Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
SB 1323 (Rubio) – As Amended June 18, 2026

SENATE VOTE: 30-9

SUBJECT: HEALTH CARE PROVIDERS: PATIENT ACCESS: IMMIGRATION ENFORCEMENT

SYNOPSIS

Last year, in response to immigration enforcement activity in and around hospitals and other health care facilities, the Legislature enacted SB 81 (Arreguin) Chap. 123, Stats. 2025. In part, SB 81 codified the Attorney General's guidance regarding responding to immigration enforcement and required certain health care entities to restrict access to nonpublic areas of their facilities, absent a valid judicial warrant. This bill seeks to further strengthen those provisions by specifying the content of a required notice, clarifying where the notice should be posted, and, most notably, requiring health care providers to educate staff and volunteers on how to respond to requests by individuals in immigration custody who wish to notify a family member or designated support person about their location. This last provision reflects a devastating trend that has arisen of individuals in immigration detention who suffer health challenges being unable to alert their loved ones when they are hospitalized or need treatment during their detention. Until recently, this bill was opposed by the California Dental Association (CDA) who requested that private dental offices be excluded from the bill, but recent amendments appear to have assuaged their concerns.

This bill is sponsored by the Inland Coalition for Immigrant Justice. It is further supported by the American Academy of Pediatrics, California, the California Chapter of the American College of Emergency Physicians, the California Immigrant Policy Center, and the Women Lawyers of Sacramento. This bill was previously heard by the Assembly Committee on Health where it passed on a vote of 11-3.

SUMMARY: Strengthens the existing notice requirement for health care facilities relating to immigration enforcement in nonpublic areas and requires health care entities to inform staff and volunteers on how to respond to requests by a person who is in immigration custody to notify a family member or designated support person about their location. Specifically, **this bill**:

1) Eliminates the flexibility that health care provider entities establish or amend procedures for monitoring, documenting, and receiving visitors to health care providers, and posting a "notice to authorities" at the facility entrances "to the extent possible," thereby making the directives mandatory.

2) 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.

3) Defines "main public entrance" as a singular entrance, as designated by the facility, that serves as a primary point of access that patients and visitors use to enter the main health facility's building.

4) Prohibits health care provider personnel from allowing access to nonpublic areas of the facility, unless required by state or federal law, unless the person requesting access has a valid physical judicial warrant.

5) Requires health care provider entities to inform staff and relevant volunteers on how to respond to requests by a person who is in custody by immigration enforcement to notify a family member or designated support person about their current location.

6) Sunsets 1) – 5) and their respective sections on January 1, 2030.

7) Establishes all of the following, beginning of January 1, 2030:

    a) 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 as specified. Encourages health care providers to post a "notice to authorities" at facility entrances;

    b) Requires health care provider entity personnel to 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;

    c) Requires health care provider entity personnel to 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.

    d) Requires health care provider entity personnel to direct any request made to access a health care provider entity site or patient, including to obtain information about a patient or their family, for immigration enforcement, to the designated health care provider entity management, administrator, or legal counsel.

    e) 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 in order to enhance privacy available to facility users and promote a safe environment conducive to the facility's mission and patient care. Encourages facilities to designate these areas through mapping, signage, key entry, policy, or a combination of those.

    f) Prohibits a health care provider entity and its personnel from allowing any person access to the nonpublic areas of the facility, unless required by state or federal law, for immigration purposes, unless that person has a valid physical judicial warrant or court order that specifically grants access to the nonpublic areas of the facility.

    g) Requires a health care provider entity and its personnel, to the extent possible, to 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.

h) 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 health care provider entity sites or to patients.

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 Section 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) Section 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 present and his or her own physician notified promptly of his or her admission to the hospital. (42 CFR Section 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 Section 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 Sections 24251 (b), 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. (Health and Safety Code Section 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. (Health and Safety Code Section 24250 (d).)

8) Establishes the California Values Act, 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 Section 7284 *et seq*.)

