

SENATE THIRD READING
SB 81 (Arreguín)
As Amended August 21, 2025
2/3 vote. Urgency

SUMMARY

Prohibits, *unless required* by state and federal law, a health care provider entity (as defined) and its personnel, from allowing *any person* access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order *that specifically grants access to the nonpublic areas of the facility*. Requires health care provider entity personnel, if a request is made to access a health care provider entity site or patient *for immigration enforcement*, including to obtain information about a patient or their family, to direct such request to the designated health care provider entity management, administrator, or legal counsel. *Requires, for purposes of the Confidentiality of Medical Information Act (CMIA), if individually identifying information regarding immigration status is collected or known, that information to be treated as medical information for purposes of CMIA*. Prohibits health care providers, health plans and contractors from being required to comply with court orders that constitute a foreign subpoena, absent a court order meeting a specified provision of California law, and conditions compliance with a search warrant from another state so long as the other state's law does not interfere with California law, including the Reproductive Privacy Act. 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 *a severability clause*, and contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.

Major Provisions

- 1) 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.
- 2) 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.
- 3) Defines a "health care provider entity" as a public hospital, nonpublic hospital, specified clinics, a physician organization (as defined), integrated health care delivery systems (as defined), and various other health care providers (including health facilities, clinical labs, ambulatory surgical centers and accredited outpatient settings), and other health providers that deliver or furnish services related to physical or mental health and wellness, education, or access to justice, and applies the patient access and protection provisions to all health care provider entities that receive public funding.

COMMENTS

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.

Federal Policy Change. In October of 2021, the U.S. Department of Homeland Security (USDHS) 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 USDHS 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.

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.

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.

Arguments in 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.

Arguments in Opposition

None.

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

- 1) Costs of approximately \$150,000 annually for California Department of Public Health (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).
- 2) The Department of Justice anticipates no significant fiscal impact.

VOTES

SENATE FLOOR: 28-7-5

YES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Cortese, Durazo, Gonzalez, Grayson, Laird, Limón, McGuire, McNerney, Menjivar, Padilla, Pérez, Richardson, Rubio, Smallwood-Cuevas, Stern, Umberg, Wahab, Weber Pierson, Wiener

NO: Choi, Dahle, Grove, Jones, Ochoa Bogh, Seyarto, Strickland

ABS, ABST OR NV: Alvarado-Gil, Hurtado, Niello, Reyes, Valladares

ASM HEALTH: 11-1-4

YES: Bonta, Aguiar-Curry, Caloza, Carrillo, Mark González, Krell, Patel, Celeste Rodriguez, Schiavo, Sharp-Collins, Elhawary

NO: Sanchez

ABS, ABST OR NV: Chen, Addis, Flora, Patterson

ASM PRIVACY AND CONSUMER PROTECTION: 11-3-1

YES: Haney, Bryan, Irwin, Lowenthal, McKinnor, Ortega, Pellerin, Petrie-Norris, Ward, Wicks, Wilson

NO: Dixon, DeMaio, Lackey

ABS, ABST OR NV: Hoover

ASM APPROPRIATIONS: 11-3-1

YES: Wicks, Arambula, Calderon, Caloza, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache

NO: Dixon, Ta, Tangipa

ABS, ABST OR NV: Jeff Gonzalez

UPDATED

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