

---

# SENATE COMMITTEE ON HEALTH

Senator Akilah Weber Pierson, Chair

---

**BILL NO:** AB 2448  
**AUTHOR:** Berman and Bauer-Kahan  
**VERSION:** February 20, 2026  
**HEARING DATE:** July 1, 2026  
**CONSULTANT:** Teri Boughton

**SUBJECT:** Medical information: confidentiality

**SUMMARY:** Requires a business that stores or maintains medical information in an electronic medical record system or electronic health record system on the provision of sensitive services to not only develop, but also enable capabilities, policies and procedures, as specified, to protect information related to gender affirming care, abortion and abortion-related services, and contraception.

**Existing law:**

- 1) Requires every provider of health care, health 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 contained therein. Subjects an entity who negligently creates, maintains, preserves, stores, abandons, destroys, or disposes of medical information to remedies and penalties. [CIV §56.101]
- 2) Requires business that maintain medical information, offer software or hardware, specified digital health services, and others, that electronically store or maintain medical information on the provision of sensitive services, including, but not limited to, an electronic health record system or electronic medical record system, on behalf of a provider of health care, health plan, pharmaceutical company contractor, or employer to develop capabilities, policies, and procedures by 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 in accordance with the law;
  - 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]
- 3) Requires specified fees for accessing, exchanging, or using electronic health information to be reasonable and based on costs, as specified, consistent with specified federal regulations. [CIV §56.101]
- 4) 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. [CIV §56.05]

- 5) Establishes the California Health and Human Services Data Exchange Framework (data exchange framework) which includes a single data sharing agreement and common set of policies and procedures that will leverage national standards for information exchange and data content, and that will govern and require the exchange of health information among health care entities and government agencies. [HSC §130290-§130291]
- 6) Requires, by January 31, 2024, health care organizations such as hospitals, physician organizations, skilled nursing organizations, health plans and health insurers to exchange health information or provide access to health information to and from other required health care organizations in real time as specified by the Department of Health Care Access and Information (HCAI) pursuant to the data exchange framework data sharing agreement for treatment, payment, or health care operations, with some exceptions for health care organizations, such as specified clinics, which are required to exchange or provide access to health information by July 1, 2026. [HSC §130290]
- 7) Excludes from the requirement in 6) above the exchange of health information related to abortion, abortion-related services, gender-affirming care, immigration or citizenship status, or place of birth. [HSC §130290]

**This bill:** Requires a business that electronically stores or maintains medical information in an electronic medical record system or electronic health record system on the provision of sensitive services to also enable, by July 1, 2024, the capabilities, policies and procedures described in existing law 2) above.

**FISCAL EFFECT:** According to the Assembly Appropriations Committee, there are no state costs.

**PRIOR VOTES:**

Senate Privacy, Digital Technologies, and Consumer Protection Committee:	7 - 1
Assembly Floor:	55 - 16
Assembly Appropriations Committee:	10 - 2
Assembly Privacy and Consumer Protection Committee:	11 - 3
Assembly Health Committee:	12 - 3

**COMMENTS:**

1) *Author’s statement.* 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. 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. 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. This bill reinforces state law to fully protect the privacy and security of

patients' sensitive medical records.

- 2) *21<sup>st</sup> Century Cures Act and federal rules.* This federal law was signed in 2016 and covers a wide range of topics from biomedical research to prevention and public health. According to a report by the Congressional Research Service, Title IV promotes the adoption and use of electronic health record technology. Final rules seek to improve interoperability by requiring certified health information technology products to adopt new and updated vocabulary and content standards, including common clinical data composed of standardized data elements and improving health information systems to transmit, receive, and use standardized clinical documents. The Office of the National Coordinator (ONC) has developed an interoperability road map which discusses the payment and regulatory drivers for promoting interoperability, and policy and technical components of a fully interoperable nationwide health information infrastructure. Challenges identified were legal and governance barriers to trusted information exchange. According to the federal ONC, there is a Trusted Exchange Framework and Common Agreement which outlines a common set of principles, terms, and conditions to support the development of a common agreement that helps enable the nationwide exchange of electronic health information across disparate health information networks. It is designed to scale electronic health information exchange nationwide and help ensure the health information networks, health care providers, health plans, individuals, and many more stakeholders have secure access to their electronic health information. A 2020 Final Rule issued by CMS indicates more than 95% of hospitals and 75% of office-based clinicians are utilizing certified health information technology, but challenges remain in creating a comprehensive, longitudinal view of a patient's health history.
- 3) *Data Exchange Framework.* The data exchange framework requires acute and psychiatric hospitals, physician organizations and medical groups, skilled nursing facilities, health plans, clinical labs, and other health and social service organizations (participants) who voluntarily choose to participate to sign the data exchange agreement and exchange health and social services information in real time starting January 31, 2024. Many of the data exchange framework roadmap pillars include recommendations that implicate individual privacy. The sharing of sensitive behavioral health, social service, and public health information as described in each pillar will require additional guidance, policies and potentially legislative changes that both safeguard and empower Californians' rights and abilities to determine and control when, what, why and how their sensitive information may be shared.
- 4) *Double referral.* This bill was heard in the Senate Privacy, Digital Technologies, and Consumer Protection Committee on June 8, 2026, and passed on a vote of 7-1.
- 5) *Prior legislation.* AB 660 (Menjivar, Chapter 325, Statutes of 2025) transfers the responsibility of the data exchange framework and data sharing agreement and its policies and procedures to HCAI. AB 660 also excludes from the requirement to exchange health information, gender affirming care, immigration or citizenship status, or place of birth. Abortion and abortion-related services are already excluded with the passage of AB 352.

AB 352 (Bauer-Kahan, Chapter 255, Statutes of 2023) requires specified businesses that electronically store or maintain medical information on the provision of sensitive services, by 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. AB 352 prohibits a health care provider, health 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. AB 352 exempts a health care provider from legal liability for damages or from civil or enforcement actions, as specified. AB 352 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.

- 6) *Support.* Attorney General (AG) Rob Bonta, a cosponsor, writes that increasing restrictions on reproductive health care have been accompanied by heightened concerns about the potential misuse of patient data, and 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. AG Bonta indicates 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, and this bill also addresses the threat of hostile anti-abortion actors seeking this type of information with ill intent. Planned Parenthood Affiliates of California (PPAC), another cosponsor, writes that this bill clarifies existing law to make clear that vendors must enable capacity for their customers so that patient records are protected against unauthorized disclosures. PPAC indicates this bill builds on the work of AB 352 to ensure that health record vendors both develop and enable the necessary technical capabilities to keep sensitive health care information properly protected.

**SUPPORT AND OPPOSITION:**

- Support:** Attorney General Rob Bonta (co-sponsor)  
 Planned Parenthood Affiliates of California (co-sponsor)  
 Abortion Coalition for Telemedicine Access  
 Access Reproductive Justice  
 American Academy of Pediatrics, California  
 American Civil Liberties Union California Action  
 American College of Obstetricians & Gynecologists - District IX  
 California Academy of Family Physicians  
 California State Council Service Employees International Union  
 California Women's Law Center  
 County of Los Angeles  
 Electronic Frontier Foundation  
 Equality California  
 Essential Access Health  
 Lieutenant Governor Eleni Kounalakis  
 Los Angeles LGBT Center  
 National Center for Youth Law  
 Reproductive Freedom for All California

- Oppose:** None received