

# Codex turns care failures into evaluated policy

Primary-care proposal: reserve results review and follow-up when tests are ordered.

## 1 Define the problem



Results arrive.  
Follow-up has no slot.

Name the population, care gap  
and responsible proposal owner.

## 2 Compare + deliberate



Current scheduling  
Reserved follow-up  
Added capacity

Costs, scarcity, interests  
and dissent remain visible.

## 3 Decide in two chambers



Patients



Expertise

Both gates required

## 6 Monitor and revise

Access, burden, costs and harms  
Patient feedback and dissent

## 5 Authorize activation

Named activation authority  
Bounded scope and fallback

## 4 Evaluate + review rights

Comparator, harms and appeal  
Evidence, resources and scope

No grant: inactive

Machine evidence has an accountable principal; copies do not create extra votes.

### Separate worked fixture: CP-01

NONBINDING

Report-to-service linkage; this tally does not adopt the primary-care proposal.

#### Patient chamber



2/3 yes

Threshold: 2/3

Equal votes; patient rights do not depend on PTI.

#### Service-expertise chamber



5/6 yes

Threshold: 4/6

0.90 / w3      0.80 / w2      0.70 / w1

PTI lower bounds / authored weights

Quorum: 2 of 3 principals in each chamber. A passed tally is not activation.