SENATE COMMITTEE ON HEALTH
Senator Dr. Akilah Weber Pierson, Chair

BILL NO: SB 915
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SUBJECT: Health care provider entities: patients accompanied by immigration enforcement officers

SUMMARY: Requires a health care provider, when a patient is accompanied by an immigration enforcement officer, to verify and document the identities of the officers to the extent possible, and inform the patient of specified rights. Prohibits an immigration enforcement officer from remaining in a patient's room or care area unless with a valid judicial warrant or court order, and requires health care providers to request immigration enforcement officers to step out of the room when discussing matters pertaining to patient care or performing any physical examination. Prohibits health care providers from deferring to an immigration enforcement officer on any matter pertaining to patient treatment or care, or from utilizing the immigration officers to provide interpretation or consent. Requires health care providers to report a refusal by the immigration officer to comply with the provisions of this bill to the health care provider management, which is required to document the actions, and to the extent possible, the name and badge number of the immigration officer. Requires health care providers, prior to discharging a patient who is accompanied by an immigration enforcement officer, to ensure the receiving facility meets the needs and acuity of the patient, as specified.

Existing law:

1) Establishes the Confidentiality of Medical Information Act (CMIA), which prohibits a health care provider, health plan, or contractor from disclosing medical information regarding a patient without first obtaining authorization. [CIV §56, et. seq.]

2) Establishes, in federal law, the Health Information Portability and Accountability Act of 1996 (HIPAA), 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. [45 CFR §164.500, et seq.]

3) Prohibits a health care provider, health plan, contractor, or corporation and its subsidiaries and affiliates, under the CMIA, from disclosing medical information for immigration enforcement, except to the extent expressly authorized by a patient, enrollee, or subscriber, or as required by a court order or other specified legal proceeding, or as permitted for certain purposes including for the treatment of the patient. [CIV §56.10(f)]

4) 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 care providers. [HSC §24251(b) and §24252]

5) Requires a health care provider entity, to the extent possible, to establish procedures for monitoring, documenting, and receiving visitors to health care provider entities that are consistent with 4) above, and encourages health care provider entities to post a "notice to authorities" at facility entrances. [HSC §24250(a)]

6) 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)]

7) Requires hospitals to have a written discharge planning policy and process, which include requiring that appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing facility or intermediate care facility, or from a hospice, are made prior to discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. [HSC §1262.5]

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. [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) Defines the following terms:
   a) "Blackout policies" means any policy that is used by health care provider entities to conceal a patient's identity at the entity's facility, including, but not limited to, registering patients under a pseudonym, removing the patient's name from the health care provider entity's directory, or prohibiting personnel from confirming that a patient is in the health care provider entity;
   b) "Health care provider entity" has the same definition as an existing provision of law, which includes hospitals, clinics, physician organizations, integrated health care delivery systems, and other health care providers that deliver or furnish services related to physical or mental health and wellness, education, or access to justice;
   c) "Immigration enforcement" has the same definition as an existing provisions of law, which is 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 U.S.; and,
   d) "Immigration enforcement officer" means any federal officer or employee conducting immigration enforcement, or any persons or entities contracted to conduct immigration enforcement.

2) Requires a patient who is accompanied by an immigration enforcement officer while receiving treatment or care at a health care provider entity facility to retain all rights afforded to any other patient under California law, including, but not limited to:
   a) Private communication with legal counsel;
   b) The right to authorize the release of medical information, including discharge information, to the family, patient's representative, assigned counsel, government officials, or anyone else to whom the patient directs;
   c) The right to have a family member, clergy, advocates, or other representative of the patient's choosing to be notified when the patient is admitted to a health care provider entity facility and the right to designate visitors;
   d) Access to qualified medical interpreters and communication tools; and,
   e) The right to refuse medical care and make independent health decisions.

3) Requires a health care provider entity, when there is a patient accompanied by an immigration enforcement officer, to:
   a) Verify and document the identities and agencies of any accompanying immigration enforcement officers, to the extent possible; and,
   b) Inform the patient of the rights described in 2) above.

