

California Cardiovascular Outcomes Reporting Program
(CCORP) Clinical Advisory Panel (CAP)
Member Bylaws



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“A healthier California where all receive equitable, affordable, and quality health care.”

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I. Version History

Version Number	Date	Author/Reviewer	Description
v.1	2/2026	Healthcare Analytics Branch - S Conroy	First Draft
v.1	3/12/2026	Legal Office – J Herbstman	Legal Review
v.1	3/25/2025	Healthcare Analytics Branch – C Krawczyk	Chief Analytics Officer

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II. Purpose, Background and Authority

Section A: Governance and Structure Document Purpose

This Member Bylaws document serves as the formal guide for the California Cardiovascular Outcomes Reporting Program (CCORP) Clinical Advisory Panel (CAP). It defines the Panel's purpose, statutory responsibilities, decision-making processes, membership, and meeting procedures. Adoption of this document, and any subsequent amendments, must occur during a public meeting of the CAP in accordance with the Bagley-Keene Open Meeting Act, Government Code Sections 11120–11132 (Bagley-Keene Act). The item must be placed on the agenda, discussed by the CAP, offered for public comment, and approved by a majority vote of the Panel members present.

Section B: Background

The mission of the Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development, is to create a healthier California where all receive equitable, affordable, and quality health care. HCAI expands equitable access to quality, affordable health care for all Californians by supporting high value delivery systems, resilient health facilities and workforces, and actionable health information and strategies.

HCAI is a leader in collecting data and disseminating information on California's healthcare infrastructure, promoting an equitably distributed healthcare workforce, and publishing valuable information on healthcare outcomes. To ensure transparency and stakeholder engagement, HCAI programmatic functions are guided by boards, commissions, and other advisory or decision-making bodies that conduct meetings open to the public in compliance with the Bagley-Keene Act. The CAP plays a critical role in supporting HCAI's CCORP.

Section C: California Cardiovascular Outcomes Reporting Program (formerly California Coronary Artery Bypass Graft Outcomes Reporting)

Senate Bill 680 (Figueroa, Chapter 898, Statutes of 2001) established a mandatory reporting system for coronary artery bypass graft (CABG) surgeries in 2001. The statutes governing CCORP are in California Health and Safety Code Sections 128675–128810. CCORP HCAI's initial mandate was to collect and publicly report risk-adjusted outcomes reports for CABG surgeries performed in California state-licensed hospitals. The goal was to improve patient outcomes by increasing hospital and provider accountability and enabling value-based decision-making by consumers. Assembly Bill 133 (Chapter 143, Statutes of 2021) expanded HCAI's authority to collect and report data on additional cardiovascular procedures and interventions no less than every three

years. With the recommendation and support of the CAP, HCAI is currently acquiring clinical data and publicly reporting on outcomes for transcatheter aortic valve replacement (TAVR) in addition to risk-adjusted outcomes reports for CABG surgeries performed in California state-licensed hospitals. HCAI publishes reports and data visualizations providing quality ratings for hospitals. These public reports inform patients, providers, and policymakers, driving quality improvements in cardiac care statewide and promoting access to equitable care.

Section D: Statutory Authority

The CAP shall recommend interventional cardiovascular procedures for public reporting, advise on data elements, consult on report content, and review and approve the development of risk-adjustment models for outcome reports.

Health and Safety Code Section	Details
128745(c)(2)	Recommendation interventional cardiovascular procedure for public reporting: For interventional cardiovascular procedures other than CABG or TAVR, the department shall only select those procedures recommended by the CAP, not to exceed one additional procedure every three years.
128745(c)(3)	Recommendation on clinical data elements to collect: Upon recommendation of the CAP, the department may add clinical data elements for the Society of Thoracic Surgeons’ database or other relevant databases collected from hospitals.
128745(c)(4)	Recommendation on clinical data elements to collect: Upon recommendation of the CAP, the department may add, delete, or revise clinical data elements collected from hospitals.
128748(d)(3)	Review and approve risk adjustment model: The CAP shall review and approve the development of the risk-adjustment models for the outcome reports.
128750(b)(3)	CABG Surgeon Outcomes Reports reviews: The CAP reviews physician appeals and makes final determination for Surgeon Outcomes Reports. These surgeon-specific outcomes reports are no longer part of the CCORP suite of public reports. The last outcomes report covered CABG cases performed during the 2016–2017 reporting period.

III. Membership, Roles and Responsibilities

Section A: Membership

Pursuant to California Health and Safety Code Section 128748(d)(2), the Department Director shall have the authority to appoint the members of CAP. The CAP shall be comprised of at least nine (9) and no more than thirteen (13) members, representing a balance of clinical expertise and consumer perspectives.

