

SENATE PRIVACY, DIGITAL TECHNOLOGIES, AND CONSUMER PROTECTION COMMITTEE
Senator Christopher Cabaldon, Chair
2025-2026 Regular Session

AB 2448 (Berman)
Version: February 20, 2026
Hearing Date: June 8, 2026
Fiscal: Yes
Urgency: No
BD

SUBJECT

Medical information: confidentiality

DIGEST

This bill clarifies that a business that electronically stores or maintains medical information of sensitive services shall enable the capabilities, policies, and procedures they are required to develop under existing law.

EXECUTIVE SUMMARY

Following the *Dobbs v. Jackson Women's Health Organization* decision, California enacted several laws to strengthen, protect, and affirm reproductive rights. One of these was AB 352 (Bauer-Kahan, Ch. 255, Stats. 2023), which sought to prevent information on abortion care, gender affirming care, and other sensitive services in health information exchanges (HIEs) from being sent without a patient's permission. The bill required businesses involved in the electronic storage of medical information of sensitive services to develop capabilities, policies, and procedures by July 1, 2024, to achieve this objective. This included the capability of segregating information of sensitive services from the rest of a patient's record. However, AB 352's language leaves some ambiguity about whether these businesses were required to actually enable these capabilities, policies, and procedures by the July 1, 2024, deadline. This is particularly important in the context of the continued attacks on reproductive rights and recent updates to California's Data Exchange Framework (DxF), which requires secure, real-time data exchange across various healthcare entities.

This bill eliminates this ambiguity. It clarifies that businesses were supposed to enable the capabilities, policies, and procedures required by AB 352. This bill is co-sponsored by Attorney General Rob Bonta and Planned Parenthood Affiliates of California. It enjoys support from various groups such as the California Women's Law Center and the Electronic Frontier Foundation. No timely opposition has been received. Should the bill pass out of this Committee, it will next be heard by the Senate Health Committee.

PROPOSED CHANGES TO THE LAW

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 & Saf. Code § 123460, *et seq.*)
- 2) Establishes the Confidentiality of Medical Information Act (CMIA) to protect an individual's medical information from unauthorized disclosure by providers of health care. Provides an individual right of action for a patient whose information was disclosed in violation of CMIA's provisions. (Civ. Code § 56 *et seq.*)
- 3) Defines "medical information," for the purposes of the CMIA, as any individually identifiable information, in electronic or physical form, that is 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 health application information, reproductive or sexual health application information, mental or physical condition, or treatment. Specifies that "individually identifiable" information means medical information that includes any element of personal identifying information sufficient to allow the individual to be identified. (Civ. Code § 56.05.)
- 4) Defines "sensitive services" to mean all health care services related to mental health, behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence. (Civ. Code § 56.05.)
- 5) Requires a business that electronically stores or maintains medical information on the provision of sensitive services, including, but not limited to, on an electronic health record 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, 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 people 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.

- 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. Code § 56.101.)
- 6) Prohibits providers of health care, health care service plans, or contractors from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber without first obtaining authorization, except as provided. Specifies that a provider of health care, health care service plan, or a contractor must disclose medical information if the disclosure is compelled by:
 - a) A court order.
 - b) A board, commission, or administrative agency for purposes of adjudication.
 - c) A party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
 - d) A board, commission, or administrative agency pursuant to an investigative subpoena.
 - e) An arbitrator or arbitration panel, when arbitration is lawfully requested by either party.
 - f) A search warrant lawfully issued to a governmental law enforcement agency.
 - g) A patient or patient's representative.
 - h) A medical examiner, forensic pathologist, or coroner when requested in the course of an investigation, as specified.
 - i) When otherwise specifically required by law. (Civ. Code § 56.10.)
 - 7) 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. (Health & Saf. Code § 130290.)
 - 8) 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.
 - e) Clinical laboratories. (Health & Saf. Code § 130290.)

