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THIRD READING

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Bill No: AB 894  
Author: Carrillo (D), et al.  
Amended: 6/9/25 in Senate  
Vote: 21

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SENATE HEALTH COMMITTEE: 10-0, 6/18/25

AYES: Menjivar, Valladares, Durazo, Grove, Limón, Padilla, Richardson, Rubio,  
Weber Pierson, Wiener

NO VOTE RECORDED: Gonzalez

SENATE JUDICIARY COMMITTEE: 13-0, 7/1/25

AYES: Umberg, Niello, Allen, Arreguín, Ashby, Caballero, Durazo, Laird, Stern,  
Valladares, Wahab, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 71-0, 5/23/25 (Consent) - See last page for vote

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**SUBJECT:** General acute care hospitals: patient directories

**SOURCE:** Author

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**DIGEST:** This bill requires a hospital to inform a patient, at the time of admission, that the patient may restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory by having hospital personnel verbally inform the patient, and by using a separate paper or digital document that includes a check box for the patient to mark to restrict or prohibit the use of their information in the hospital's patient directory.

**ANALYSIS:**

Existing federal law:

- 1) Establishes, in federal law, the Health Information Portability and Accountability Act of 1996 (HIPAA), which provides privacy protections for a

patient's "protected health information," defined as individually identifiable health information, and prohibits a "covered entity," defined as a health plan, health care provider, or health care clearing house, from using or disclosing protected health information except as specified or as authorized by the patient in writing. [45 Code of Federal Regulations (CFR) §164.500, et seq.]

- 2) Permits a covered entity, under HIPAA, to use or disclose protected health information for purposes of facility patient directories, or to involve a family member or close personal friend in the patient's care, as long as the individual is informed in advance of the use or disclosure, and has the opportunity to agree to, or prohibit or restrict, the use or disclosure. [45 CFR §164.510]

Existing state law:

- 1) Licenses general acute care hospitals under the California Department of Public Health. Defines general acute care hospitals as hospitals that provide 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. [Health and Safety Code (HSC) §1250(a)]
- 2) Establishes the Confidentiality of Medical Information Act (CMIA), which prohibits a health care provider, health care service plan, or contractor from disclosing medical information regarding a patient without first obtaining authorization. [Civil Code (CIV) §56, et. seq.]
- 3) Defines "medical information," for purposes of the CMIA, as 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. [CIV §56.05(j)]
- 4) Defines "provider of health care," for purposes of the CMIA, as a person licensed as a health care professional, as specified, or a clinic, health dispensary, or health facility licensed by the California Department of Public Health, as specified. [CIV §56.05(p)]
- 5) Establishes the California Values Act (CVA), which prohibits California law enforcement agencies from using agency or department moneys or personnel to investigate, interrogate, detain, detect, or arrest persons for immigration enforcement purposes, among other provisions. [Government Code (GOV) §7284, et seq.]

- 6) Requires the Attorney General, as part of the CVA, to publish model policies limiting assistance with immigration enforcement to the fullest extent possible consistent with federal and state law at public schools, public libraries, health facilities operated by the state or a political subdivision of the state, and other state facilities, as specified, and requires all public schools, health facilities operated by the state or a political subdivision of the state, and courthouses to implement the model policy, or an equivalent policy. [GOV §7284.8]

This bill:

- 1) Requires a general acute care hospital to inform a patient, at the time of admission or as soon as reasonably possible in cases of patient incapacity or an emergency treatment circumstance, that the patient may restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory. Requires the hospital to inform the patient in both of the following manners:
  - a) Using a separate paper or digital document that only includes an acknowledgment of receipt of the hospital's notice of privacy practices required under federal law, as specified, and information regarding the hospital's directory and the included protected health information. Requires the separate document to include a check box for the patient to mark to restrict or prohibit use or disclosure of the protected health information in the hospital's patient directory; and,
  - b) Having the hospital personnel verbally inform the patient.
- 2) Requires the information provided to the patient to be made available or provided in the top five languages, other than English, in the hospital's service area.
- 3) Delays the implementation of this bill by six months, until July 1, 2026.

## Comments

*Author's statement.* According to the author, in a time where personal safety and privacy are more critical than ever, we must take immediate action to protect those who are most at risk. The current practice of listing patients' personal information in hospital directories, often without their full understanding, can lead to exposing individuals to threatening situations. Those facing sensitive circumstances, such as immigration issues, domestic violence, and human trafficking, deserve to feel protected when seeking health treatment. This bill will give vulnerable patients the

power to make an informed choice about whether their personal information should be accessible, ensuring that they are not put in a potentially dangerous situation. We must send a clear message to our most marginalized Californians that their right to privacy and safety is a top priority, regardless of their background. As lawmakers, it is our responsibility to guarantee that every patient seeking treatment can safely do so.

