SENATE THIRD READING
SB 1323 (Rubio)
As Amended June 18, 2026
Majority vote

SUMMARY

Requires, until January 1, 2030, a health care provider entity 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. 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.

COMMENTS

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 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."

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):

1) Participate actively in decisions regarding medical care, and to the extent permitted by law, this includes the right to refuse treatment;

2) 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;

3) 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;

4) Be informed of continuing health care requirements following discharge from the hospital; and,

5) Designate visitors of the patient's 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 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.

California Values Act (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.

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.

Arguments in 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 this bill 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.

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, potential costs of an unknown but likely minor amount to a health care provider entity administered by a county, city, or other local public jurisdiction, to inform staff and volunteers on how to respond to requests in immigration enforcement situations and to establish procedures and post a "notice to authorities" at a facility's public entrances. These costs are potentially state-reimbursable from the General Fund, subject to a determination by the Commission on State Mandates, should a facility submit a claim. The California Department of Public Health anticipates no costs.

VOTES

SENATE FLOOR: 30-9-1
YES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Cortese, Durazo, Gonzalez, Grayson, Hurtado, Laird, Limón, McGuire, McNerney, Menjivar, Padilla, Pérez, Reyes, Richardson, Rubio, Smallwood-Cuevas, Stern, Umberg, Wahab, Weber Pierson, Wiener
NO: Alvarado-Gil, Choi, Dahle, Grove, Jones, Ochoa Bogh, Seyarto, Strickland, Valladares
ABS, ABST OR NV: Niello

ASM HEALTH: 11-3-2
YES: Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Elhawary, Patel, Celeste Rodriguez, Sharp-Collins, Stefani
NO: Johnson, Patterson, Sanchez
ABS, ABST OR NV: Chen, Schiavo

ASM JUDICIARY: 9-3-0
YES: Kalra, Bauer-Kahan, Bryan, Connolly, Harabedian, Pacheco, Papan, Stefani, Zbur
NO: Macedo, Dixon, Sanchez

ASM APPROPRIATIONS: 11-3-1
YES: Wicks, Arambula, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
NO: Dixon, Ta, Tangipa
ABS, ABST OR NV: Hoover

UPDATED

VERSION: June 18, 2026

CONSULTANT: Lara Flynn / HEALTH / (916) 319-2097 FN: 0003347