

Date of Hearing: June 24, 2025

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
SB 81 (Arreguín) – As Amended June 13, 2025

**SENATE VOTE:** 28-7

**SUBJECT:** Health and care facilities: information sharing.

**SUMMARY:** Prohibits, to the extent permitted by state and federal law and to the extent possible, a health care provider entity (as defined) and its personnel, from granting access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order. Requires health care provider entity personnel, to the extent possible, 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, to direct such request to the designated health care provider entity management, administrator, or legal counsel. Expands the definition of “medical information” in the Confidentiality of Medical Information Act (CMIA) to include immigration status, including current and prior immigration status and place of birth. Prohibits a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information for immigration enforcement, except to the extent expressly authorized by a patient, enrollee, or subscriber, and except where required or allowed under existing law. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment. Specifically, **this bill**:

**CMIA Provisions**

- 1) Prohibits a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information for immigration enforcement, except to the extent expressly authorized by a patient, enrollee, or subscriber, and except where required or permitted under existing law.
- 2) Defines, for purposes of this bill, “immigration enforcement” to mean any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal:
  - a) Civil immigration law; and,
  - b) Criminal immigration law that penalizes a person’s presence in, entry or reentry to, or employment in, the United States.
- 3) Expands the definition of “medical information” in the CMIA to include any individually identifiable information derived from a provider, health plan or other specified entities regarding a patient’s “immigration status, including current and prior immigration status, and place of birth,” thereby including that information in existing law provisions regulating when medical information is prohibited, required, or allowed to be disclosed.
- 4) Requires, under CMIA, a search warrant to be “valid,” deletes the requirement that it be “lawfully” issued, and limits who can issue a search warrant to a judicial officer, including a magistrate.

### **Requirement for Health Care Provider Entities Provisions**

- 5) Requires a health care provider entity, to the extent possible, to establish or amend procedures for monitoring and receiving visitors to health care provider entities consistent with the requirement enacted by this bill described below.
- 6) Requires health care provider entity personnel, when circumstances allow, 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, and to provide any requests for review of health care provider entity documents, including through a lawfully issued subpoena, warrant, or court order.
- 7) Requires health care provider entity personnel, to the extent possible, 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, to direct such request to the designated health care provider entity management, administrator, or legal counsel.
- 8) Prohibits, to the extent permitted by state and federal law, a health care provider entity and its personnel, to the extent possible, from granting access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order.
- 9) 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.
- 10) 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.
- 11) Encourages health care provider entities to post a “notice to authorities” at facility entrances.
- 12) Encourages a health care provider entity to designate areas where patients are receiving treatment or care, where a patient is discussing protected health information, or that are not otherwise open to the public as nonpublic to enhance privacy available to facility users and promote a safe environment conducive to the facility’s mission and patient care.
- 13) Encourages a facility to designate these areas through mapping, signage, key entry, policy, or a combination of those.
- 14) Defines, for purposes of this bill, a “health care provider entity” to include all of the following by cross reference to specified provisions in existing law:
  - a) Health facilities defined by reference to California Department of Public Health (DPH) licensing law provisions as a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for which the persons are admitted for a 24-hour stay or longer, such as a hospital, psychiatric hospital, skilled nursing facility, specified intermediate care facilities, a nursing facility and a hospice facility;

