Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
AB 1854 (Krell) – As Amended March 19, 2026

SUBJECT: LEGALLY PROTECTED HEALTH CARE ACTIVITIES

KEY ISSUE: SHOULD THE CALIFORNIA LAW THAT PROTECTS PEOPLE WHO PROVIDE OR RECEIVE LEGALLY PROTECTED HEALTH CARE FROM PROSECUTION BY OUT-OF-STATE ACTORS BE STRENGTHENED IN VARIOUS WAYS, INCLUDING BY PROTECTING HEALTH CARE ACTIVITY THAT IS PERFORMED IN OTHER STATES AND CREATING NEW REQUIREMENTS FOR ENTITIES THAT RECEIVE INQUIRIES AND LEGAL ORDERS FROM OTHER STATES?

SYNOPSIS

After the U.S. Supreme Court overturned Roe v Wade, *California passed "shield laws" that sought to protect persons who provide, receive, or help others obtain health care, and reproductive health care and gender-affirming care in particular. These statutes prevent law enforcement from arresting any person who provides, receives, or helps others obtain legally protected health care. The laws were passed in response to concerns that officials in states that prohibited abortion or gender-affirming care would bring actions against providers in this state who provided health care services to a person from one of those states.*

This bill expands existing law in several ways. First, while existing law shields persons who provide, receive, or help others obtain health care services within California*, this bill extends the protection to legally protected services performed in other states. Second, the bill prevents law enforcement from arresting any person the Governor has declined to surrender to an extradition request. Third, existing law prohibits certain entities from disclosing information that reveals the identity of persons receiving legally protected care in response to a subpoena, warrant, or other legal process that originates out-of-state, unless the order is accompanied by an affidavit declaring that the order is not related to a legally protected health care activity. This bill additionally requires the recipient of the request to notify the Attorney General (AG) of the request and wait 30 days before releasing information. Fourth, the bill authorizes AG to intervene if the AG has reason to believe that the recipient intends to provide information about the legally protected activity. Finally, the bill subjects any entity that releases information in violation of the bill to civil penalty of up to $15,000 and authorizes any person whose information is unlawfully released to bring a civil action against the entity that released it.*

This bill is sponsored by Attorney General Rob Bonta and is supported by other groups committed to health care freedom. The bill is opposed the California Chamber of Commerce and the California Family Council, albeit for different reasons. The California Hospital Association opposes the bill unless amended to address overly broad definitions and conflicts with federal law that they believe present considerable operational challenges. The bill recently passed out of the Assembly Public Safety Committee on a 7-1 vote with one member not voting.

SUMMARY: Prohibits a state or local law enforcement agency from knowingly arresting any person who the Governor has declined to surrender on the demand of the executive authority of

any other state where the accused was not in the demanding state at the time of the commission of the crime and has not fled from another state. Specifically, **this bill**:

1) Prevents a state or local law enforcement agency or state court from arresting or participating in the arrest of, cooperating with, or providing information to, or imposing criminal or civil penalty on, any person performing, supporting, or aiding in the performance of a legally protected health care activity, whether in this state or not, if the legally protected healthcare activity is lawful in this state.

2) Prohibits a state or local law enforcement officer or agency or a state or local public agency or employee from cooperating with, or providing information to, another state or federal agency, as specified, about a legally protected healthcare activity that is lawful in California.

3) Mandates an out-of-state warrant, subpoena, or wiretap order be based on a declaration stating various grounds for the discovery of information, as specified, be filed under penalty of perjury.

4) Requires any person or entity headquartered, located, or incorporated in California and who receives, is served with, or is subject to a civil, criminal, or regulatory inquiry, investigation, subpoena, or summons, as specified, for information regarding legally protected health care activity not comply with or provide information in response to that inquiry, unless all of the following conditions are met:

    a) It includes a declaration or affidavit signed under penalty of perjury, that the request is not made in connection with, and the information will not be used in, an out-of-state proceeding related to legally protected healthcare activity.

    b) It is not related to any investigation or proceeding that seeks to impose civil or criminal liability, professional sanctions, or any other legal consequences on a person or entity for any legally protected healthcare activity.

    c) It is related to an investigation regarding activity that is unlawful under California civil or criminal law and identifies which California law makes the activity unlawful.