9) Requires the Attorney General, as part of the Values Act, 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. (Government Code Section 7284.8.)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: Since at least 2007, Immigrations and Customs Enforcement (ICE) had considered healthcare facilities to be "sensitive locations," and sharply restricted ICE activity at or surrounding such facilities absent exigent circumstances. The Biden administration reiterated that restriction in a 2021 memo that directed "[t]o the fullest extent possible, [ICE and CBP] should not take enforcement action in or near a location that would restrain people's access to essential services or engagement in essential activities. Such a location is referred to as a 'protected area.'" The memo went on to describe a number of protected areas, including "a medical or mental healthcare facility, such as a hospital, doctor's office, health clinic, vaccination or testing site, urgent care center, site that serves pregnant individuals, or community health center." In justifying the directive, the memo stated the "need to consider the fact that an enforcement action taken near – and not necessarily in—the protected area can have the same restraining impact on an individual's access to the protected area itself. […] The fundamental question is whether our enforcement action would restrain people from accessing the protected area to receive essential services or engage in essential activities." (U.S. Department of Homeland Security, *Guidelines for Enforcement Actions in or Near Protected Areas*, October 27, 2021 available at: https://www.dhs.gov/sites/default/files/2022-06/ICE%20-%20Immigration%20Enforcement%20at%20Sensitive%20Locations.pdf.)

On January 21, 2025, the first full day of the second Trump administration, Acting Department of Homeland Security (DHS) Secretary Benjamine Huffman rescinded the Biden directive stating that it "thwart[ed] law enforcement in or near so-called 'sensitive' areas.'" (U.S. Department of Homeland Security, *Statement from a DHS Spokesperson on Directives Expanding Law Enforcement and Ending the Abuse of Humanitarian Parole,* January 21, 2025 available at: https://www.dhs.gov/news/2025/01/21/statement-dhs-spokesperson-directives-expanding-law-enforcement-and-ending-abuse.) On January 31, 2025, DHS issued a new directive stating they were "not issuing rules regarding where immigration laws are permitted to be enforced. Instead […] the ICE Director charges Assistant Field Office Directors and Assistant Special Agents in Charge with responsibility for making case-by-case determinations regarding whether, where and when to conduct an immigration enforcement action in or near a protected area." (U.S. Department of Homeland Security, *ICE Directive Common Sense Enforcement Actions in or Near Protected Areas,* January 31, 2025 available at: https://www.ice.gov/about-ice/ero/protected-areas.) In March, the Department issued yet another directive reverting back to the 2021 policy only in relation to places of worship. (U.S. Department of Homeland Security, *Enforcement Actions in or Near Places of Worship – Injunction,* March 2025 available at:

https://www.ice.gov/about-ice/ero/protected-areas.) Whatever the status of "sensitive locations," President Trump has carried out an undeniably austere immigration enforcement campaign that has pushed communities into the shadows due to the fear that they may be taken from their families and communities if they opt to access critical services at these locations.

Moreover, many people have been restricted from accessing necessary health care while in immigration detention. Last year, 58-year-old Emma Marcela Crespin de Paz, a food vendor from Los Angeles, was detained for five months in the Adelanto immigration detention facility. Prior to her detention, de Paz was already battling high blood pressure and diabetes. She was detained without her medication, and had to be hospitalized at least twice during her time in detention. Neither the hospital nor ICE notified de Paz's family about her hospitalization, instead the family was alerted through community networks. (George B. Sanchez-Tello, *After ICE arrests come health scares for the detained* (December 2, 2025) CalMatters available at: https://calmatters.org/commentary/2025/12/ice-health-scares-for-detained/.)

Pursuant to requirements imposed by the California Values Act, the Attorney General has developed and published model policies for certain entities to limit assistance with immigration enforcement to the greatest extent possible consistent with federal and state law. These entities include public schools, libraries, and health facilities operated by the state, courthouses, among various others. Recognizing the threat to immigrant communities who need access to health care facilities, last year the Legislature approved SB 81 (Arreguin) Chap. 123, Stats. 2025. In part, SB 81 codified the Attorney General's model policies. SB 81 imposes various requirements on health care providers to protect the privacy and wellbeing of patients by developing procedures for monitoring visitors to the entities, notifying administrators and legal counsel of requests for access for purposes of immigration enforcement, and designating certain areas of the facility as nonpublic and require a valid judicial warrant or court order to access those areas.

This bill aims to strengthen those existing standards in order to ensure patients in California's health care provider facilities the greatest degree of privacy possible and promote their ability to alert their family members to their wellbeing.

