data submission is a legal requirement.

The committee commented that letting HCAI handle de-identification centrally would ensure more consistency and enable broader analysis, including identifying disparities.

The committee also highlighted the potential for HCAI to have limited ability to monitor or address equity issues if it only receives pre-suppressed data. Suggestions were made to explore legal interpretations that could allow HCAI to receive non-de-identified data for internal use, even if the public release remains de-identified.

HCAI provided context that Assembly Bill 1204, enacted in 2022, that established the Hospital Equity Measures Programs, expressly states that hospitals must provide HCAI de-identified data, not the underlying identifiable health data.

The committee highlighted two key issues needing further discussion. First, that zero-case cells, where the numerator is zero, are sometimes incorrectly treated as suppressible because it is less than 11, even if there's no privacy risk if no one is represented. Second, when applying suppression guidelines, it is possible to re-identify a suppressed group by subtracting known values of other groups from the total. To prevent that, hospitals may end up suppressing an additional group, even if that group meets all the guidelines for being shown. The committee raised concerns about collateral damage, suppressing data for one group ends up forcing suppression of another, even though that second group does not need to be hidden. This kind of chain reaction can undermine the usefulness of the data. The committee emphasized that this needs to be carefully considered, so that the interpretation of DDG doesn't become overly cautious to the point of making the data less useful.



*Public Comment:*

The public raised concerns about how hospitals with small population groups can comply with equity reporting requirements if certain disparities must be suppressed for privacy reasons. The public questioned how to report on the top 10 disparities if some data can't be disclosed and whether vague language or fewer than 10 disparities would be acceptable.

If the widest disparity or disparities are suppressed due to de-identification rules, HCAI explained that the regulations allow hospitals to include a supplemental document identifying this disparity or disparities. While the specific data isn't reported, the supplemental must outline an action plan to address the unreportable disparity. This document must be posted publicly on the hospital's website and will also be included on HCAI's website.

**Agenda Item #6: Committee Wrap Up**

Dr. Ash Amarnath, HEMAC Chair, provided a recap of the meeting. Key takeaways will be followed up on, and the next advisory committee meeting is scheduled for September 3, from 9 a.m. to 1 p.m. That meeting will include updates on the Health Equity Measures Reporting Program, common questions, and technical assistance to support hospital reporting.

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*Questions/Comments from the Committee:*

There were no questions or comments from the committee received about this agenda item.

*Public Comment:*

There were no public comments received on this agenda item.

**Agenda Item #8: Adjournment**

Dr. Ash Amarnath, HEMAC Chair, adjourned the meeting at 1:30 p.m.