    d) It is related to an investigation or proceeding regarding activity that is grounds for professional discipline in California and identifies the grounds for professional discipline.

    e) The recipient of the inquiry, investigation, subpoena, or summons has notified the Attorney General within seven days of receiving the inquiry and indicates whether the person or entity intends to comply with or provide information in response to the inquiry and provide a copy of the response.

    f) The recipient of the inquiry, investigation, subpoena, or summons has made reasonable attempts to notify the person who provided, sought, received, facilitated, or otherwise engaged in the legally protected health care activity to which the inquiry pertains at least 30 days prior to providing any responsive information.

g) A minimum of 30 days has passed since the recipient of the inquiry notified the Attorney General.

5) States the requirements specified above do not apply to an inquiry, investigation, subpoena, or summons from the California Department of Justice (DOJ).

6) Authorizes a person or entity that is located, headquartered, or incorporated in California and receives or is subject to a civil, criminal, or regulatory inquiry, investigation, subpoena, or summons, for information regarding legally protected health care activity may institute a civil action to obtain declaratory relief, or other relief deemed necessary and proper by the court, stating that compliance is prohibited.

7) Requires before any action to quash an inquiry, subpoena, investigation, or summons related to legally protected healthcare activity, a copy of the commencing document and all supporting documents must be served on the DOJ. Authorizes DOJ to intervene in any action brought to quash or any request for information and commence an action to enforce the requirements of this bill, as specified.

8) Prohibits DOJ from commencing an action unless the DOJ has reason to believe the defendant or respondent intends to provide, or has provided, information in response to an inquiry, investigation, subpoena, or summons regarding legally protected health care activity.

9) Requires any action brought by the DOJ, as specified, to be commenced within six years of the date on which the DOJ received the notice of the inquiry, investigation, subpoena, or summons at issue. Permits the DOJ to seek other legal remedies and requires the DOJ to be awarded attorney's fees and costs, as specified.

EXISTING LAW:

1) Defines "legally protected health care activity" as any of the following:

   a) The exercise and enjoyment, or attempted exercise and enjoyment, by a person of rights to reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services secured by the Constitution or laws of California or the provision by a health care service plan contract or a policy, or a certificate of health insurance, that provides for such services.

   b) An act or omission undertaken to aid or encourage, or attempt to aid or encourage, a person in the exercise and enjoyment or attempted exercise and enjoyment of rights to reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services secured by the Constitution or laws of California.

   c) The provision of reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services by a person duly licensed under the laws of California or the coverage of, and reimbursement for, those services or care by a health care service plan or a health insurer, if the service or care is lawful under the laws of California, regardless of the patient's location. (Penal Code Section 1549.15(b)(1)(A)-(C). Subsequent citations refer to the Penal Code unless otherwise indicated.)

2) Provides that "gender-affirming health care" and "gender-affirming mental health care" shall have the same meaning as medically necessary health care that respects the gender identity of the patient, as experienced and defined by the patient, and may include, but is not limited to, interventions to suppress the development of endogenous secondary sex characteristics; interventions to align the patient's appearance or physical body with the patient's gender identity; and intervention to alleviate symptoms of clinically significant distress resulting from gender dysphoria, as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. (Section 1549.15 (a).)

3) States that "reproductive health care services" means and includes all services, care, or products of a medical, surgical, psychiatric, therapeutic, diagnostic, mental health, behavioral health, preventative, rehabilitative, supportive, consultative, referral, prescribing, or dispensing nature relating to the human reproductive system provided in accordance with the constitution and laws of this state, whether provided in person or by means of telehealth services which includes, but is not limited to, all services, care, and products relating to pregnancy, the termination of a pregnancy, assisted reproduction, or contraception. (Section 1549.15 (c).)

4) Defines "anti-reproductive-rights crime" to mean a crime committed partly or wholly because the victim is a reproductive health services client, provider, or assistant, or a crime that is partly or wholly intended to intimidate the victim, any other person or entity, or any class of persons or entities from becoming or remaining a reproductive health services client, provider, or assistant. (Section 13776 (a).)

5) Requires the DOJ to direct local law enforcement agencies to report annually to the DOJ specified information related to anti-reproductive-rights crimes. (Section 13777 (a)(2).)