- Three (3) members shall be appointed by the Department Director from a list of three or more names nominated by the California Chapter of the American College of Cardiology.
- Three (3) members shall be appointed by the Department Director from a list of three or more names nominated by the California Medical Association.
- Three (3) members shall be appointed by the Department Director from lists of names nominated by consumer organizations.

When HCAI elects to expand public reporting to including additional interventional cardiovascular procedures and the CAP does not have members with expertise in that procedure, the Department Director shall appoint two additional members with relevant expertise from a list submitted by the California Chapter of the American College of Cardiology. If necessary, the CAP may include physicians from other states as necessary to ensure appropriate expertise.

Section B: Member Roles and Responsibilities

1. Initial Appointments

Initial appointments to the CAP shall serve for a minimum term of four (4) years. Upon adoption of these bylaws, the year(s) of service already completed by current Panel members shall be counted toward fulfillment of the four-year term.

2. Reappointments

Panel members may be considered for reappointment for one successive four (4) years at the discretion of the Department Director. The maximum length of service for membership after the adoption of these bylaws is eight (8) years.

3. Transitional Staggering of Terms

To ensure continuity of expertise and consistent rotation of membership, a one-time staggering of terms shall be established for current Panel members who have already served more than four (4) years at the time these bylaws are adopted. Staggered term assignments shall be determined at the first CAP meeting held after adoption of these bylaws.

Due to the transitional nature of the staggering process, the total service time for current Panel members may exceed the maximum eight (8) years permitted for members appointed after the adoption of these bylaws.

4. Oath of Office

Pursuant to California Constitution Article XX, Section 3, Panel members must take the Oath of Office and sign Form STD 688 (see Appendix) before assuming their duties or participating in CAP business or meetings. This requirement ensures compliance with state laws governing public service obligations.

5. Participation

Panel members are required to maintain regular attendance at CAP meetings and actively contribute to discussions and decision-making business. Missing two consecutive meetings may result in the member being removed from the CAP at the discretion of the Department Director.

6. Resignation

Panel members who choose to resign prior to completing their term shall notify the Department Director in writing 90-days prior to effective-date via electronic or postal mail while copying the Chief Analytics Officer and CCORP Manager. The Department Director has discretion to remove the member prior to expiration of their term.

7. Compensation and Expenses

Panel members shall receive compensation for travel expenses incurred in connection with their duties pursuant to Health and Safety Code Section 128748(f) .

8. Conflict of Interest Compliance

Panel members are subject to the Department's Conflict of Interest Code and must annually complete a Statement of Economic Interests (Form 700).

Section C: Chairperson Roles and Responsibilities

1. Initial Appointments

The Department Director shall appoint the Panel Chairperson and Panel Vice Chairperson from among the members of the CAP. The Panel Chairperson may be consulted prior to the appointment of the Vice Chairperson. Nominations shall be solicited from Panel members during a public meeting in accordance with the Bagley-Keene Open Meeting Act. The item shall be placed on the agenda, discussed by the CAP, and offered for public comment. Panel members may self-nominate or nominate other members during the public meeting. Panel members may also submit nominations through the Chairperson, who will bring those nominations forward during the public meeting. Panel members nominated for a position shall communicate their decision to accept or decline the nomination to HCAI staff by email within two weeks following the public meeting.

Panel members and members of the public may submit letters of support for nominated candidates for Panel Chairperson or Panel Vice Chairperson within two weeks of the CAP meeting. Letters should be addressed to the Department Director and submitted electronically via email to: hcaido@hcai.ca.gov.

Initial appointments as Panel Chairperson or Panel Vice Chairperson shall serve for a minimum term of two (2) years.

2. Reappointments

Panel Chairperson or Panel Vice Chairperson shall be considered for reappointment for additional two-year term(s) at the discretion of the Department Director. The maximum length of service for the Panel Chairperson is four (4) years.

3. Duties of Officers

The Panel Chairperson serves as a representative and champion for the CAP and its work, providing leadership to guide the direction of the CAP and ensuring that members meet their obligations in fulfilling the CAP's statutory responsibilities. Within this official capacity, the Panel Chairperson will support the proceedings and operations of the CAP such as supporting the recruitment efforts for new members by California Chapter of the American College of Cardiology, California Medical Association, and consumer organizations. The Chairperson shall facilitate the onboarding of new members in accordance with CAP membership criteria and procedures. In coordination with HCAI staff, the Chairperson shall also monitor member engagement and address attendance issues, including taking corrective action when necessary to ensure consistent participation and effective Panel function.

