

CONCURRENCE IN SENATE AMENDMENTS

CSA1 Bill Id:AB 894 Author:(Carrillo)

As Amended Ver:August 27, 2025

Majority vote

SUMMARY

Requires a general acute care hospital (GACH) to inform a patient, at the time of admitting, or at the earliest time 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 by using a separate document or having hospital personnel verbally inform the patient, as specified.

Senate Amendments

- 1) Make the provisions of this bill operative on July 1, 2026;
- 2) Add the requirement that a hospital also inform a patient's representative of their right to restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory; and,
- 3) Define a "patient representative" as a person who has legal authority to make decisions regarding medical care on behalf of the patient.

COMMENTS

Sensitive areas. In 2011, the director of Immigration and Customs Enforcement (ICE) issued an internal memo directing officers to generally refrain from conducting enforcement actions, such as arrests, interviews, searches, and surveillance, at sensitive areas. These protected areas included hospitals, churches, and schools. However, on January 21, 2025, the Department of Homeland Security rescinded this policy. In response, on January 27th, 2025, the California Hospital Association released a statement addressing the Department's decision. One of their key recommendations was for hospitals to better inform patients of their right to opt-out of the patient directory, a crucial measure for safeguarding their privacy. To achieve this, hospitals were advised to either provide a separate document outlining this option or to have admitting personnel verbally notify patients.

Impact of "policing patients." In the past few years, states such as Florida and Texas have enacted policies that erode trust in healthcare and put healthcare facilities in the position of policing patients. Florida hospitals that accept Medicaid are now mandated to collect data on patients' immigration status, and Texas public hospitals are mandated to collect data on costs they incur to provide emergency and inpatient care for undocumented immigrants. This is despite evidence that immigrants don't use as much healthcare as U.S.-born people, and actually subsidize the healthcare of U.S. residents through their payment of insurance premiums and taxes.

According to a January 2025 Kaiser Family Foundation (KFF) brief, "*Key Facts on Health Coverage of Immigrants*," as of 2023, there were 47.1 million immigrants residing in the U.S., including 22.4 million noncitizen immigrants and 24.7 million naturalized citizens, who each accounted for about 7% of the total population. Many individuals live in mixed immigration status families that may include lawfully present immigrants, undocumented immigrants, and/or

citizens. One in four children has an immigrant parent, including over one in ten (12%) who are citizen children with at least one noncitizen parent. Overall, research shows that immigrants use less health care than U.S.-born citizens. Lower use of health care among immigrants likely reflects a combination of them being younger and healthier than their U.S.-born counterparts as well as them facing increased barriers to care including a higher uninsured rate, language access challenges, and immigration-related fears.

A KFF analysis of 2021 medical expenditure data shows that, on average, annual per capita health care expenditures for immigrants are about two-thirds of those who are U.S.-born citizens (\$4,875 vs. \$7,277). Recent research further finds that, because immigrants, especially undocumented immigrants, have lower health care use despite contributing billions of dollars in insurance premiums and taxes, they help subsidize the U.S. health care system and offset the costs of care incurred by U.S.-born citizens.

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. The author states that 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. The author argues that 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. The author concludes, that as lawmakers, it is our responsibility to guarantee that every patient seeking treatment can safely do so.

Arguments in Support

The Latino Coalition for a Healthy California (LCHC) supports this bill and states that it 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.

Arguments in Opposition

None.

FISCAL COMMENTS

According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, negligible state costs.

VOTES:

ASM HEALTH: 16-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Rogers, Carrillo, Flora, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Sanchez, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa

ASSEMBLY FLOOR: 71-0-8

YES: 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

ABS, ABST OR NV: Bryan, Chen, Ellis, Nguyen, Sanchez, Schultz, Sharp-Collins, Wicks

SENATE FLOOR: 40-0-0

YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

UPDATED

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