6) Requires the DOJ to carry out certain functions relating to anti-reproductive-rights crimes in consultation with the Governor, the Commission on Peace Officer Standards and Training (POST), and other subject matter experts. (Section 13777 (b).)

7) Requires POST to develop an interactive training course on anti-reproductive-rights crimes and make the telecourse available to all California law enforcement agencies though an online portal or platform. (Section 13778 (a).)

8) Mandates every law enforcement agency in this state to develop, adopt, and implement written policies and standards for officers' responses to anti-reproductive-rights calls by January 1, 2023. (Section 13778.1.)

9) Prohibits a state or local law enforcement agency or officer from knowingly arresting or knowingly participating in the arrest of any person for performing, supporting, or aiding in the performance of an abortion in this state, or obtaining an abortion in this state, if the abortion is lawful under the laws of this state. (Section 13778.2 (a).)

10) Prohibits a state or local public agency, or any employee thereof acting in their official capacity, from cooperating with or providing information to any individual or agency or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency regarding an abortion that is lawful under the laws of this state and that is performed in this state. (Section 13778.2 (b).)

11) Provides that a law of another state that authorizes the imposition of civil or criminal penalties related to an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful under the laws of this state, is against the public policy of this state. (Section 13778.2 (c)(1).)

12) Prohibits a state court, judicial officer, or court employee or clerk, or authorized attorney from issuing a subpoena pursuant to any state law in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful under the laws of this state. (Section 13778.2 (c)(2).)

13) Provides that the investigation of any criminal activity in this state that may involve the performance of an abortion is not prohibited, provided that information relating to any medical procedure performed on a specific individual is not shared with an agency or individual from another state for the purpose of enforcing another state's abortion law. (Section 13778.2 (d).)

14) Prohibits a person from posting on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or a threat of violence against a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address, the personal information or image of a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address. (Government Code Section 6218.01 (a)(1).)

15) Provides that the above is punishable by a fine of up to $10,000 per violation, imprisonment of either up to one year in a county jail or by imprisonment for 16 months, two years, or three years, or by both that fine and imprisonment. (Government Code Section 218.01 (a)(2).)

16) Provides that a violation of the above that leads to the bodily injury of a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address, is a felony punishable by a fine of up to $50,000, imprisonment for 16 months, two years, or three years, or by both that fine and imprisonment. (Government Code Section 6218.01 (a)(2).)

17) Provides that the state may not deny or interfere with a person's right to choose or obtain an abortion prior to viability of the fetus or when the abortion is necessary to protect the life or health of the person. (Health & Safety Code Sections 123462 and 123466.)

18) Prohibits under the Confidentiality of Medical Information Act (CMIA), providers of health care, health care service plans, or contractors, as defined, from sharing medical information without the patient's written authorization, subject to certain exceptions. (Civil Code Section 56 *et seq*.)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: According to the author, "AB 1854 continues California's commitment to defend reproductive health care freedoms by strengthening California's shield laws to better stop out-of-state anti-abortion prosecutions and extradition attempts at our border. At a time when

anti-abortion states are targeting those who legally provide or receive reproductive health care in California, it's vital we fortify our protections."

Recent California "shield" laws. After the U.S. Supreme Court overturned *Roe v Wade*, California passed so-called "shield" laws that sought to protect persons who provide, receive, or help others obtain health care, and reproductive health care and gender-affirming care in particular. The shield laws do this by prohibiting a law enforcement agency or officer from arresting any person who provides, receives, or helps others obtain health care that is lawful in this state. These laws came about in response to well-founded concerns that officials in states that prohibit abortion or gender-affirming care might attempt to bring actions against health care providers in this state if they provided health care services to a person from one of those other states.

It is difficult to understand the bill now before the Committee without understanding the several variations of shield laws enacted between 2022 and 2025 that, in various ways – and in different codes – sought to protect the right of providers and patients within California, notwithstanding the laws of other states. Below is a brief summary of these laws, from oldest to newest.

AB 1242 (Chap. 627, Stats. 2022) amended the Reproductive Rights Law Enforcement Act to, among other things, prohibit a law enforcement agency or officer from arresting any person performing, supporting, or obtaining an abortion if the abortion is lawful in this state, and it also prohibited any public agency from cooperating with or providing information to any person, agency, or department from another state regarding any abortion that is lawful in this state and performed in this state.

