

Date of Hearing: August 20, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

SB 81 (Arreguín) – As Amended July 17, 2025

Policy Committee:	Health	Vote:	11 - 1
	Privacy and Consumer Protection		11 - 3

Urgency: Yes State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill revises the definition of “medical information” to include immigration status, generally prohibits a health care provider from disclosing certain information for immigration enforcement, and requires a health care provider entity and its staff monitor for immigration enforcement activities and control access to records and nonpublic spaces.

Specifically, this bill:

- 1) Adds immigration status, current and prior immigration status, and place of birth to the definition of “medical information” in the Confidentiality of Medical Information Act (CMIA).
- 2) Defines, in the CMIA, “immigration enforcement” to mean any effort to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and 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 U.S.
- 3) Requires a health care provider, health plan, or contractor to disclose medical information if compelled by any of the following:
 - a) An order issued by a court of this state, and clarifies that a health care provider, health plan, or contractor must not comply with a foreign subpoena absent an order from a superior court in California, as specified.
 - b) A valid search warrant issued by a judicial officer to a governmental law enforcement agency, including a search warrant from another state that does not violate California’s Reproductive Rights Law Enforcement Act and is based on either another state’s law, as long as that state’s law does not interfere with California law, or a foreign penal civil action, as defined.
- 4) Prohibits a health care provider, health plan, or 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, or when disclosed

pursuant to search warrant, as described in item 3, above.

- 5) Defines, by reference to existing statutes, a “health care provider entity” to include all of the following: health facilities licensed by the California Department of Public Health (CDPH); clinics, including primary care clinics, specialty clinics, and specified outpatient health facilities; ambulatory surgical centers, clinical laboratories, imaging facilities, and physician organizations.
- 6) Specifies that the provisions of this bill apply to all health care provider entities.
- 7) Requires a health care provider entity, to the extent possible, establish or amend procedures for monitoring and receiving visitors, and encourages a provider entity to post a “notice to authorities” at facility entrances, consistent with the provisions of this bill.
- 8) Requires a health care provider entity’s personnel immediately direct to health care entity management, administration, or legal counsel any request for access to the site, patient, or health care entity documents for immigration enforcement.
- 9) Requires a health care entity designate as “nonpublic” areas where patients are receiving treatment or care, or where a patient is discussing protected health information. Encourages a health care entity to designate nonpublic areas through mapping, signage, key entry, policy, or a combination of those.
- 10) To the extent permitted by state and federal law, prohibits a health care entity and its personnel from allowing access to the nonpublic areas of the facility for immigration enforcement, except for the purpose of enforcing criminal laws, or if a valid judicial warrant or court order specifically grants access to the nonpublic areas of the facility.
- 11) Requires a health care provider entity, to the extent possible, have at least one personnel witness and document the denial of permission for access to nonpublic areas of the facility.
- 12) Requires a health care provider entity inform staff and relevant volunteers on how to respond to immigration enforcement-related requests for access to its sites or patients.
- 13) Specifies that a health care provider entity must comply with the requirements of this bill within 45 days of the bill’s effective date.
- 14) Provides that the provisions of this bill are severable.
- 15) Contains an urgency clause.

FISCAL EFFECT:

Costs of approximately \$150,000 annually for CDPH staff to review health facility immigration policies and procedures. CDPH estimates these costs at \$111,000 starting in fiscal year (FY) 2026-27 to cover a 0.5 full-time equivalent high-travel position to review health facilities’ immigration policies and procedures (CDPH Licensing and Certification Program Fund).

The Department of Justice anticipates no significant fiscal impact.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by California Immigrant Policy Center, California Nurses Association, Latino Coalition for a Healthy California, and SEIU California. 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 so-called “sensitive areas” - such as hospitals, schools and churches - for the purposes of federal immigration enforcement. As a result hospitals, clinics, reproductive health clinics throughout California could be the target of immigration enforcement and some immigration enforcement has already occurred. This already has 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.

SB 81 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. *Federal Policy Change.*** In October 2021, the U.S. Department of Homeland Security (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.” The 2021 memo directed that ICE and CBP 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.” The 2021 memo listed as examples of a “protected area” various medical or mental health care facilities and sites. The memo generally required prior approval before taking enforcement action in or near a protected area, and that action 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 2021 memorandum, stating 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.

California Values Act and Attorney General (AG) 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 and requires the 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 (such as a county), courthouses, and other specified facilities, and ensuring they remain safe and accessible to all California residents, regardless of immigration status.

In 2018, then-California AG Xavier Becerra issued a guide to California's healthcare facilities, and in December 2024, current AG Rob Bonta issued updated guidance that promulgates model policies that all health care facilities operated by the state or a political subdivision of the state must adopt and implement (unless they adopt and implement equivalent policies) and that all other related organizations and entities are encouraged to adopt. The guide 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 should handle immigration-related issues.

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