- b) Specified clinics, including primary care clinics, specialty clinics, and an organized outpatient health facility that provides specific types of services (such as psychological, optometric, medical, surgical, podiatric, or dental services) to patients who remain less than 24 hours, including patients in the home incident to care in the clinic, primary care and specialty clinics eligible for licensure, and federal, state or local governmental (county, special district or city) clinics, and intermittent clinics operated by a primary care community or free clinic that are exempt from state licensure; and,
  - c) A physician organization, as defined in the California Health Care Quality and Affordability Act for purposes of the Office of Health Care Affordability (OCHA), to include Kaiser's medical groups, a risk-bearing organization (such as a medical group or independent practice association), a restricted health care service plan and limited health care service plan, a medical foundation exempt from licensure, a medical group practice, a professional medical corporation, a medical partnership, or any lawfully organized group of physicians and surgeons that provides, delivers, furnishes, or otherwise arranges for health care services that is comprised of 25 or more physicians, and an organization of less than 25 physicians, but that is a high-cost outlier whose costs for the same services provided are substantially higher compared to the statewide average.
- 15) Defines a provider, to mean any of the following that delivers or furnishes health care services:
- a) A physician organization;
  - b) A health facility, including a general acute care hospital;
  - c) A clinic conducted, operated, or maintained as an outpatient department of a hospital;
  - d) A clinic operated by a nonprofit corporation that conducts medical research and health education that provides health care to its patients through a group of 40 or more physicians who meet specified criteria;
  - e) A primary care clinic (a community clinic and a free clinic);
  - f) A specialty clinic (a surgical clinic, a chronic dialysis clinic and rehabilitation clinic);
  - g) An ambulatory surgical center or accredited outpatient setting;
  - h) A clinical laboratory licensed or registered with the California Department of Public Health and specified provisions of the Business and Professions Code;
  - i) An imaging facility that employs or contracts with persons that are subject to the Radiation Control Law or the Radiologic Technologists Act; and,
  - j) Integrated health care delivery systems, defined to refer to health plans and their affiliated hospitals, medical group, medical foundation clinics, and other health care facilities.
- 16) Applies the provisions of this bill described above to all health care provider entities that meet any of the following criteria:
- a) Health care provider entities operated by the state or a political subdivision of the state;

- b) Health care provider entities that provide services related to physical or mental health and wellness, education, or access to justice, including the University of California;
  - c) Health care provider entities that receive state funding; and,
  - d) All other health care provider entities.
- 17) Requires health care provider entities to have 45 days from the effective date of this bill to comply with the above-described requirements.
- 18) Requires the above-described provisions of this bill to be severable, and if any of these provisions or their application is held invalid, prohibits that invalidity from affecting other provisions or applications that can be given effect without the invalid provision or application.

**EXISTING LAW:**

- 1) Prohibits, under CMIA, a provider of health care, health plan, or contractor from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except where disclosure is compelled (such as by court order, subpoena, a search warrant lawfully issued to a governmental law enforcement agency, or when otherwise specifically required by law), or where disclosure is allowed by a health care provider or health plan (such as for purposes of diagnosis or treatment of the patient, payment, billing, claims management, medical data processing, or other administrative services). [Civil Code (CIV) § 56, *et. seq.*]
- 2) Defines, under CMIA:
  - a) “Medical information” to mean any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, mental health application information, reproductive or sexual health application information, mental or physical condition, or treatment.
  - b) “Individually identifiable” to mean that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, Social Security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual. [CIV § 56.05]
- 3) Defines “immigration enforcement” for purposes of the California Values Act (which limits the involvement of California law enforcement in federal immigration enforcement) to include any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person’s presence in, entry, or reentry to, or employment in, the United States. [Government Code (GC) § 7284.84]
- 4) Prohibits, except as otherwise required by federal law, an employer, or a person acting on behalf of the employer, from providing voluntary consent to an immigration enforcement

agent to enter any nonpublic areas of a place of labor, unless the immigration enforcement agent provides a judicial warrant. [GC § 7285.1]

- 5) Prohibits an employer, or a person acting on behalf of the employer, from providing voluntary consent to an immigration enforcement agent to access, review, or obtain the employer's employee records without a subpoena or judicial warrant, except as otherwise required by federal law, and except for I-9 Employment Eligibility Verification forms and other documents for which a Notice of Inspection has been provided to the employer. [GC § 7285.2]

**FISCAL EFFECT:** According to the Senate Appropriations Committee:

- 1) Unknown ongoing costs, likely hundreds of thousands, for DPH for state administration (Licensing and Certification Fund).
- 2) The California Department of Justice indicates no significant fiscal impact.
- 3) Unknown, potential cost pressures to courts for workload to adjudicate cases brought for violations of the CMIA. While the courts are not funded on a workload basis, an increase in workload could result in delayed court services and result in pressure on the General Fund to backfill for trial court operations (Trial Court Trust Fund, General Fund).