AB 1666 (Chap. 42, Stats. 2022) added a section to the Health and Safety Code prohibiting California courts from applying another state's laws authorizing a civil action for receiving, seeking, providing, or aiding abortion when deciding cases in this state. It also prohibited California courts from enforcing civil judgments under those other state laws.

AB 2091 (Chap. 628, Stats. 2022) added to or amended sections of the Civil Code, Code of Civil Procedure, Health and Safety Code, Insurance Code, and Penal Code. These provisions prohibited providers and health care service plans from releasing medical information that would identify a person who sought or obtained abortion services or gender-affirming care, if the information sought was in support of another state's laws that interfered with a person's right to obtain this care.

SB 107 (Chap. 810, Stats. 2022) added to or amended sections of the Civil Code, Code of Civil Procedure, Family Code, and Penal Code. The bill added safeguards against enforcement of other state laws that purport to penalize individuals for obtaining gender-affirming care.

SB 345 (Chap. 260, Stats. 2023) added to or amended sections to the Civil Code and Penal Code, among others, that enacted safeguards against other state laws that criminalize or authorize civil liability against a person, provider, or other entity in California that offers reproductive health care services or gender-affirming care. Most significantly for the bill under review, this bill defined "legally protected health care activity" as providing, receiving, or helping another to provide or receive reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services.

AB 82 (Chap. 679, Stats. 2025) expanded existing protections for reproductive health care and extended those provisions to gender-affirming care. The bill also authorized the AG to commence a civil action against a person or entity that submits a false affidavit in support of any out-of-state subpoena, warrant, wiretap order, pen registrar trap and trace order, legal process or request from law enforcement agency related to a protected health care activity.

AB 497 (Chap. 764, Stats. 2025) expanded prohibitions against health care providers and health care service plans from releasing information in response to a person seeking or obtaining gender-affirming care or gender-affirming mental health care pursuant to a criminal or civil subpoena from another state.

This bill, sponsored by Attorney General Rob Bonta, expands existing law in several ways. First, while existing law shields persons who provide, receive, or help others obtain health care services within California, this bill extends the protection to legally protected services performed in other states. Second, the bill prevents law enforcement from arresting any person the Governor has declined to surrender to an extradition request. Third, existing law prohibits certain entities from disclosing information that reveals the identity of persons receiving legally protected care in response to a subpoena, warrant, or other legal process that originates out-of-state, unless the order is accompanied by an affidavit declaring that the order is not related to a legally protected health care activity. This bill additionally requires the recipient of the request to notify the Attorney General (AG) of the request and wait 30 days before releasing information. Fourth, the bill authorizes AG to intervene if the AG has reason to believe that the recipient intends to provide information about the legally protected activity. Finally, the bill subjects any entity that releases information in violation of the bill to civil penalty of up to $15,000 and authorizes any person whose information is unlawfully released to bring a civil action against the entity that released it.

Overlap with pending legislation. This bill is quite similar to pending legislation that the Committee has heard or will hear soon. AB 1930 (Zbur), which the Committee heard and passed on April 7, contains language that is virtually identical to the provisions in this bill that prohibit a person or entity from responding to a civil, criminal, or regulatory inquiry, investigation, subpoena, or summons unless certain conditions are met, including that the request be accompanied by an affidavit attesting that the request is not pertaining to a legally protected activity. Both bills additionally require the entity to provide notice to the AG and wait 30 days before releasing the information, and both permit the AG to intervene, and both bills allow the AG and a person whose information is released to bring legal actions against the entity. The only difference between the two bills as to this part is that this bill inserts the language within an existing provision of the Penal Code, while AB 1930 inserts the same language in a new section of the Civil Code. (AB 1930 does not contain the provisions limiting arrests.) Since both bills are sponsored by the AG, it is not surprising that the language is identical; however, it is not entirely clear why it is necessary, to have identical language in the Civil Code and the Penal Code.