4) Permits a health care provider entity, when there is a patient accompanied by an immigration enforcement officer, to:
   a) Provide the patient's family members or designated persons with a list of immigrant advocacy groups and resources; and,
   b) Provide the patient access to social, educational, and spiritual support services.

5) Prohibits an immigration enforcement officer from remaining in a patient's room or patient care area, as outlined under HIPAA and CMIA, unless legally authorized, such as with a valid judicial warrant or court order, and only with written justification provided to the health care provider entity.

6) Requires a health care provider entity to ask an immigration enforcement officer to step out of the patient's room when discussing any matters pertaining to patient care, or performing any physical examination, or providing any medical care.

7) Prohibits an immigration enforcement officer from having any authority to make, influence, or participate in medical decisions on behalf of a patient they accompany, including decisions regarding treatment, care, and discharge.

8) Prohibits a health care provider entity from deferring to an immigration enforcement officer on any matter pertaining to patient treatment or care.

9) Prohibits a health care provider entity from utilizing immigration enforcement officers to provide interpretation for patient care or consent.

10) Requires health care provider entity personnel, if an immigration enforcement officer refuses to comply with the requirements under this bill, to report the refusal to comply to the health care provider entity management, administration, or legal counsel, and requires the provider management to document the actions, and to the extent possible, the name and badge number of the immigration officer.

11) Prohibits a health care provider entity from using blackout policies when treating a patient who is accompanied by an immigration enforcement officer, unless requested by the patient.

12) Requires health care provider entity personnel, prior to discharging a patient who is accompanied by an immigration enforcement officer, to ensure, to the extent possible, the receiving facility meets the needs and acuity of the patient.

13) Requires a health care provider entity, in order to verify appropriate and timely continuity of care, to request the immigration enforcement officer and the receiving facility to provide the health care provider entity with written confirmation regarding:
    a) Continuity of prescribed medications;
    b) Durable medical equipment;
    c) Post discharge care, including rehabilitative care; and,
    d) Access to specialty care and follow-up services, including confirmation that the receiving facility can arrange specialty referrals, ensure timely follow-up for ongoing medical conditions, and coordinate with outside specialty providers when onsite services are unavailable.

14) Requires a health care provider entity to document the receiving facility, the treating provider's clinical assessment of whether the receiving facility meets the patient's medical needs and acuity, and whether the immigration enforcement officer or receiving facility confirmed, declined to confirm, or was unresponsive to the requests made in 13) above.

15) Requires a health care provider entity to provide a copy of the discharge summary and care instructions to the patient, and, upon the patient's request, to the family, patient's representative, assigned counsel, government officials, or anyone else to whom the patient directs.

16) Permits a health care provider entity to appoint or designate representatives from its personnel, management, administration, or legal counsel to implement the requirements of this bill, including representatives to be responsible for interacting with immigration enforcement officers.

17) Includes a severability clause so that if any provisions of this bill is held invalid, that invalidity will not affect other provisions that can be given effect without the invalid provision.

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

1) *Author's statement.* According to the author, there have been numerous reports of federal immigration agents interfering with medical decisions or being present in the same room as patients when under their custody. This is a clear violation of patients' rights and should have no place in healthcare. Most recently, at the Harbor UCLA Medical Center, the LA Times reported a patient having serious leg injuries after encountering U.S. Immigration and Customs Enforcement (ICE) agents earlier that day. The ICE agents brought the worker to the hospital and shackled the patient to his bed for several days. The patient was unable to speak privately with doctors, violating his right to private communication with doctors. He was interrogated while in pain and under medication. The patient also did not have access to external communication as the hospital used pseudonyms, known as blackout policies,

preventing both his family and legal counsel from being able to access him. There needs to be clear overarching guidance to ensure that patient privacy and healthcare rights are maintained not only when ICE agents try and enter hospitals, but also to address when individuals are in ICE custody. This bill closes the gap between existing law and practice by empowering health care providers with the tools to uphold the privacy, health, and visitation rights of patients brought in under immigration custody.