**COMMENTS:**

- 1) **PURPOSE OF THIS BILL.** According to the author, every Californian should be able to see a doctor or go to a hospital in the case of an emergency without fear of being arrested for their immigration status. Recently, the federal government rescinded policy guidance which restricted immigration officials from visiting "sensitive areas" - such as hospitals, schools and churches - for the purposes of federal immigration enforcement. As a result hospitals, clinics, and reproductive health clinics throughout California could be the target of immigration enforcement and some immigration enforcement has already occurred. This has already had a chilling effect on undocumented Californians seeking medical care. The impact of people forgoing medical treatment is significant not only on the individual but on the broader health of our state.

This bill would enshrine into law critical protections to ensure that health facilities are safe and accessible. This bill would codify existing policy guidance from the Attorney General prohibiting the sharing of information about the citizenship status of patients, and also restricting access to federal immigration officials to the non-public areas of health facilities and prohibiting their ability to question or detain a patient while they are actively receiving care from a medical professional.

## 2) **BACKGROUND.**

- a) **Immigrants in California.** According to a January 2025 Fact Sheet on Immigrants in California published by the Public Policy Institute of California (PPIC), California is home to 10.6 million immigrants, comprising 22% of the foreign-born population nationwide. In 2023, the most current year of data, 27% of California's population was foreign born, the highest share of any state and more than double the share in the rest of the country. Almost half of children in California have at least one immigrant parent. The

vast majority of immigrants in California are documented residents. PPIC cited estimates from the Pew Research Center that 1.8 million immigrants in California were undocumented in 2022, which is down from 2.8 million in 2007. In 2022, 83% of immigrants were either citizens or had some other legal residency status.

- b) **Federal Policy Change.** In October of 2021, the U.S. Department of Homeland Security (US DHS) Secretary Alejandro Mayorkas issued a memorandum to Immigrations and Customs Enforcement (ICE) and U.S. Customs and Border Protection (CBP) providing guidance on ICE and CBP enforcement actions in or near “protected areas” that replaced prior Obama Administration guidance on “sensitive locations.” This 2021 memo directed that to the fullest extent possible, enforcement action should not be taken “in or near a location that would restrain people’s access to essential services or engagement in essential activities.” These protected areas included, but were not limited to, schools, places of worship, places where children gather, social services establishments such as shelters, or a place where disaster or emergency response and relief is provided. Relevant to this bill, the 2021 memo listed as an example of a “protected area” a medical or mental healthcare facility, such as a hospital, doctor’s office, health clinic, vaccination or testing site, urgent care center, a site that serves pregnant individuals, or a community health center.

The memo stated there might be limited circumstances under which an enforcement action needs to be taken in or near a protected area, and listed several examples including whether the enforcement action involves a national security threat, there is an imminent risk of death, violence or physician harm to a person, the enforcement action involves the hot pursuit of an individual who poses a public safety threat or of a personally observed border-crosser, there is an imminent risk that evidence material to a criminal case will be destroyed or a safe location does not exist. The memo required, absent exigent circumstances, prior approval before taking enforcement action in or near a protected area, and to the fullest extent possible, that action should be taken in a non-public area outside of public view.

On January 20, 2025, the new Acting Secretary of DHS issued a memorandum rescinding the previous 2021 memorandum, stating that it is not necessary to “create bright line rules regarding where our immigration laws are permitted to be enforced.” Instead, the memo stated law enforcement officers should use discretion and common sense, and suggested that the Director of ICE and the Commissioner of the CBP issue further guidance to assist officers in exercising enforcement discretion.