- 9) Requires, by July 1, 2026, the following entities to execute the data-sharing agreement:
 - a) A medical foundation exempt from licensure.
 - b) Emergency medical services. (Health & Saf. Code § 130290.)
- 10) 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. (Health & Saf. Code § 130290.)
- 11) 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. (Health & Saf. Code § 130290.)

This bill clarifies that a business that electronically stores or maintains medical information on the provision of sensitive services, including, but not limited to, on an electronic health record system or electronic medical record system, on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer, was required to enable its developed capabilities, policies, and procedures to safeguard patient information of sensitive services.

COMMENTS

1. The Continued Attacks on Reproductive Rights

In May 2022, a leaked draft of the majority opinion for *Dobbs v. Jackson Women's Health Organization* stunned the nation. The draft, obtained by Politico, described the opinion as "a full-throated, unflinching repudiation of the 1973 decision which guaranteed federal constitutional protections of abortion rights and a subsequent 1992 decision – *Planned Parenthood v. Casey* – that largely maintained the right".¹ This draft was later confirmed to be authentic, and, in June of the same year, the Supreme Court issued its majority opinion overturning both *Roe v. Wade* and *Planned Parenthood v. Casey*. This shattered decades of Supreme Court precedent, which consistently upheld that access to abortion was a constitutional right. The court then provided that states should be the decision-makers on regulating abortion.²

In the direct aftermath of this decision, the attacks on reproductive rights across the nation were relentless. Several states passed total bans on abortion, with several more

¹ Josh Gerstein & Alexander Ward, *Supreme Court has voted to overturn abortion rights, draft opinion shows* (May 2, 2022) Politico, <https://www.politico.com/news/2022/05/02/supreme-court-abortion-draft-opinion-00029473>. All internet citations are current as of May 31, 2026.

² *Dobbs v. Jackson Women's Health* (2022) 597 U.S. 215, https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf.

restricting access.³ Furthermore, these states also made efforts to criminalize abortion or attempted to issue administrative penalties on reproductive service providers. As of 2026, according to a map provided by the Center for Reproductive Rights, 13 states have completely banned abortion, enforced by criminal penalties; 12 states are “hostile” towards reproductive rights; and 5 states lack protection for abortion.⁴

With many states having restrictions on reproductive care, interstate travel has emerged as a crucial pathway for access. In 2023, in the direct aftermath of *Dobbs* and several state actions, over 170,000 patients traveled out of state to receive care.⁵ While there was a decline of 9% in this activity in 2024, it is clear that the care provided by reproductive freedom states, such as California, remains essential.⁶

2. Legislative History: AB 352

In response to the ongoing threats to reproductive care in the wake of the *Dobbs* decision, the legislature passed several bills to reaffirm its status as a reproductive freedom state and issue protections for those seeking care. One of the concerns raised was surrounding health information exchanges (HIEs). Generally, HIEs are the electronic transfer of clinical and administrative information across diverse and competing health care organizations.⁷ This is typically facilitated through electronic health records (EHRs), which contain a number of key clinical data points about a patient in an electronic format. This can include past medical history, laboratory data, radiology reports, progress notes, and medication.⁸ EHRs, in an HIE, are shared across networks with multiple providers. HIEs and the use of EHRs are built on the idea that all health data should be available to patients and providers to help streamline care.⁹ This coordinated care provides both patients and providers with numerous benefits, including fewer duplicate procedures, improved safety, and lower patient costs.¹⁰

³ Amanda Zablocki & Mikela T. Sutrina, *The Impact of State Laws Criminalizing Abortion* (September 28, 2022) LexisNexis, <https://www.lexisnexis.com/community/insights/legal/practical-guidance-journal/b/pa/posts/the-impact-of-state-laws-criminalizing-abortion>.

⁴ *After Roe Fell: U.S. Abortion Laws by State* (2026) Center for Reproductive Rights, <https://reproductiverights.org/maps/abortion-laws-by-state/>.

