UNFINISHED BUSINESS

Bill No: SB 1323
Author: Rubio (D), et al.
Amended: 6/18/26
Vote: 21

SENATE HEALTH COMMITTEE: 7-2, 4/15/26
AYES: Weber Pierson, Caballero, Durazo, Gonzalez, Padilla, Rubio, Smallwood-Cuevas
NOES: Valladares, Grove
NO VOTE RECORDED: Menjivar, Pérez

SENATE JUDICIARY COMMITTEE: 11-2, 4/21/26
AYES: Umberg, Allen, Ashby, Caballero, Durazo, Laird, Reyes, Stern, Wahab, Weber Pierson, Wiener
NOES: Niello, Valladares

SENATE APPROPRIATIONS COMMITTEE: 5-2, 5/14/26
AYES: Cervantes, Cabaldon, Grayson, Richardson, Wahab
NOES: Seyarto, Dahle

SENATE FLOOR: 30-9, 5/19/26
AYES: 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
NOES: Alvarado-Gil, Choi, Dahle, Grove, Jones, Ochoa Bogh, Seyarto, Strickland, Valladares
NO VOTE RECORDED: Niello

ASSEMBLY FLOOR: 62-12, 8/25/26 - See last page for vote

SUBJECT: Health care providers: patient access: immigration enforcement

SOURCE: Author

DIGEST: This bill 1) requires health care providers to inform staff on how to respond to requests by a person who is in custody by immigration enforcement to notify a family member or support person about their current location; 2) requires, rather than encourages under existing law, providers to post a notice to authorities at facility entrances regarding the visitation and access policy; and 3) requires this 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.

Assembly Amendments limited the posting requirement to the main public entrances, as defined, added a January 1, 2030 sunset date, and made technical and clarifying changes.

ANALYSIS:

Existing law:

1) Establishes the Confidentiality of Medical Information Act, 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, 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. [Title 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. Among these rights is 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. [22 California Code of Regulations (CCR) §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 providers. [Health and Safety Code (HSC) §24251(b) and §24252]

6) Requires a health care provider entity, to the extent possible, 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]

This bill:

1) Requires health care providers 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.

2) Revises a requirement that a health care provider, to the extent possible, establish or amend procedures for monitoring, documenting, and receiving visitors to health care entities, related to restricting access to nonpublic areas of the facility for immigration enforcement purposes, by removing "to the extent possible," so that this is an absolute requirement.

3) Requires health care providers, rather than encourages under existing law, to post a "notice to authorities" at the facility's main public entrances regarding the visitation and access policy. Requires this 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.

4) Defines "main public entrance," for purposes of the notice in 3) above, 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.

5) Sunsets the provisions of this bill on January 1, 2030.

Background

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." When a patient is in law enforcement custody, hospitals frequently agree to restrict this kind of information sharing and access. According to an emergency physician in Minnesota quoted by the article, the rationale is that these measures prevent unauthorized outsiders from threatening the patient or law enforcement personnel, given that hospitals lack the security infrastructure of a prison or detention center. High profile patients, such as celebrities, also sometimes request this type of protection. According to the article, ICE guidelines say contact and visits from family and friends should be allowed within security and operational constraints, and detainees have a constitutional right to speak confidentially with an attorney. However, the Minnesota emergency physician was quoted as saying that hospitals fall into a gray area on enforcing these rights, since they are primarily focused on treating medical needs.

Patient rights. There are hospital patient rights requirements under both federal and state law. California regulations (22 CCR §70707) 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):

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

- Be informed of continuing health care requirements following discharge from the hospital; and
- Designate visitors of the patient's choosing, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless: no visitors are allowed; or, 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.

Federal regulations also require hospitals to protect and promote patient's rights (42 CFR §482.13). Under these 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, it includes 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.