According to the author:

> SB 1323 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 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. SB 1323 makes clear that these rights must be respected. It ensures that people in ICE custody can communicate with family members and receive support during medical treatment. This bill is about preventing isolation and protecting patient well-being. Being in custody should not mean being cut off from loved ones or basic human support, particularly during times of illness or injury. Access to communication and care is essential to a patient's health, safety, and dignity. By clarifying and strengthening these protections, SB 1323 promotes accountability and ensures that individuals in custody are treated fairly and humanely. California has long been a leader in protecting patient rights, and this bill continues that commitment. SB 1323 affirms that everyone deserves respect, care, and connection no matter their circumstances.

This bill amends two of the statutes enacted via SB 81.

Currently, Health and Safety Code Section 24250 requires health care provider entities to develop procedures for monitoring, documenting, and receiving visitors consistent with the provisions of SB 81, to the extent possible. It also requires entities to post a "notice to authorities" at facility entrances, notify management or counsel of any request for access to a facility for immigration enforcement or review of health documents, and to direct any request for access to a site or patient or their family for purposes of immigration enforcement to management or legal counsel.

SB 1323 amends Section 24250 to eliminate the flexibility in the statute's mandate by striking the clause "to the extent possible," making the language wholly mandatory. The bill also requires the notice to be posted at the facility's main public entrance, rather than at "facility entrances," and defines "main public entrance" as a singular entrance, as designated by the facility, that serves as a primary point of access that patients and visitors use to enter the main health facility's building. The bill also specifies that the notice must 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." The bill also includes a sunset clause which would repeal the statute on January 1, 2030.

Existing Section 24251 imposes requirements on health care providers to designate areas where patients are receiving treatment or care as nonpublic, and to require a warrant prior to authorizing entry to those areas. SB 1323 also amends Section 24251 to add two provisions: one requiring provider entities to inform staff and relevant volunteers on how to respond to requests by a person who is in custody by immigration enforcement to notify a family member or designated support person about their current location; and another sunsetting the statute on January 1, 2030. To conform Section 24751 with the new provision relating to valid physical warrants in Section 24250, the bill also modifies Section 24751 to require a valid physical warrant from an individual intending to enter the entity's nonpublic areas.

The bill also enacts a new Section 24250 and 24251, effective January 1, 2030, which revert both to how the relevant statute reads today.

ARGUMENTS IN SUPPORT*:* This bill is sponsored by the Inland Coalition for Immigrant Justice. It is further supported by the American Academy of Pediatrics, California, the California Chapter of the American College of Emergency Physicians, the California Immigrant Policy Center, and the Women Lawyers of Sacramento. In support of their bill, the Inland Coalition for Immigrant Justice submits:

> SB 1323 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. By reinforcing these protections, the measure aims to safeguard patient well-being and promote accountability in the treatment of individuals in custody.
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> Since the beginning of the current federal administration, we've 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.1 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. Through our legal services, we have worked with clients who have been hospitalized when they were in federal custody, and they've shared the blockades ICE places on their communications, in many cases outright denying them emergency phone calls to inform their loved ones of their condition or location. Legal providers we work with have frequently shared the difficulties they experience locating their clients when they are hospitalized because federal agents abuse existing "black out" policies to hide where detainees are hospitalized. SB 1323 is necessary to protect against these abuses and ensure detainees retain their rights, especially when they are in incredibly vulnerable positions.

According to ICE guidelines, individuals in custody should have access to a telephone, receive visits from family and friends, and be afforded private consultation with legal counsel. While the agency may make certain administrative decisions, including those related to visitation when a detainee is hospitalized, it is expected to defer to hospital policies regarding contact with next of kin in cases of serious illness. However, recent cases suggest that ICE has failed to uphold these basic human rights standards, resulting in denied rights, worsening medical conditions, and, in some instances, death.

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.

REGISTERED SUPPORT / OPPOSITION:

Support

Inland Coalition for Immigrant Justice (sponsor)
American Academy of Pediatrics, California
California Chapter of the American College of Emergency Physicians
California Immigrant Policy Center
Women Lawyers of Sacramento

Opposition

None on file

Analysis Prepared by: Manuela Boucher-de la Cadena / JUD. / (916) 319-2334