⁵ *Guttmacher Institute Releases Data on State of Residence of US Abortion Patients Traveling for Care in 2024* (June 24, 2025) Guttmacher, <https://www.guttmacher.org/news-release/2025/guttmacher-institute-releases-data-state-residence-us-abortion-patients-traveling>.

⁶ *Ibid.*

⁷ Brian Dixon, *Introduction to Health Information Exchange* (January 1, 2023) Academic Press, <https://www.rama.mahidol.ac.th/ceb/sites/default/files/public/pdf/ACADEMIC/2020/Epi/RACE624/Chapter-1-What-is-Health-Information-Exchange-2016-Health-Information-Exchange.pdf>.

⁸ *Electronic Health Records* (September 10, 2024) Centers for Medicare & Medicaid Services, <https://www.cms.gov/priorities/key-initiatives/e-health/records>.

⁹ Brian Dixon, *Introduction to Health Information Exchange* (January 1, 2023) Academic Press, <https://www.rama.mahidol.ac.th/ceb/sites/default/files/public/pdf/ACADEMIC/2020/Epi/RACE624/Chapter-1-What-is-Health-Information-Exchange-2016-Health-Information-Exchange.pdf>.

¹⁰ Nir Menachemi et al. *The Benefits of Health Information Exchange: An Updated Systematic Review* (April 28, 2018) *Journal of the American Medical Informatics Association* 25(9), <https://academic.oup.com/jamia/article-abstract/25/9/1259/4990601?redirectedFrom=PDF>.

Taken in a post-*Roe* context, however, physicians in states that are hostile to abortion could see if a patient received reproductive or gender-affirming care through HIEs. This could cause legitimate concern that a physician could report a patient for receiving said care, who would then face civil or criminal penalties.

To address these concerns, the legislature passed AB 352 (Bauer-Kahan, Ch. 255, Stats. 2023). This bill sought to protect the information of those seeking reproductive care by requiring businesses that electronically store or maintain medical data of sensitive services to develop various safeguards regarding access to that information. Part of these safeguards required businesses to develop capabilities, policies, and procedures to enable the following:

- 1) Limit user access privileges to information systems that contain medical information about sensitive services to only those who are authorized to access it.
- 2) Prevent the disclosure, access, transfer, transmission, or processing of medical information about sensitive services to people or entities outside of California.
- 3) Segregate medical information about sensitive services from the rest of the patient's record.
- 4) Provide the ability to automatically disable access to segregated medical information about sensitive services by people or entities outside of California.

However, AB 352's language does not resoundingly make clear whether these businesses were required to enable these protections instead of simply developing them. Planned Parenthood Affiliates of California explain the ramifications of this challenge:

California has led the way in creating protections for medical records related to abortion, gender affirming care, and contraception, and California providers have done extensive work with EHR vendors and other entities that exchange health information to work towards businesses meeting their obligations under existing law. To date, these efforts have made progress for California providers and businesses to comply with AB 352 in a way that fulfills the goals of the legislation – to protect patient data. However, the work is ongoing, and providers cannot effectively protect the privacy and security of their patients' records without the technological tools being enabled in EHR and other data sharing systems...

3. The Pressure of the Data Exchange Framework

In 2021, prior to the *Dobbs* decision, California passed AB 133 (Committee on Budget, Ch. 143, Stats. 2021), which created the California Health and Human Services Data

Exchange Framework (DxF). As explained by the Department of Health Care Access and Information (HCAI):

Assembly Bill 133 (Committee on Budget, Chapter 143, Statutes of 2021) put California on the path to building a statewide Health and Human Services Data Exchange Framework: building on years of health electronic records adoption and the efforts of local communities by creating the first state mandate to integrate health and social services information exchange to better serve all Californians. Today, over 4,400 organizations across California are participating in the Data Exchange Framework, sharing health and social services information securely and in real-time with other participating organizations across the state.¹¹

California's DxF was recently overhauled by SB 660 (Menjivar, Ch. 325, Stats. 2025). This bill, among other provisions, expanded the universe of participating entities and made executing the Data Sharing Agreement a prerequisite for contracting for health care services with the Department of Health Care Services, the Public Employees' Retirement System, and the California Health Benefit Exchange.¹² This provision is set to commence on July 1, 2026. While the requirements of entering the Data Sharing Agreement do not apply to the exchange of health information related to abortion, abortion-related services, gender affirming care, immigration or citizenship status, or place of birth, without the ability to segment this information, providers cannot meet this July 1, 2026, deadline. This places providers with the ultimatum of risking the loss of state funding or failing to protect patient privacy.

