

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
AB 2448 (Berman) – As Introduced February 20, 2026

**SUBJECT:** Medical information: confidentiality.

**SUMMARY:** Clarifies that a business that electronically stores or maintains medical information for the provision of sensitive services, including but not limited to an electronic health record (EHR) system, must enable security features, including limiting user access privileges and segregating medical information related to gender affirming care, abortion and abortion-related services, and contraception.

**EXISTING LAW:**

- 1) Establishes the Reproductive Privacy Act, which prohibits the state from denying or interfering with a woman’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 woman. [Health and Safety Code (HSC) § 123460, *et seq.*]
- 2) Defines, for purposes of the Confidentiality of Medical Information Act (CMIA), “medical information” to mean any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, mental or physical condition, or treatment. Defines “individually identifiable information” to mean that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity. [Civil Code (CIV) § 56, *et seq.*]
- 3) Requires every health care provider, health care service plan, pharmaceutical company, or contractor who creates, maintains, preserves, stores, abandons, destroys, or disposes of medical information to do so in a manner that preserves the confidentiality of the information. Requires any provider of health care, health care service plan, pharmaceutical company, or contractor who negligently creates, maintains, preserves, stores, abandons, destroys, or disposes of medical information to be subject to the remedies and penalties, as specified. Requires an EHR system or electronic medical record system to do the following:
  - a) Protect and preserve the integrity of electronic medical information; and,
  - b) Automatically record and preserve any change or deletion of any electronically stored medical information. [CIV § 56.101]
- 4) Requires a business that electronically stores or maintains medical information on the provision of sensitive services, including, but not limited to, on an EHR system or electronic medical record system, on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer, to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable all of the following:

- a) Limit user access privileges to information systems that contain medical information related to gender affirming care, abortion and abortion-related services, and contraception only to those persons who are authorized to access specified medical information;
  - b) Prevent the disclosure, access, transfer, transmission, or processing of medical information related to gender affirming care, abortion and abortion-related services, and contraception to persons and entities outside of this state;
  - c) Segregate medical information related to gender affirming care, abortion and abortion-related services, and contraception from the rest of the patient's record; and,
  - d) Provide the ability to automatically disable access to segregated medical information related to gender affirming care, abortion and abortion-related services, and contraception by individuals and entities in another state. [CIV § 56.101]
- 5) Prohibits a health care provider, health care service plan, contractor, or employer from releasing medical information related to an individual seeking or obtaining an abortion in response to a subpoena or request if that subpoena or request is based on either another state's laws that interfere with a person's rights under the Reproductive Privacy Act or a foreign penal civil action, as defined. Prohibits a health care provider, health care service plan, contractor, or employer from releasing medical information that would identify an individual or that is related to an individual seeking or obtaining an abortion to law enforcement for either of the following purposes, unless that release is pursuant to a subpoena not otherwise prohibited: enforcement of another state's law that would interfere with a person's rights under the Reproductive Privacy Act or enforcement of a foreign penal civil action. [CIV § 56.108]
- 6) Prohibits a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or providing medical information to, any individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless the request for medical information is authorized under state law. [CIV § 56.108]
- 7) Defines sensitive services to mean all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and includes services as described, and obtained by a patient at or above the minimum age specified for consenting to the service, as specified. [CIV § 56.05]
- 8) Requires the California Health and Human Services Agency (CalHHS), on or before July 1, 2022, to establish the California Health and Human Services Data Exchange Framework (DxF) that is to include a single data-sharing agreement and common set of policies and procedures that will leverage and advance national standards for information exchange and data content, and that will govern and require health information exchange (HIE) among health care entities and government agencies in California. [HSC § 130290]

- 9) Requires, on or before January 1, 2026, the Department of Health Care Access and Information (HCAI) to take over the establishment, implementation, and all functions related to the DxF, including data sharing agreement and policies and procedures. [HSC § 130290]
- 10) Requires, on or before January 31, 2024, the following health care organizations to execute the data-sharing agreement to participate in data exchange in real time for treatment, payment, or health care operations, as specified:
  - a) General acute care hospitals and acute psychiatric hospitals;
  - b) Physician organizations and medical groups, as defined;
  - c) Skilled nursing facilities that currently maintain electronic records;
  - d) Licensed health care service plans and health insurers, as well as Medi-Cal managed care plans, including those that are not state-licensed; and,
  - e) Clinical laboratories. [HSC § 130290]
- 11) Requires, by July 1, 2026, the following entities to execute the data-sharing agreement:
  - a) A medical foundation exempt from licensure, and
  - b) Emergency medical services. [HSC § 130290]
- 12) Requires, commencing July 1, 2026, compliance with DxF to be required as a condition of continuing, amending, or entering into a new or existing contract for the coverage of or provision of health care services with the Department of Health Care Services, the Public Employees' Retirement System, and the California Health Benefit Exchange. [HSC § 130290]
- 13) Exempts the exchange of health information related to abortion, abortion-related services, gender-affirming care, immigration or citizenship status, or place of birth from DxF requirements. [HSC § 130290]

