

Date of Hearing: June 9, 2026

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
SB 1323 (Rubio) – As Amended April 23, 2026

**SENATE VOTE:** 30-9

**SUBJECT:** Health care providers: patient access: immigration enforcement.

**SUMMARY:** Requires a health care provider entity 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. Strengthens existing provisions of law regarding health care providers establishing procedures restricting access to nonpublic areas of the facility for immigration enforcement purposes by removing “to the extent possible,” and by requiring, rather than encouraging, providers to post a notice to authorities at facility entrances regarding the visitation and access policy. Requires the notice 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.

**EXISTING LAW:**

- 1) Establishes the Confidentiality of Medical Information Act (CMIA), which prohibits a health care provider, health plan, or contractor from disclosing medical information regarding a patient without first obtaining authorization. [Civil Code (CIV) § 56, *et. seq.*]
- 2) 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,” 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.*]
- 3) Requires, under federal law, hospitals to protect and promote patient’s rights, including the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital. [42 CFR § 482.13]
- 4) Requires hospitals to adopt a written policy on patients’ rights and lists certain rights that must be included. Includes the right to designate visitors of patients’ choosing, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
  - a) No visitors are allowed; or,
  - b) The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the staff, or other visitor to the facility, or would significantly disrupt the operations of the facility. [Title 22 California Code of Regulations § 70707]

- 5) Prohibits a health care provider entity and its personnel, unless required by state and federal law, from allowing 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. Defines “health care provider entity” broadly, to include hospitals, clinics, and individual health care providers. [Health and Safety Code (HSC) § 24251(b) and § 24252]
- 6) Requires a health care provider entity, to the extent possible, to establish procedures for monitoring, documenting, and receiving visitors to health care provider entities that are consistent with 5) above, and encourages health care provider entities to post a “notice to authorities” at facility entrances. [HSC § 24250(a)]
- 7) Requires health care provider entities to inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grants access to its sites or to patients. [HSC § 24250(d)]
- 8) 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.*]
- 9) 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]

**FISCAL EFFECT:** According to the Senate Appropriations Committee, unknown ongoing costs, likely hundreds of thousands, for the California Department of Public Health (DPH) for state administration (Licensing and Certification Fund).

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, this bill reinforces a basic principle: people do not lose their fundamental rights when they are in custody, especially when they are receiving medical care. This bill strengthens patient privacy protections and ensures that individuals in Immigration and Customs Enforcement (ICE) custody are treated with dignity while hospitalized. Recent cases show that individuals in ICE custody are sometimes denied access to their loved ones, legal counsel, and support systems while in the hospital. The author states that this bill makes clear that these rights must be respected and ensures that people in ICE custody can communicate with family members and receive support during medical treatment. The author argues that being in ICE custody should not mean being cut off from loved ones or basic human support, particularly during times of illness or injury. The author continues that by clarifying and strengthening these protections, this promotes accountability and ensures that individuals in custody are treated fairly and humanely. The author concludes that this bill affirms that everyone deserves respect, care, and connection no matter their circumstances.

## 2) BACKGROUND.

- a) **KFF Health News article on hospitalized ICE detainees.** In an article published by KFF Health News on January 30, 2026 (*'I Can't Tell You': Attorneys, Relatives Struggle to Find Hospitalized ICE Detainees*), family members and attorneys for patients hospitalized after being detained by federal immigration officials said they are facing extreme difficulty trying to locate patients, get information about their well-being, and provide them emotional and legal support. Many hospitals refuse to provide information or allow contact with these patients, and instead are allowing immigration officers to call the shots on how much, if any, contact is allowed. The article cited a case of a 43-year-old man with terminal kidney disease who survived a heart attack in November 2025 and was detained on December 8 while resting outside after coming home from dialysis treatment. His wife was able to follow him when he was moved from a temporary holding facility in downtown Los Angeles to the Adelanto detention center, but when he was hospitalized, she was not able to locate him. Eventually, two days before Christmas, ICE called to inform them he was at Victor Valley Global Medical Center, where they found him intubated and unconscious, his arm and leg still handcuffed to the hospital bed. He'd had a severe seizure on December 20, but no one had told his family or legal team. He was eventually cleared to go home on January 5, and still faces deportation proceedings. According to the article, hospitals have used blackout policies, which can include registering a patient under a pseudonym, removing their name from the hospital directory, or prohibiting staff from even confirming that a patient is in the hospital. A California Hospital Association spokesperson was quoted as saying that "there are times when hospitals will, at the request of law enforcement, maintain confidentiality of patients names and other identifying characteristics."
- b) **Patients' Rights.** California regulations, as noted above, require hospitals and medical staffs to adopt a written policy on patient's rights, which are required to be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. These regulations require patients to be able to exercise their rights without discrimination, including on the basis of national origin. The rights include, but are not limited to, the following (pertinent to this bill):
- i) Participate actively in decisions regarding medical care, and to the extent permitted by law, this includes the right to refuse treatment;
  - ii) Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual;
  - iii) Confidential treatment of all communications and records pertaining to the care and stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care;
  - iv) Be informed of continuing health care requirements following discharge from the hospital; and,
  - v) Designate visitors of the patient's choosing, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:

- (1) No visitors are allowed; or,
- (2) The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.

Under federal regulations, hospitals are required to inform each patient, or when appropriate, the patient's representative, of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. The federal regulations have some overlap in the listing of patient's rights, but among other rights they include the right to have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital.