The CVA and guidance from California Department of Justice. The CVA was enacted in 2017 following the first Trump Administration's executive orders outlining a deportation strategy that planned to rely on local law enforcement as "force multipliers' of immigration agents. The CVA prohibited California law enforcement agencies from using their resources to investigate, interrogate, detain, detect, or arrest persons for immigration purposes, including inquiring into an individual's immigration status, or detaining an individual on the basis of a hold request issued by an immigration authority, with certain exceptions. Additionally, the CVA directed the Attorney General to prepare and publish model policies limiting assistance with immigration enforcement to the fullest extent possible consistent with federal and state law at public schools, libraries, health facilities operated by the state or a political subdivision of the state, and "all other organizations and entities that provide services related to physical or mental health and wellness," among other locations.

In compliance with the CVA, then-Attorney General Xavier Becerra issued a guide to California's health care facilities in 2018, and Attorney General Bonta published a new edition in December of 2024, entitled "Promoting Safe and Secure Healthcare Access for All: Guidance and Model Policies to Assist California's Healthcare Facilities in Responding to Immigration Issues." This guide issued policy recommendations in the following topics: gathering and handling patient and family health information; sharing patient and family health information; and, responding to requests for physical access to facilities for immigration enforcement

purposes. On gathering information, the policy recommendations include limiting collection of information about immigration status and national origin to only that which facilities are required by law to collect, such as when required for health insurance coverage, and to avoid including that information in the patient's medical and billing records. On sharing information, the guide notes that health care facilities and their providers are required to protect patient information, and in most circumstances must obtain consent from the patient before any information is disclosed.

Still, the guide recommends that health care facilities have policies and procedures in place regarding disclosure of protected health information in response to court orders, warrants, subpoenas, summonses, and administrative requests, and the procedures should provide sufficient details to help employees determine how to respond. The guide includes model policies for these procedures. With regard to responding requests for physical access to health facilities, the guide recommended establishing procedures for monitoring and receiving visitors and designating restricted-access areas. The guide recommends considering which areas of their facilities can benefit from restricted access and clearly designate those areas through mapping, signage, key-entry or a combination, and that policies applying to visitors should apply to immigration enforcement officers. There are a number of other recommendations regarding how to respond to an immigration officer's physical presence at a facility, parental notification of immigration enforcement actions, and training programs for facility staff.

Comments

According to the author of this bill:

> 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 U.S. 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. This bill 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, this bill 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. This bill affirms that everyone deserves respect, care, and connection no matter their circumstances.

Related/Prior Legislation

SB 81 (Arreguín, Chapter 123, Statutes of 2025) prohibited 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.

SB 54 (De Leon, Chapter 495, Statutes of 2017) enacted the CVA to limit the involvement of state and local law enforcement agencies in federal immigration enforcement.

AB 699 (O'Donnell, Chiu, and Kalra, Chapter 493, Statutes of 2017) requires the Attorney General 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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

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.

SUPPORT: (Verified 8/25/26)

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

OPPOSITION: (Verified 8/25/26)

None received

ARGUMENTS IN SUPPORT: The California Chapter of the American College of Emergency Physicians (California ACEP) states in support that recent immigration efforts have raised questions and concerns about the safety of medical care for immigrant populations, and that no one should delay seeking emergency medical care out of fear. California ACEP states that it is also a confusing time for health care providers whose expertise is clinical care, not the legality of immigration enforcement in hospitals. This bill helps providers to understand hospital policies with regard to the rights of patients in immigration enforcement custody. The California Immigrant Policy Center states in support that this bill requires health care entities to establish procedures for responding to requests made by individuals in immigration custody to notify and 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.

Assembly Floor 62 12 5
Ayes: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Elhawary, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Haney, Harabedian, Hart, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
Noes: DeMaio, Dixon, Ellis, Flora, Hadwick, Johnson, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa
No Vote Recorded: Castillo, Chen, Davies, Hoover, McKinnor

Prepared by: Vincent Marchand / HEALTH / (916) 651-4111
11/6/26 11:15:40

****** END ******