2) *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.

3) *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):
   a) Participate actively in decisions regarding medical care, and to the extent permitted by law, this includes the right to refuse treatment;

b) 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;
c) 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;
d) Be informed of continuing health care requirements following discharge from the hospital; and,
e) Designate visitors of the patient's choosing, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
   i) No visitors are allowed; or,
   ii) 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.

4) *HIPAA provides limited disclosure for law enforcement purposes, though CMIA prohibits disclosure for immigration enforcement.* While a patient is permitted to verbally authorize the presence of any individual in a patient care area, absent this authorization, allowing immigration enforcement officers in a patient care area when protected health information is discussed would generally violate patient privacy laws, including HIPAA. However, under HIPAA, a covered entity is permitted to disclose protected health information for a law enforcement purpose to a law enforcement official if certain specified conditions are met, including:
   a) A covered entity may disclose protected health information as required by law or in compliance with court orders or an administrative subpoena or other similar process authorized under law, with certain limitations;
   b) A covered entity is permitted to disclose protected information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that only certain specified information is disclosed, including name and address, date and place of birth, social security number, blood type, type of injury, date and time of treatment, and a description of distinguishing physical characteristics;
   c) A covered entity is also permitted to disclose protected health information in response to a law enforcement official's request for information about an individual who is suspected to be a victim of a crime if the individual agrees to the disclosure, or if the covered entity is unable to obtain the individual's agreement because of incapacity or other emergency circumstances and the disclosure is in the best interests of the individual as determined by the covered entity; and,
   d) A covered entity may disclose to a law enforcement official protected health information that the covered entity believes constitutes evidence of criminal conduct that occurred on

the premises of the covered entity, or if such disclosure appears necessary to alert law enforcement to the commission and nature of a crime.

However, state law, under CMIA, prohibits a health care provider from disclosing medical information for immigration enforcement except to the extent expressly authorized by a patient, or as required by a court order. For purposes of this provision, "immigration enforcement" is defined as any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law.

5) *Discharge planning requirements for hospitals.* Under existing state law, hospitals are required to have a written discharge planning policy and process, which includes requiring that "appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing facility or intermediate care facility, or from a hospice, are made prior to discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning." Additionally, hospitals are required to provide each patient who has been admitted to the hospital as an inpatient with an opportunity to identify one family caregiver who may assist in posthospital care, and to record this information in the patient's medical chart. Hospitals are required to notify the patient's designated family caregiver of the patient's discharge or transfer to another facility as soon as possible, or upon issuance of a discharge order by the patient's attending physician, and the hospital is required to provide an opportunity for the patient and his or her designated family caregiver to engage in the discharge planning process, including instruction regarding the posthospital care needs of the patient. Requires this information to be provided in a culturally competent manner and in a language that is comprehensible to the patient and caregiver. Requires a transfer summary to accompany the patient upon transfer to a skilled nursing or intermediate care facility, and a copy given to the patient and the patient's representative priori to transfer to a skilled nursing or intermediate care facility.

6) *Los Angeles County recently adopted a policy similar to this bill.* On November 18, 2025, the Los Angeles County Board of Supervisors directed the Los Angeles County Department of Health Services (LAC DHS) to do the following:
   a) Develop and implement guidelines governing "blackout" and law enforcement contact policies, with clear provisions regarding their applicability to patient detained by federal immigration authorities. Hospital policies that defer authority to law enforcement agencies to determine issues of patient access and legal representation should only apply to peace officers as defined under specified provisions of California law, unless advised by the law enforcement agency that an individual is under criminal detention or there is a documented and credible risk of harm to the patient or other persons;
   b) Develop and implement policies allowing patients detained by immigration authorities to consent to the release of information to family members, assigned counsel and, if appropriate, governmental representatives, including Members of Congress;
   c) Develop and implement policies establishing procedures for County personnel to verify and document the identity of any unknown or apparent law enforcement officials accompanying detained patients;
   d) Instruct County personnel to insist federal immigration enforcement agents leave the room when appropriate to either preserve federal and state law patient confidentiality and/or allow patients to rest, and to document any refusals by such agents to comply;
   e) Instruct relevant department personnel regarding Medicaid and Medicare discharge planning requirements and their applicability to patients detained by immigration enforcement;