- c) **California Values Act and Attorney General Guidance.** SB 54 (De León), Chapter 495, Statutes of 2017, enacted the California Values Act, 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.

This bill codifies a number of the policy recommendations and model policy and procedure provisions for how health care provider entities (defined to also include private health care provider entities) should handle immigration issues, including:

- i) Limit collection of information about immigration status, citizenship status and national origin to information that the facilities are required by law to collect;
- ii) Facilities may post a "notice to authorities" at facility entrances;
- iii) Establish procedures for monitoring and receiving visitors to health care facilities and designating restricted-access areas;
- iv) When the circumstances allow, have health care facility personnel, immediately notify health care facility management or a designated health care facility administrator of any request by an immigration enforcement officer for health care facility physical access or patient access;
- v) Direct the immigration enforcement officer to the designated health care facility administrator when an immigration enforcement officer requests access to a health care facility site or patient, including to obtain information about a patient or their family;
- vi) Develop policies to enhance the privacy available to facility users while being consistent with their health care mission, including designating restricted areas and policies limiting access to outsiders to promote the need for a safe environment conducive to the facility's mission;
- vii) Designate a health care facility administrator to handle immigration issues;
- viii) Consider which areas of their facilities will benefit from restricted access and clearly designate those areas through mapping, signage, key-entry, or a combination thereof; and,
- ix) Ensure staff and volunteers are well-trained in hospital policies and procedures.

In addition, this bill addresses an issue discussed in the guidance wherein an ICE administrative warrant, which is described as the warrant most typically used by immigration enforcement, allows an immigration enforcement officer to arrest a person suspected of violating immigration law. The AG guidance describes an ICE warrant as being able to be issued by any authorized immigration enforcement officer. To address this issue, this bill amends CMIA to require a search warrant to be “valid,” and limits who can issue a search warrant to a judicial officer, including a magistrate.

- 3) **RECENT DATA DISCLOSURE.** Separate from the provisions of this bill but related to the issue of federal immigration enforcement, on June 13, the Associated Press (AP) reported President Donald Trump’s administration that week provided federal deportation officials with personal data -- including the immigration status -- on millions of Medicaid enrollees despite internal memos and emails obtained by the AP showing that Medicaid officials unsuccessfully sought to block the data transfer, citing legal and ethical concerns.

In a response to the AP report, the state Department of Health Care Services (DHCS), which administers Medicaid (Medi-Cal) in California, stated it was firmly committed to protecting the privacy and well-being of all Medi-Cal members, noting recent reports have raised serious concerns about how federal agencies may be using Medicaid data, including the personal data of all 15 million Californians covered by Medi-Cal. DHCS indicated it submits monthly reports to the federal Centers for Medicaid and Medicare Services (CMS) through the Transformed Medicaid Statistical Information System (T-MSIS) as required by federal law. These reports include demographic and eligibility information, such as name, address, date of birth, Medicaid ID, Social Security number (if provided), and broad immigration status, for every Medi-Cal member. DHCS stated that data submitted to CMS, including through T-MSIS, is considered sensitive and confidential, and DHCS stated CMS is legally required to protect the confidentiality and security of Medicaid data. In addition, last month, DHCS stated it responded to a federal data request to demonstrate that federal Medicaid funds were claimed only as permitted and allowable by federal rules (federal Medicaid law requires payment of federal matching Medicaid funds for the care and services are necessary for the treatment of an emergency medical condition of undocumented individual). DHCS concluded it has not provided CMS with any additional or new demographic information beyond what is routinely reported.

- 4) **PRIOR LITIGATION.** AB 450 (Chiu), Chapter 492, Statutes of 2017 imposes various requirements on public and private employers with regard to federal immigration agency immigration worksite enforcement actions. Related to SB 81, AB 450 includes a provision prohibiting an employer (or a person acting on behalf of the employer) from providing voluntary consent to an immigration enforcement agent to enter any nonpublic areas of a place of labor, except as otherwise required by federal law or if the immigration enforcement agent provides a judicial warrant.