- c) **CVA and Attorney General Guidance.** SB 54 (De León), Chapter 495, Statutes of 2017, enacted the CVA, which limits state and local law enforcement involvement in federal immigration enforcement. In addition, SB 54 requires the Attorney General (AG) 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, courthouses, Division of Labor Standards Enforcement facilities, the Agricultural Labor Relations Board, the Division of Workers Compensation, and shelters, and ensuring that they remain safe and accessible to all California residents, regardless of immigration status. SB 54 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.

In 2018, then-California AG Xavier Becerra issued a guide to California's healthcare facilities, and current AG Rob Bonta issued updated guidance in December 2024 titled "Promoting Safe and Secure Healthcare Access for All - Guidance and Model Policies to Assist California's Healthcare Facilities in Responding to Immigration Issues." The guide promulgates model policies that must be adopted and implemented (unless equivalent policies are adopted and implemented) by all health care facilities operated by the State or a political subdivision of the State (such as a county), and that all other related organizations and entities are encouraged to adopt. The language in the guide states it is intended to help California health care facility officials form practical plans to protect the rights of patients and their families, and it discusses procedures for responding to immigration enforcement actions and requests for immigration-related information directed at health care facilities.

- 3) **SUPPORT.** The Inland Coalition for Immigrant Justice (IC4IJ) is a cosponsor of this bill and states that it strengthens existing patient privacy protections by clarifying that individuals in ICE custody retain their fundamental rights while receiving medical care. The bill ensures detainees have the opportunity to inform their emergency contact of their injuries and treatment plan. IC4IJ notes that since the beginning of the current federal administration IC4IJ has documented the increasing abuses immigrant detainees are being subjected to in federal custody, including severe medical neglect and inhumane living conditions. 2025 was the deadliest year for ICE detention since the creation of the Department of Homeland Security. In fact, there have been at least 4 deaths at the Adelanto ICE Processing Center

since 2025, and these deaths can be traced back to systemic and intentional medical neglect. In many of these cases, and in those that don't end in death, detainees are rushed to the hospital after being consistently denied medical care and forced to endure until their conditions become deadly. IC4IJ concludes that SB 1323 requires health care entities to establish procedures for responding to requests made by individuals in immigration custody to notify an emergency contact of their current location while receiving medical care. This requirement is intended to ensure communication and accountability across health care settings, reduce delays or confusion in responding to requests, and help prevent the isolation of individuals in custody during medical treatment.

The California Chapter of the American College of Emergency Physicians (California ACEP) holds firmly to the bedrock principle that emergency departments are a safe space for all individuals to seek and receive care. Recent immigration enforcement efforts have raised questions and concerns about the safety of medical care for immigrant populations. This is a confusing and frightening time for many patients, their loved ones, and our member physicians. California ACEP states that no one should delay seeking emergency medical care out of fear.

#### **4) RELATED LEGISLATION.**

- a)** SB 942 (Caballero) would require a civil confinement facility not otherwise licensed, certified, designated, or approved under state law or local ordinance to file an annual registration with DPH in a form and manner it prescribes. SB 942 would require the facility, in its registration, to identify the operator, facility location, contracting entity, maximum capacity, and the standards of care and confinement in any operating contract of the facility. SB 942 would prohibit DPH from denying registration except for failure to submit required information. SB 942 would require an operator to comply with specified standards and requirements, including any applicable federal, state, and local health and safety law, and any standards of care and confinement set forth in a contract or agreement. SB 942 would permit DPH, for civil confinement facilities that are not licensed or certified but are instead registered under the bill, to enforce it with cease and desist orders, with civil penalties not exceeding \$25,000 per violation per day, and by suspending the facility's registration for repeated or uncured violations. SB 942 is pending referral in the Assembly.
- b)** SB 995 (Pérez) would enact the Masuma Khan Justice Act to permit DPH to inspect an involuntary residential facility, which is defined to include a civil commitment facility, for the limited purpose of ensuring sanitary, hygienic, and safe conditions, to enforce penalties for any violations based on the administrative penalty structure for DPH-licensed long term care facilities, and would require DPH to establish objective, measurable standards for all involuntary residential facilities to ensure the health and safety of residents. SB 995 would specify that its provisions permitting inspection and enforcement do not require licensure or otherwise subject an involuntary residential facility to the regulatory scheme applicable to facilities licensed by DPH. SB 995 is pending referral in the Assembly.

#### **5) PREVIOUS LEGISLATION.**

- a)** AB 894 (Carrillo), Chapter 384, Statutes of 2025 requires a general acute care hospital 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.

- b) SB 81 (Arreguín), Chapter 123, Statutes of 2025 prohibits a health care provider entity and its personnel, unless required by state and federal law, from granting access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order.
  - c) SB 54 (De León), Chapter 495, Statutes of 2017 enacted the CVA to limit the involvement of state and local law enforcement agencies in federal immigration enforcement.
  - d) AB 699 (O'Donnell, Chiu, and Kalra), Chapter 493, Statutes of 2017 requires the AG to publish model policies limiting assistance with immigration enforcement at public schools, requires local educational agencies to adopt the model policies or equivalent policies, and provides education and support to immigrant students and their families.
- 6) **DOUBLE REFERRAL.** This bill is double referred, upon passage of this committee, it will be referred to the Assembly Judiciary Committee.
- 7) **AMENDMENTS.** In order to address committee and stakeholder concerns, the author is proposing to amend this bill as follows:
- a) To clarify that the “notice to authorities” must only be posted at the main entrance to a facility;
  - b) To delete the word “lawful” from the requirement that staff and volunteers be informed on how to respond to requests by a person who is in “lawful” custody, as a facility will not know if custody is “lawful” or not; and,
  - c) To sunset the provisions of this bill on January 1, 2030.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

Inland Coalition for Immigrant Justice (sponsor)  
California Chapter of the American College of Emergency Physicians

##### **Opposition**

None on file

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