The Panel Chairperson shall be actively involved with planning the agenda with HCAI staff. During the meeting, the Panel Chairperson will preside over the agenda and facilitate Panel discussion and public comment in compliance with the Bagley-Keene Act. The Panel Chairperson will review meeting minutes and other meeting materials, present the Chair Report as needed, and solicit presentations from Panel members when appropriate. The Panel Chairperson shall oversee the proceedings and operations of the Clinical Advisory Panel (CAP). Responsibilities include reviewing and approving meeting minutes and associated materials, presenting the Chair Report as needed, and inviting presentations or subject-matter updates from Panel members when appropriate.

The Panel Vice Chairperson shall assume all responsibilities of the Chairperson when the Chair is unavailable and will also assume the Chairperson's duties if the Chair position becomes vacant, until a new Chair is appointed. In addition, the Chairperson will consult with the Vice Chairperson on official responsibilities and key decisions to ensure continuity and collaboration in leadership.

IV. Operational Procedures

Section A: Bagley-Keene Open Meeting Act

The CAP shall adhere to the provisions of the Bagley-Keene Act. The CAP meets the statutory definition of a multimember state body under Government Code Section 11121(a), having been created by statute pursuant to Health and Safety Code Section 128748(d). Acting as a decision-making body under the authority of HCAI, CAP meetings must be open to the public, allowing public access and participation in decision-making processes as required by Government Code Section 11123 and 11125.7. Compliance with the Bagley-Keene Act ensures transparency, public participation, and accountability in CAP's decision-making process. A copy of the Bagley-Keene Act will be provided to each Panel member upon their appointment.

Pursuant to Government Code Section 11122.5(a), a meeting occurs when a quorum of members is present to hear, discuss, or deliberate on an item under the CAP's subject matter jurisdiction. The use of serial communications is prohibited by Government Code Section 11122.5(b). Panel members must not discuss topics within CAP's subject matter jurisdiction with a majority of other members outside a public meeting to ensure transparency and full public access to the decision-making process. Serial communications—including emails, phone calls, or informal conversations—occur when members discuss, deliberate, or reach a consensus on CAP matters outside a public meeting. Members must not engage in sequential one-on-one communications that collectively involve a majority of members. To help avoid inadvertent violations, members may choose to follow a “rule of two,” meaning a member should not discuss

any matter under the body’s jurisdiction with more than one other member outside a noticed meeting, thereby reducing the risk of unintentionally creating a majority.¹ Additionally, HCAI staff cannot act as intermediaries to relay positions, feedback, or preferences between members, as this would also constitute a prohibited form of serial meeting.

Section B: Quorum and Voting Rights

A quorum is defined as a majority of all appointed Panel members and is required for the CAP to conduct official business or vote on any matter. Proxy or absentee voting is not permitted, and votes must occur during a public meeting with a quorum present. In the absence of a quorum, the CAP may discuss informational items but cannot adopt recommendations or take votes, except to entertain a motion to adjourn. Panel members shall abstain from voting when they believe they have, or may be perceived as having, a conflict of interest. Panel members with potential conflicts should contact CCORP Manager, who will coordinate with HCAI legal counsel.

Section C: Meeting Notification

CAP meetings must be noticed at least ten (10) calendar days in advance and include an agenda with a brief description of each item to be discussed or acted upon. The notice and agenda must be posted on HCAI’s Public Meeting website and identify each meeting location. Meeting locations must be accessible to the public and provide an opportunity for members of the public to address the CAP at that site. No item may be added to the agenda after it has been posted. Additionally, meeting materials must be made available to the public. Meeting agendas and materials must be made accessible in compliance with the Americans with Disabilities Act (ADA).

Section D: Meeting Logistics

CAP meetings are convened two to three times annually in Sacramento and typically, last up to six hours, with additional public meeting sites available for in-person participation in cities such as Los Angeles and San Francisco. As a decision-making body, the CAP requires physical presence of Panel members, and at least one Panel member must be physically present at each public meeting location.

Opportunities for public comment shall be provided during CAP meetings in accordance with the Bagley-Keene Act as specified below:

¹ California Office of the Attorney General, *Guide to the Bagley-Keene Open Meeting Act* (2026): <https://oag.ca.gov/system/files/media/bk-open-meeting-act-guide-2026.pdf>.

- The CAP must provide an opportunity for members of the public to comment on each agenda item before voting on the item pursuant to Government Code Section 11125.7(a).
- The CAP must provide an opportunity for members of the public to directly address the Panel on each agenda item before or during the discussion or consideration of that item by Panel members pursuant to Government Code Section 11125.7(a).
- The CAP may not discuss or act on any matter raised during the public comment section that is not included on the agenda for that meeting, except to place the matter on a future meeting agenda pursuant to Government Code Sections 11125 and 11125.7(a).

V. Appendices

- Form STD 688, Oath of Office

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