**FISCAL EFFECT:** Unknown. This bill has not been analyzed by a fiscal committee.

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, no patient should ever worry that their medical records will be used to criminalize or punish them – or their provider – for health care that is lawful in California. The author states this is why the Legislature passed, and the Governor signed AB 352 (Bauer-Kahan), Chapter 255, Statutes of 2023, requiring businesses that electronically store or maintain medical information to enable technological capabilities to protect the privacy and security of medical records related to abortion, contraception, and gender affirming care. The author argues that in the three years since AB 352's enactment, attacks on reproductive and gender affirming care have only intensified. The author continues that to date, businesses are at different points in the process of enabling the technology necessary for providers to comply with existing law. The author concludes that this bill reinforces state law to fully protect the privacy and security of patients' sensitive medical information.

2) **BACKGROUND.** The federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides consumers with important privacy rights and protections with respect to their health information, including important controls over how their health information is used and disclosed by health plans and health care providers. Ensuring strong privacy protections is critical to maintaining individuals' trust in their health care providers and willingness to obtain needed health care services, and these protections are especially important where very sensitive information is concerned, such as reproductive health information.

- a) **Federal law.** According to the U.S. Department of Health and Human Services Agency (HHS), the HIPAA Privacy Rule protects the privacy and security of medical and other health information when it is transmitted or maintained by covered entities (health plans, most health care providers, health care clearinghouses) and business associates (people and companies that provide certain services for covered entities). This information is referred to as protected health information (PHI), and it includes individually identifying information, such as name, address, age, social security number, and location, as well as information about health history, any diagnoses or conditions, current health status, and more. The HIPAA Privacy Rule supports access to care by giving individuals confidence that their PHI, including information relating to abortion and other sexual and reproductive health care, will be kept private.
- b) **Existing EHR capability requirements.** AB 352 requires businesses to enable technological capabilities to protect the privacy and security of medical information related to abortion, contraception, and gender affirming care. The goal was to prevent information on sensitive services in health information exchanges from being automatically shared, especially outside of California, and to allow providers, plans, pharmaceutical companies, contractors, and employers to comply with laws prohibiting the sharing of medical information related to abortion and abortion related services from out-of-state requests absent patient authorization or applicable exceptions. However, according to the author and sponsors of this bill, covered entities that provide EHR services are at different points in the process of enabling the technology required under AB 352.
- c) **DxF pressures.** AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, established the statewide DxF and required by July 1, 2022, in consultation with members of the Stakeholder Advisory Group, CalHHS to finalize a Data Sharing Agreement defining the parties that will be subject to these new data exchange rules and setting forth a common set of terms, conditions, and obligations to support secure, real-time access to and exchange of health and social services information, in compliance with applicable federal, state, and local laws, regulations, and policies.

SB 660 (Menjivar), Chapter 325, Statutes of 2025 shifted responsibility of the DxF to HCAI, expanded the universe of entities required to participate in the exchange, and required compliance with DxF as a condition for contracting with or providing services through state health care programs commencing July 1, 2026. SB 660 additionally exempted abortion, abortion related services, gender affirming care, immigration or citizenship statuses, and place of birth from being exchanged in the framework. However, without the technological capability to segment out sensitive services from their EHRs,

providers won't be able to participate in the DxF, as required under state law, while protecting the privacy and security of their patients' sensitive medical information.

- 3) SUPPORT.** Planned Parenthood Affiliates of California (PPAC) is a sponsor of this bill, arguing that it clarifies existing law requiring EHR vendors to develop the technical capability to protect medical information related to abortion, contraception, and gender affirming care. PPAC continues that for their health centers in California, confidentiality is at the core of being a trusted health care provider, especially given that they are collectively one of the largest providers of sexual and reproductive health care in the state. PPAC believes that patients should be able to access reproductive and gender affirming care services safely, comfortably, and without fear of their private information being disclosed and used to harm them. However, without technological capabilities that are responsive to the needs of providers and the patients they serve, PPAC argues that providers cannot fully protect the privacy and security of their patients' sensitive medical information. PPAC continues that if an individual is uncertain about whether their medical information will be shared, they may feel forced to choose between accessing needed medical care and their privacy and safety. PPAC concludes that this bill reinforces existing state law to protect sensitive medical records by clarifying that AB 352 required businesses that electronically store medical information related to sensitive services must both develop and enable the technology needed to protect the privacy and security of sensitive medical records.