f) Instruct County personnel to document any federal immigration enforcement actions that may jeopardize the health or safety of LAC DHS patients, and to promptly notify County Counsel so that Counsel may consider pursuing appropriate injunctive relief; and,
g) Report back in writing within 60 days on the implementation of the above directives.

On January 23, 2026, LAC DHS reported back to the Board of Supervisors that it is in the process of updating its policies and procedures to address patients under civil detention to ensure consistent responses, proper access to health care for all patients, and avoid exposing both workforce members and the County to unnecessary legal risk. For this purpose, LAC DHS established a multi-disciplinary committee with representatives from nursing, physicians, risk management, security, and County Counsel, among others. Regarding law enforcement identification, LAC DHS noted that existing county policies largely require that all law enforcement officers check in and/or obtain clearance prior to gaining access to hospital campuses, and that facility protocols require gathering the name of the law enforcement agency, the name and IDs of the law enforcement officer, reason to request access, and any other applicable information. The new consolidated policies will include federal immigration agents or their contractors, and if the individual refuses to provide this information, this will be appropriately documented and raised to facility and county leadership. Regarding patient confidentiality, specific privacy guidelines for patients under civil detention will be provided to all workforce members with instructions to request that officers remain outside the patient's room or treatment areas at all times unless there is a credible risk of harm. If officers refuse, they should be asked to step out during the patient's medical care discussion and/or patient's physical/sensitive examinations. If the officer refuses to comply with these requests, providers are to document this in the patient's medical record, and to evaluate if the medical discussion with the patient can be temporarily delayed. Regarding discharge planning, LAC DHS notes that it already has discharge protocols in place that are consistent with state and federal regulations, and instructions to health care providers will reiterated the need to coordinate the discharge plan with the medical director and/or the receiving clinician of the facility where the patient will be transferred, such as the detention facility or any other medically appropriate lower level of care facilities. LAC DHS stated that discharge plan discussions with the receiving clinician must be completed prior to the patient's discharge to the receiving facility, and if this discussion cannot take place, the healthcare provider should escalate the issue to the facility's designated contact and/or leadership and County Counsel.

7) *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.

8) *Double referral.* This bill is double referred. Should it pass out of this Committee, it will be referred to the Senate Committee on Judiciary.

9) *Related legislation.* SB 942 (Caballero) requires a civil confinement facility not otherwise licensed, certified, designated, or approved under state law or local ordinance to file an annual registration with the California Department of Public Health (CDPH) in a form and manner prescribed by CDPH. SB 942 requires the facility, in its registration, to identify the operator, facility location, contracting entity, maximum capacity, and the standards of care and confinement in any operating contract of the facility. SB 942 prohibits CDPH from denying registration except for failure to submit required information. Requires an operator to comply with specified standards and requirements, including any applicable federal, state, and local health and safety law, and any standards of care and confinement set forth in a contract or agreement. SB 942 permits CDPH, for civil confinement facilities that are not licensed or certified but are instead registered under this bill, to enforce this bill with cease and desist orders, with civil penalties not exceeding $25,000 per violation per day, and by suspending the facility's registration for repeated or uncured violations. *SB 942 is set to be heard in this Committee on April 15, 2026.*

SB 995 (Pérez) enacts the Masuma Khan Justice Act to permit CDPH to inspect an involuntary residential facility, which is defined to include a civil commitment facility, for the limited purpose of ensuring sanitary, hygienic, and safe conditions, to enforce penalties for any violations based on the administrative penalty structure for CDPH-licensed long term care facilities, and requires CDPH to establish objective, measurable standards for all involuntary residential facilities to ensure the health and safety of residents. SB 995 specifies its provisions permitting inspection and enforcement does not require licensure or otherwise

subject an involuntary residential facility to the regulatory scheme applicable to facilities licensed by CDPH. *SB 995 is set to be heard in this Committee on April 15, 2026.*