## **Background**

*HIPAA and hospital patient directories.* As described in existing federal law, under HIPAA, covered entities such as hospitals can disclose protected health information for purposes of a patient directory, as long as the individual is informed in advance and has the opportunity to prohibit or restrict the disclosure. Under these federal provisions of law, a hospital or other facility is permitted to disclose the following protected health information in the patient directory: the individual's name, the individual's location in the facility, the individual's condition described in general terms that does not communicate specific medical information, and the individual's religious affiliation. Members of the clergy can access religious affiliations reflected in the patient directory without asking for a person by name. All other persons seeking information must ask for the individual by name (religious affiliation is only disclosed to members of the clergy). The hospital is required to inform an individual of the protected health information that it may include in a directory, and the persons to whom it may disclose such information, and provide the individual with the opportunity to restrict or prohibit some or all of the uses or disclosures. There are provisions about permitting disclosure in a patient directory even when the opportunity to object cannot be practicably provided due to the individual's incapacity or an emergency treatment circumstance, if the disclosure is consistent with a prior expressed preference that is known to the hospital, or it is in the individual's best interest as determined by the health care provider. However, the hospital must inform the individual and provide an opportunity to object to uses or disclosures for directory purposes when it becomes practicable to do so. Patients who object to having their information included in a patient directory are typically told that by invoking this right, people inquiring by phone and visitors will be told "I have no information about this patient," and that no deliveries, including cards or flowers, will be forwarded.

*Repeal of Biden-era memorandum and new guidance from ICE led CHA to make a suggestion similar to this bill.* In October 2021, the U.S. Department of Homeland Security (US DHS) issued a memorandum to Immigrations and Customs Enforcement (ICE) and U.S. Customs and Border Protection (CBP) providing guidance on ICE and CBP enforcement actions in or near areas that "require

special protection.” This memo directed that to the fullest extent possible, enforcement action should not be taken “in or near a location that would restrain people’s access to essential services or engagement in essential activities.” These protected areas included, but were not limited to, schools, health care facilities, places of worship, places where children gather, social services establishments such as shelters, or a place where disaster or emergency response and relief is provided. On January 21, 2025, the new Acting Secretary of US DHS issued a memorandum rescinding the previous memorandum, stating that it is not necessary to “create bright line rules regarding where our immigration laws are permitted to be enforced.” Instead, law enforcement officers should use discretion and common sense, and suggested that the Director of ICE and the Commissioner of the CBP issue further guidance to assist officers in exercising enforcement discretion.

Following the action to rescind the memorandum, the California Hospital Association (CHA) issued a statement on January 27, 2025 reiterating California and federal laws that protect patient privacy and that prevent disclosure of patient information, and providing some recommendations to hospitals. In this statement, CHA noted that most hospitals maintain a hospital directory that lists patients’ names and room numbers. CHA points out that patients are informed at the time of admission of the existence of the hospital directory and their right to opt out of being listed. CHA noted, however, that many patients do not read hospitals’ Notice of Privacy Practices. CHA stated that hospitals may wish to bring this information to their patient’s attention by using a separate document or by having admitting personnel notify them verbally.

**FISCAL EFFECT:** Appropriation: No    Fiscal Com.: Yes    Local: Yes

Senate Rule 28.8

**SUPPORT:** (Verified 7/14/25)

Latino Coalition for a Healthy California

**OPPOSITION:** (Verified 7/14/25)

None received

**ARGUMENTS IN SUPPORT:** The Latino Coalition for a Healthy California (LCHC) writes in support that this bill addresses a critical gap in patient privacy practices that often leaves individuals vulnerable to unwanted exposure of their personal information during one of the most sensitive and stressful times in their lives. LCHC states that when a patient is admitted to a hospital, certain personal

details, including name, room number, general health status, and religious affiliation are entered into a hospital directory that can be accessed by callers or visitors who ask for the patient by name. LCHC states that although patients are given the opportunity to opt-out of this listing, the reality is that his right is often overlooked or misunderstood. The intake process typically involves a large volume of documentation, consent forms, and medical questionnaires, all of which must be reviewed and signed while a patient is experiencing physical discomfort, emotional distress, or even medical trauma. In such an environment, it is entirely understandable that patients might gloss over critical privacy details or be unaware that their information will be publicly accessible unless they take action to prevent it. LCHC states that this lack of clarity disproportionately impacts vulnerable populations, such as survivors of domestic violence, undocumented immigrants, LGBTQ+ individuals, and others who may fear being located or identified. The simple act of being listed in a director could compromise their safety, expose them to harassment, or deter them from seeking care altogether. According to LCHC, this bill proposes a straightforward solution by ensuring that patients are informed, in plain language about their right to opt-out of the directory.

ASSEMBLY FLOOR: 71-0, 5/23/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Calderon, Caloza, Carrillo, Castillo, Connolly, Davies, DeMaio, Dixon, Elhawary, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wilson, Zbur, Rivas

NO VOTE RECORDED: Bryan, Chen, Ellis, Nguyen, Sanchez, Schultz, Sharp-Collins, Wicks

Prepared by: Vincent D. Marchand / HEALTH / (916) 651-4111  
7/15/25 16:23:45

\*\*\*\* END \*\*\*\*