Attorney General Rob Bonta (AG Bonta), also a sponsor of this bill, states that across the country, increasing restrictions on reproductive health care have been accompanied by heightened concerns about the potential misuse of patient data. AG Bonta continues that existing law requires certain entities to maintain policies and procedures to protect medical information, the next step is to ensure entities are implementing these protections. AG Bonta states that that this bill ensures these protections are implemented so that providers can segregate and protect reproductive health data when using electronic systems to input patient information. AG Bonta argues that in an era where information sharing through electronic systems keeps expanding, it's imperative to ensure sensitive information isn't unduly exposed.

**4) PREVIOUS LEGISLATION.**

- a)** SB 660 (Menjivar) shifts responsibility for the DxF from CalHHS to HCAI. Makes changes to, and requires HCAI to oversee, an existing stakeholder advisory group, and specifies the group's duties. Prohibits the stakeholder advisory group from exceeding 17 members and requires the group to maintain a balance of perspectives with no more than 50% of voting members who are signatories to the data-sharing agreement. Requires the stakeholder advisory group, on or before January 1, 2027, to develop recommendations about demographic and health related social needs data. Modifies a number of provisions related to data exchange requirements, adds emergency medical services as a required entity to execute the data sharing agreement, and clarifies which physician organizations and medical groups are subject to the data-sharing agreement, as specified. Requires health care providers and plans to comply with DxF as a condition for contracting with or providing services through state health care programs. Exempts specified information from data-sharing requirements. Authorizes HCAI to update the framework and establishes public notice requirements for such updates. Authorizes HCAI to adopt enforcement actions and enforce compliance with DxF. Requires HCAI to publish an

annual report on compliance with DxF and other specified assessments and evaluations, including an evaluation of the need for an independent governing board to oversee DxF. Requires HCAI to establish a process to designate qualified health information organizations as data sharing intermediaries that have demonstrated their ability to meet the requirements of the DxF.

- b)** AB 352 (Bauer-Kahan) requires specified businesses that electronically store or maintain medical information on the provision of sensitive services, as specified, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to gender affirming care, abortion and abortion-related services, and contraception, as specified. Prohibits a health care provider, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless authorized. Exempts a health care provider from legal liability for damages or from civil or enforcement actions, as specified. Excludes the exchange of abortion and abortion-related services health information from automatically being shared on the California Health and Human Services Data Exchange Framework.
- c)** AB 2091 (Bonta), Chapter 628, Statutes of 2022, prohibits compelling a person to identify or provide information that would identify or that is related to an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action, as defined. Prohibits a health care provider, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Prohibits issuance of a subpoena if the submitted foreign subpoena relates to a foreign penal civil action and the submitted foreign subpoena would require disclosure of information related to sensitive services, as defined.
- d)** SB 245 (Lena Gonzalez), Chapter 11, Statutes of 2022, prohibits a health plan or an individual or group policy or certificate of health insurance or student blanket disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified.
- e)** AB 133 (Committee on Budget) requires CaHHS, and in consultation with stakeholders and local partners through an established Stakeholder Advisory Group, to establish a DxF by July 1, 2022. Requires Covered California, upon appropriation by the Legislature and beginning on or after January 1, 2022, to make payments to qualified health plan issuers that equal the cost of providing abortion services for which federal funding is prohibited

to individuals enrolled in a qualified health plan through the Exchange in the individual market. Prohibits the payments from being less than \$1 per enrollee per month.

- f) SB 1301 (Sheila Kuehl), Chapter 385, Statutes of 2002, enacts the Reproductive Privacy Act which provides that every individual possesses a fundamental right of privacy with respect to reproductive decisions, including the fundamental right to choose or refuse birth control, and the fundamental right to choose to bear a child or obtain an abortion.

5) **DOUBLE REFERRAL.** This bill has been double referred; upon passage of this Committee, it will be referred to the Assembly Privacy and Consumer Protection Committee.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

Attorney General Rob Bonta (sponsor)  
Planned Parenthood Affiliates of California (sponsor)  
Access Reproductive Justice  
American College of Obstetricians & Gynecologists - District IX  
California Academy of Family Physicians  
Equality California  
Reproductive Freedom for All California

**Opposition**

None on file

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