
SENATE COMMITTEE ON APPROPRIATIONS

Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

SB 1323 (Rubio) - Health care providers: patient access: immigration enforcement

Version: April 23, 2026

Urgency: No

Hearing Date: May 4, 2026

Policy Vote: HEALTH 7 - 2, JUD. 11 - 2

Mandate: Yes

Consultant: Agnes Lee

Bill Summary: SB 1323 would require health care provider entities to inform staff and relevant volunteers on how to respond to requests by a person who is in lawful custody by immigration enforcement to notify a family member or designated support person about their current location.

Fiscal Impact: Unknown ongoing costs, likely hundreds of thousands, for the California Department of Public Health (CDPH) for state administration (Licensing and Certification Fund).

Background: Current state law requires a health care provider entity, to the extent possible, to establish or amend procedures for monitoring, documenting, and receiving visitors to health care provider entities. Health care provider entities are encouraged to post a "notice to authorities" at facility entrances. Health care provider entity personnel must immediately notify health care provider entity management, administration, or legal counsel of any request for access to a health care provider entity site or patient for immigration enforcement. Health care provider entity personnel must also immediately provide any requests for review of health care provider entity documents, including through a lawfully issued subpoena, warrant, or court order, to health care provider entity management, administration, or legal counsel. If a request is made to access a health care provider entity site or patient, including to obtain information about a patient or their family, for immigration enforcement, health care provider entity personnel must direct that request to the designated health care provider entity management, administrator, or legal counsel.

Current state law also requires a health care provider entity to designate areas where patients are receiving treatment or care, or where a patient is discussing protected health information, as nonpublic. The facility is encouraged to designate these areas through mapping, signage, key entry, policy, or a combination of those. Unless required by state or federal law, a health care provider entity and its personnel cannot allow any person access to the nonpublic areas of the facility for immigration enforcement purposes, unless that person has a valid judicial warrant or court order that specifically grants access to the nonpublic areas of the facility. A health care provider entity and its personnel must, to the extent possible, have the denial of permission for access to nonpublic areas of the facility witnessed and documented by at least one health care provider entity personnel. Health care provider entities must inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grants access to health care provider entity sites or to patients.

Proposed Law: Specific provisions of the bill would:

- Require, rather than require “to the extent possible,” a health care provider entity to establish or amend procedures for monitoring, documenting, and receiving visitors to health care provider entities.
- Require, rather than encourage, health care provider entities to post a “notice to authorities” at facility entrances.
- Require the “notice to authorities” to state that no person will be permitted to access nonpublic areas of a facility for immigration enforcement purposes unless required by state or federal law or pursuant to a valid physical judicial warrant or court order.
- Require health care provider entities to inform staff and relevant volunteers on how to respond to requests by a person who is in lawful custody by immigration enforcement to notify a family member or designated support person about their current location.

Related Legislation: SB 915 (Menjivar) would impose requirements at health care provider entity facilities when a patient is accompanied by an immigration enforcement officer while receiving treatment or care. The bill is scheduled to be heard May 4, 2026 in this committee.

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