During the first administration of President Trump, the federal Department of Justice (federal DOJ) challenged three California immigration-related laws, including AB 450. The federal DOJ argued that these state laws are preempted by the Supremacy Clause of the United States Constitution, which makes enforcement of the nation’s immigration laws the exclusive purview of the federal government.



In addition, the federal DOJ raised several different arguments to challenge provisions of AB 450. One of the arguments made was that AB 450 violated what is known as the “intergovernmental immunity” doctrine. Under this doctrine, federal DOJ argued that a state may not regulate the federal government directly or discriminate against the federal government or those with whom it deals. In 2018, the federal court issued a preliminary injunction blocking enforcement of this AB 450 provision as it applied to private employers, stating the federal DOJ was likely to prevail on its arguments under the intergovernmental immunity doctrine. Specifically, it found that “a law which imposes monetary penalties on an employer solely because that employer voluntarily consents to federal immigration enforcement’s entry into nonpublic areas of their place of business or access to their employment records impermissibly discriminates against those who choose to deal with” the federal government. The Biden Administration dismissed the case in 2021 and the preliminary injunction of AB 450 dissolved, and AB 450 remains effective law.

- 5) **SUPPORT.** This bill is jointly sponsored by the California Immigrant Policy Center, the Service Employees International Union California, the California Nurses Association, the Latino Coalition for Healthy California and supported by immigrant, labor and consumer groups to safeguard access to health care for all Californians by protecting people’s immigration status and place of birth information from being shared with immigration authorities, and prohibiting immigration agents from accessing the private spaces of health care facilities. California is the state with the largest immigrant population in the nation, where one in four Californians are immigrants, one in nearly two California children live in an immigrant family, and nearly half of California workers are immigrants or children of immigrants. The sponsors argue the federal administration’s egregious attacks on immigrant children, workers, and families have stoked fear across California, and this deters people from accessing the health care and essential services they need due to the possibility of arrest, surveillance, and family separation by immigration agents. Supporters state this bill seeks to extend existing state policies around disentanglement with ICE to all health care facilities by specifically prohibiting access to private spaces of health care facilities to federal law enforcement and immigration agencies unless they present a valid warrant signed by a judge. Proponents conclude this bill seeks to ensure health care facilities are a safe and secure environment that all Californians feel safe accessing, and the health of all Californians are threatened when millions of Californians are in fear of accessing life-saving health care simply because of where they were born.
- 6) **DOUBLE REFERRAL.** This bill is double referred. Should it pass out of this Committee, it will be referred to the Assembly Committee on Privacy and Consumer Protection.
- 7) **RELATED LEGISLATION.**
  - a) SB 48 (Gonzalez), among other provisions, would prohibit a local educational agency and its personnel, to the extent possible, from granting permission to access the nonpublic areas of a school site to an immigration authority, producing a pupil for questioning by an immigration authority at a school site, consenting to a search of any kind of the nonpublic areas of a school site by an immigration authority, unless pursuant to a valid judicial warrant or court order. SB 48 is scheduled for hearing in the Assembly Education Committee on July 2, 2025.

- b) SB 580 (Durazo) would require the AG, on or before July 1, 2026, in consultation with appropriate stakeholders, to publish model policies for limiting assistance with immigration enforcement, consistent with federal and state law, and to publish guidance and recommendations for databases operated by state and local agencies to limit the availability of information in those databases for the purposes of immigration enforcement, consistent with federal and state law. The bill would require state and local agencies to implement these model policies and adopt the guidance on or before January 1, 2027, as specified. SB 580 is scheduled for hearing in the Assembly Judiciary Committee on June 24, 2025.
- c) SB 841 (Rubio) would prohibit, to the extent possible, an employee of a homeless shelter, rape crisis center, domestic violence shelter, family justice center, or human trafficking service provider from allowing access to the nonpublic areas of those facilities, except as required by state or federal law, for immigration enforcement activity, as defined, unless specified criteria are met, including a valid judicial warrant. SB 841 is scheduled for hearing in the Assembly Judiciary Committee on June 24, 2025.