AB 2164 (Bauer-Kahan), which is also scheduled to be heard by the Committee, prohibits the Governor, except when required by federal law, from recognizing any demand for the extradition of any person who provided or received, or helped another to obtain legally protected health care activity, unless the executive authority from the other state alleges in writing that the accused was physically present in the demanding state at the time of the commission of the alleged crime. As noted above, the bill before the Committee also addresses the question of extradition, to the extent that it prohibits law enforcement from arresting any person who the Governor has refused

to surrender for extradition. However, while AB 2164 would permit extradition if the legally protected health care activity is performed in the other state, the restrictions in the bill now before the Committee apply whether the abortion or gender-affirming care was performed in California, or in the other state.

"Full Faith and Credit" clause. Any law that purports to limit the enforcement of legal orders from another state raises questions about the application of the "full faith and credit clause." Because this issue is thoroughly discussed in the Committee analysis of AB 1930 (and in several of the earlier shield laws), this analysis will touch on the issue only briefly. Article IV, Section 1 of the United States Constitution, requires every state to give full faith and credit to the public acts, records, and judicial proceedings of every other state. Despite this broader language – "public acts, records and judicial proceedings" – the U.S. Supreme Court has held that the clause primarily (if not exclusively) applies to "judicial proceedings," and narrower still, to the judgments and factual findings of other state courts. For example, a California court would honor a judgment debt ordered by a court in another state, and it would respect another state's judicial determination of factual issues. But most courts and commentators seem to agree that it would impinge upon California's sovereignty and representative form of government to require California to enforce laws enacted by the representatives of other states. The clause does not require "a state to substitute the statutes of another state for its own statutes dealing with a matter concern which it is competent to legislate." (*Baker v. General Motors Corp.* (1998) 522 U.S. 222, 232-233.) In short, the full faith and credit clause recognizes that each state should have broad authority to determine their own public policy priorities.

"Supremacy" Clause. This bill also, arguably, raises Supremacy Clause questions to the extent that it would prohibit a person or entity in California from responding to a *federal* subpoena, investigation, or court order. Article VI, Clause 2 of the U.S. Constitution provides that the Constitution and federal laws are the "supreme law" of the United States. This generally means that when state and federal laws conflict, or if state law frustrates the purpose of federal law, then federal law prevails and the state law is preempted. This bill prohibits any person or entity in California from responding to a "civil, criminal, or regulatory inquiry, investigation, subpoena, or summons" for information relating to a protected health care activity unless the requester complies with the affidavit requirement. The bill makes no exception for a *federal* regulatory inquiry, investigation, subpoena, or summons. As recommended in the Committee analysis of AB 1930, *the author may wish to consider removing the requirement for the affidavit as it relates to inquiries and requests, while leaving the notice requirements. In the alternative, the author may wish to consider allowing all persons or entities to respond to an inquiry without an affidavit if ordered to comply by a court of competent jurisdiction.*

Notice requirements and the 30-day delay. The California Hospital Association (CHA) opposes this bill unless it is amended to address "overly broad definitions" and potential conflicts with federal law. CHA points in particular to the provisions that would prohibit hospitals and other entities located in California from responding to an "inquiry" unless it is accompanied by an affidavit, and the entity receiving the inquiry notifies the AG and waits 30 days before responding to the inquiry. CHA points out that this could prevent hospitals from responding to many routine requests from a wide variety of public and private entities, unless they meet all of the requirements in the bill, including waiting 30 days after providing notice to the AG. CHA contends that this would seriously impede communications that have nothing to do with another state's efforts to prosecute someone for performing or receiving an abortion or gender-affirming care. Again, as the Committee recommended in regard to AB 1930, *because the language*

broadly captures all inquiries regarding legally protected health care activity, the author may wish to consider excluding inquiries from other state entities that may require such information as part their routine duties under California law.

In short, this bill takes important steps toward strengthening existing laws that reflect California's commitment to ensuring access to reproductive and gender-affirming health care, in the face of other states (not to mention the federal government) bent on reaching across California borders to punish, or obtain information about, people who provide or receive, or help others provide or receive, health care that is legal in California. *If the bill moves out of this Committee, the author may wish to consider addressing some of the legal and operational problems raised by the CHA and other opponents of the bill.*

ARGUMENTS IN SUPPORT*:* The Office of Attorney General Rob Bonta, the bill's sponsor, writes in support:

> Since California's shield laws took effect, anti-abortion states have increased efforts to investigate and prosecute California providers, and some states have tried to extradite or take adverse legal actions against California doctors. For example, Louisiana has sought to extradite a California abortion provider for allegedly sending abortion medication to a Louisiana resident.
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> AB 1854 would address these issues by 1) expanding shield law coverage to more California businesses and individuals who receive legal demands, 2) creating a notification process so the Attorney General can intervene and stop improper disclosures, 3) giving the Attorney General stronger authority to take legal action and enforce the law, and 4) clarifying that law enforcement cannot arrest someone if the Governor refuses an extradition request.
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> These clarifications are essential to ensuring that California's protections remain effective in practice and continue to provide certainty to patients, providers, and support networks. They also help safeguard sensitive personal information from being used in out-of-state proceedings that seek to penalize lawful care. As the legal landscape continues to shift nationwide, AB 1854 ensures California will remain a safe haven for those seeking and providing reproductive health care.

ARGUMENTS IN OPPOSITION*:* The California Chamber of Commerce opposes this bill primarily because they believe "it may require businesses to fail to comply with federal subpoenas, and therefore be in violation of federal law, in order to comply with state law." The Chamber explains further:

> Functionally, AB 1854 contains detailed requirements governing subpoena responses for covered California businesses. First proposed subsection 13778.3(f)(1)(A) provides that a federal subpoena must include an affidavit attesting to certain facts ((d)(1)-(3)). In addition, the subpoena must be accompanied by a statement under penalty of perjury as defined in 13778.3(f)(1)(B). Third, proposed subsection 13778.3(f)(1)(C) requires that the responding entity must provide notice to the Attorney General (within 7 days). Fourth, the recipient must make reasonable attempts to notify the individuals whose information is being sought. Finally, the recipient must wait 30 days after notifying the Attorney General. Only once all of these requirements have been met can a subpoena recipient comply with a federal subpoena.

We are concerned that these provisions might generate liability for California businesses who are attempting to comply with both California law and federal law. In simple terms, we are concerned that they will force a business to delay in responding such that they will fail to comply with the federal subpoena and potentially be sanctioned.

We hope that these concerns can be resolved – ideally with jurisprudence that clarifies that businesses will not face sanctions for compliance.

ARGUMENTS IN OPPOSITION UNLESS AMENDED: The California Hospital Association (CHA) opposes this bill unless amended to address "overly broad definitions" and "conflicts with federal law and timelines" that will present hospitals with "significant operational challenges."

Specifically, CHA claims that "AB 1854 would prohibit a hospital or other entity from responding to a 'civil, criminal, or regulatory inquiry, investigation, subpoena, or summons for information regarding legally protected health care activity' unless the requesting party provides a specified affidavit, the hospital notifies the California attorney general and the affected patients, and the hospital waits 30 days before responding." However, CHA contends that the definition of "legally protected care" is so broad that it would encompass a range of routine care, including "prenatal visits, childbirth, hysterectomies, vasectomies, and commonly prescribed medications." CHA also points out that while existing law applies to subpoenas and related legal orders, this bill would extend to any civil, criminal, or regulatory "inquiry," which CHA contends could include "routine emails, letters, or phone calls from states agencies and departments, health plans, and others as part of standard, necessary communication."

CHA also contends that parts of the bill conflict with federal law and timelines, including the requirement that the hospital notify the Attorney General and the affected patients, and then waits 30 days before responding. CHA sees the 30-day waiting period as especially problematic if they receive a federal inquiry or subpoena. CHA contends under "the Supremacy Clause of the U.S. Constitution, state law cannot impose conditions that make it impossible to timely comply with federal court orders or subpoenas — which are exercises of federal judicial authority." Relatedly, CHA contends that hospitals that participate in Medicare or Medi-Cal "must provide immediate access to records for federal and state inspectors who are assessing quality of care. These reviews routinely involve services covered by AB 1854, including childbirth and other reproductive and gender-related care."

Although the California Children's Hospital Association has not taken a formal position on the bill, they express "concerns" that mirror those of the CHA.

REGISTERED SUPPORT / OPPOSITION:

Support

Access Reproductive Justice
Attorney General Rob Bonta
California Chapter of the American College of Emergency Physicians
Equality California
Reproductive Freedom for All California

Opposition (unless amended)

California Hospital Association

Opposition

California Chamber of Commerce
California Family Council
Our Duty

Concerns

California Children's Hospital Association

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