SB 1323 (Rubio) requires health care providers to inform staff and relevant volunteers on how to respond to requests by a person who is in lawful custody by immigration enforcement to notify a family member or designated support person about their current location. Additionally, 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. *SB 1323 is set to be heard in this Committee on April 15, 2026.*

10) *Prior legislation.* SB 81 (Arreguín, Chapter 123, Statutes of 2025) prohibits 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.

11) *Support.* This bill is co-sponsored by the California Immigrant Policy Center and the California Pan-Ethnic Health Network, and supported by numerous organizations. Supporters state that while California already has protections against immigration enforcement unlawfully entering health facilities and accessing patient information, there is a lack of clear, uniform protections for patients who are brought to these facilities by immigration enforcement agents. Supporters cite an incident in Los Angeles in which, after injuring a car wash worker, immigration enforcement agents transported the individual to Harbor-UCLA Medical Center for treatment, and while hospitalized, the patient was shackled to his bed, denied private communication with medical providers and legal counsel, and subjected to continuous surveillance and questioning for more than a month, despite not being charged with any violation of immigration law. Supports argue that without clear statewide guidance, health care provider entities are left ill-equipped to address these situations and provide optimal patient care. Supporters state that health care providers want to protect their patients' rights, but lack clear protocols and authority, leading to inconsistent enforcement of the privacy and visitation rights that patients in immigration custody are entitled to under state and federal law. As a result, patients in civil immigration custody face violations of their rights, including "blackout" policies that prevent families from locating them and the presence of agents during private medical discussions in violation of HIPAA and the CMIA. Additionally, prior to discharge, hospital provider entities need to be able to confirm that the receiving detention facility can meet the patient's medical needs, including access to necessary medications and specialty care. According to supporters, without this ability, continuity of care is disrupted, and at least 32 people died in immigration custody last year. This bill will give health care providers the clear authority and tools they need to uphold the rights for all patients and to ensure safe discharges.

12) *Support if amended.* The Service Employees International Union California (SEIU California) submitted a letter of support if amended, stating that this bill takes a critical step toward protecting patient safety, preserving the integrity of the patient-provider relationship, and ensuring that every Californian can access healthcare free from fear of immigration enforcement. SEIU California states that healthcare workers are routinely being put in a position where they must decide between their oath to their patients and profession and the demands of masked immigration officials or contractors. SEIU California requests that the author consider addressing some areas where their workforce would seek clarification, particularly with the interaction with immigration agents, including if healthcare personnel are required to ask the immigration official to leave the room, what enforcement of this law would look like and what training should hospitals provide so that all employees are aware of their rights.

13) *Oppose unless amended.* The California Hospital Association (CHA) is opposed to this bill unless amended. CHA states that while hospitals are committed to providing safe, timely, and equitable care to all regardless of their circumstances, this bill would impose requirements that risk fundamentally changing the role of hospitals and their workers by positioning them as intermediaries between federal immigration enforcement officers and patients in their custody. CHA states that this bill requires hospital workers to verify and document the identity and agency of any federal immigration enforcement officer accompanying a person in custody who requires care, request such officers leave patient care areas, and document instances of noncompliance. These requirements place hospital staff in the difficult and inappropriate position of managing interactions with law enforcement, potentially escalating conflicts and diverting attention from critical patient care. The prohibition on the use of "blackout policies" further compounds these concerns, as hospitals have a duty to protect patient privacy and safety in sensitive situations, including those involving individuals in custody. Eliminating this option for a specific subset of patients could expose both patients and staff to unnecessary risk and limit hospital's ability to respond appropriately to complex security and privacy considerations. Finally, CHA argues that this bill would require hospitals to apply policies and procedures to patients accompanied by immigration enforcement officers that differ from those applied to any other patient, even patients in law enforcement custody. CHA argues that hospitals and health care workers should not be placed in the role of arbitrating interactions between patients and law enforcement, nor subject to requirements that create operational inconsistencies or compromise patient care.