4. What This Bill Does

This bill simply clarifies that the requirements of AB 352 were to be enabled by July 2024, in addition to their development. Given the fact that some states continue to consider and pass restrictions on reproductive care, many of which are hostile towards patients, providers, and even third parties alike, it is important to clarify the safeguards that protect patient information so that individuals seeking reproductive care, gender affirming care, and other sensitive services can do so without fear of legal and social consequences. Additionally, by clarifying that the requirements of AB 352 were supposed to have been enabled, providers may feel some relief from the upcoming DxF deadline.

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

¹¹ *California Data Exchange Framework SB 660 Fact Sheet* (October 27, 2025) Department of Health Care Access and Information, <https://dxh.chhs.ca.gov/wp-content/uploads/2025/10/California-Data-Exchange-Framework-SB-660-Fact-Sheet.pdf>.

¹² Health & Saf. Code § 130290.

lawful in California. This is why the Legislature passed, and the Governor signed AB 352 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. In the three years since AB 352's enactment, attacks on reproductive and gender affirming care have only intensified. As a result, it is critical that medical providers have access to technology to protect sensitive medical information. To date, businesses are at different points in the process of enabling the technology necessary for providers to comply with existing law. AB 2448 reinforces state law to fully protect the privacy and security of patients' sensitive medical records.

5. Stakeholder Positions

Planned Parenthood Affiliates of California, co-sponsors of this measure, emphasize the importance of this clarification:

For Planned Parenthood health centers in California, confidentiality is at the core of being a trusted health care provider, especially given that Planned Parenthood health centers 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, providers cannot fully protect the privacy and security of their patients' sensitive medical information. 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.

AB 2448 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, who is also a co-sponsor of the bill, writes:

Across the country, increasing restrictions on reproductive health care have been accompanied by heightened concerns about the potential misuse of patient data. While 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.

AB 2448 ensures these protections are implemented so that providers can segregate and protect reproductive health data when using electronic systems to input patient information. In an era where information sharing through electronic systems keeps expanding, it's imperative to ensure sensitive information isn't unduly exposed. Reproductive data is highly sensitive and personal and should be kept between a patient and provider if the patient so chooses. This fosters trust between the patient and provider which leads to improved communication and patient care. AB 2448 also addresses the threat of hostile anti-abortion actors seeking this type of information with ill intent.

SUPPORT

Attorney General Rob Bonta (co-sponsor)
Planned Parenthood Affiliates of California (co-sponsor)
Abortion Coalition for Telemedicine Access (ACT)
California Women's Law Center
Electronic Frontier Foundation
Los Angeles County

OPPOSITION

None received

RELATED LEGISLATION

SB 660 (Menjivar, Ch. 325, Stats. 2025) *See Comment 3.*

AB 352 (Bauer-Kahan, Ch. 255, Stats. 2023) *See Comment 2.*

AB 2091 (Bonta, Ch. 628, Stats. 2022), among other provisions, prohibited the sharing of specified information in response to subpoenas about out-of-state anti-abortion laws or penal civil actions.

AB 133 (Committee on Budget, Ch. 143, Stats. 2021) *See Comment 3.*

PRIOR VOTES:

Assembly Floor (Ayes 55, Noes 16)
Assembly Appropriations Committee (Ayes 10, Noes 2)
Assembly Privacy and Consumer Protection Committee (Ayes 11, Noes 3)
Assembly Health Committee (Ayes 12, Noes 3)