## **8) PREVIOUS LEGISLATION.**

- a) SB 54 (De León) enacts the California Values Act to limit the involvement of state and local law enforcement agencies in federal immigration enforcement.
- b) 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.

**9) DRAFTING ISSUE.** The definition of “health care provider entity” in Section 3 of this bill cross-references several provisions of existing law but excludes some types of entities. Moving forward, the author may wish to consider amending this bill to ensure its provisions apply to health care providers generally that are seeing patients in non-public areas.

**10) AMENDMENTS.** Following discussions between the author and committee, this bill will be amended to delete specified provisions in this bill applicable “to the extent possible,” “is encouraged” and “when circumstances allow” to ensure its provisions are implemented and are able to be enforced and monitored. Because this bill is double referred, these amendments will be adopted in the Assembly Privacy and Consumer Protection Committee.

## **REGISTERED SUPPORT / OPPOSITION:**

### **Support**

California Immigrant Policy Center (co-sponsor)  
California Nurses Association (co-sponsor)  
Latino Coalition for a Healthy California (co-sponsor)  
SEIU California (co-sponsor)  
67 Sueños  
ACLU California Action  
Aliados Health  
Alliance San Diego

American Federation of State, County and Municipal Employees, AFL-CIO  
Asian Americans Advancing Justice Southern California  
Asian Resources, Inc.  
Buen Vecino  
California Alliance for Retired Americans  
California Chapter of the American College of Emergency Physicians  
California Faculty Association  
California Federation of Labor Unions, AFL-CIO  
California Hospital Association  
California Latino Legislative Caucus  
California Pan - Ethnic Health Network  
California Primary Care Association  
Center for Empowering Refugees and Immigrants  
Centro Binacional Para El Desarrollo Indigena Oaxaqueño  
Ceres Community Project  
Children Now  
Coalition for Humane Immigrant Rights  
Coalition of Orange County Community Health Centers  
Communities United for Restorative Youth Justice  
Community Action Marin  
Community Clinic Association of Los Angeles County  
County of Alameda  
Courage California  
CPCA Advocates  
DeafHope  
Disability Rights California  
Employee Rights Center  
End Child Poverty California Powered by Grace  
Ensuring Opportunity Campaign  
Esperanza Community Housing Corporation  
Farm2people  
First 5 Contra Costa  
Friends Committee on Legislation of California  
Gender Justice LA  
Greenfield Walking Group  
Healthy Contra Costa  
Healthy House Within a Match Coalition  
Hijas Del Campo  
Indivisible CA Statestrong  
Initiate Justice Action  
Inland Coalition for Immigrant Justice  
Jewish Community Relations Council Bay Area  
Kern Welcoming and Extending Solidarity to Immigrant  
LA Clinica De La Raza, Inc.  
Los Amigos De La Comunidad, Inc.  
Marin Interfaith Council  
Multi-Faith Action Coalition  
Multicultural Institute  
National Union of Healthcare Workers

New Light Wellness  
North East Medical Services  
Northeast Valley Health Corporation  
Oakland Privacy  
Oasis Legal Services  
Planned Parenthood Affiliates of California  
Pre-Health Dreamers  
Santa Barbara Women's Political Committee  
Secure Justice  
SEIU California State Council  
Small Business Majority  
Social Justice Collaborative  
South Asian Network  
Southeast Asia Resource Action Center  
Thai Community Development Center  
The Black Alliance for Just Immigration  
The Children's Partnership  
The Latina Center  
The Los Angeles Trust for Children's Health  
UCLA Latino Policy and Politics Institute  
United Latino Voices of Contra Costa County  
Venice Family Clinic  
Western Center on Law & Poverty, Inc.  
Several individuals

**Opposition**

None on file

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