The California Dental Association (CDA) is also opposed unless amended, stating that while the requirements in this bill are well intentioned, recent media reports suggest these encounters can escalate quickly. CDA states it is unclear whether all ICE personnel are adequately trained in de-escalation, raising concerns about placing providers in potentially volatile situations. CDA states that under HIPAA, disclosures to law enforcement are already limited. CDA requests that this bill be narrowed to settings where these interactions are most likely to occur, stating that CDA is unaware of similar incidents in dental offices. Finally, CDA recommends including a sunset date so these requirements can be reevaluated and allowed to expire if conditions change and the risks to patient safety diminish.

14) *Drafting comments.*
    a) *Right to counsel is not typically associated with health care rights.* This bill specifies that a patient accompanied by an immigration enforcement officer while receiving treatment retains "all rights afforded to any other patient" as mandated by California law, and requires health care providers to inform the patient of several listed rights. One of these

rights is "private communication with counsel." However, the right to counsel is a civil right, and there are no specific laws in California explicitly allowing patients to have access to counsel in a health care setting. All of the other rights that are identified are specific to a patient's rights while in a health care setting, such as the right to authorize the release of medical information, the right to designate visitors, and the right to make independent health decisions. The Committee may wish to consider whether it is appropriate to require a health care provider to inform a patient of a right not directly associated with their care or treatment, and regarding which the health care provider may not have the capacity to explain or enforce.

b) *Not all health care settings, and not all patients, have discharge planning documents.* The definition of health care provider entity used by this bill encompasses all provider types, from hospitals to physician offices. Generally speaking, only hospitals and other licensed health care facilities "discharge" patients who have been admitted to the facility for treatment. Additionally, under existing law, under discharge planning policies, hospitals are only required to ensure that appropriate arrangements for posthospital care are made for those patients "who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning." The requirements in this bill that a health care provider "ensure the receiving facility meets the needs and acuity of the patient," and for the provider to request the receiving facility provide written confirmation regarding continuity of medications and other postdischarge care, appears to go beyond existing discharge planning requirements for other patients.

c) *Written authorization for release of medical information.* This bill requires a health care provider entity to provide a copy of the discharge summary and care instructions to the patient and, "upon the patient's request, to the family, patient's representative, assigned counsel, government officials, or anyone else to whom the patient directs. Under CMIA, a patient may generally authorize the release of medical information to anyone the patient wishes; however, authorization for written records cannot be verbal. It is required to be written, and to be signed, either electronically or by hand by the patient or the patient's legal representative if the patient is a minor or lacks capacity. The committee may wish to clarify that any release of written medical information can only be done after a legally compliant authorization from the patient.

SUPPORT AND OPPOSITION:

Support:
California Immigrant Policy Center (co-sponsor)
California Pan-Ethnic Health Network (co-sponsor)
Asian Americans Advancing Justice Southern California
Buen Vecino
California Black Health Network
California Coalition of Women Prisoners
California LGBTQ Health and Human Services Network
California Nurse Midwives Association
California Nurses Association
California Rural Legal Assistance Foundation
Center for Empowering Refugees and Immigrants
ChiChi Charlas
Clinica Monsenor Oscar A. Romero
Communities United for Restorative Youth Justice
Community Health Partnership

Consumer Attorneys of California
Council on American-Islamic Relations, California
Democratic Socialists of America, Los Angeles
Disability Rights California
Disability Rights Education and Defense Fund
Ella Baker Center for Human Rights
Ensuring Opportunity Campaign
Health in Partnership
HealthBegins
Healthy Contra Costa
Immigrant Defenders Law Center
Immigrant Justice in Action Coalition
Imperial Valley Equity and Justice Coalition
Indivisible CA StateStrong
Inland Empire Immigrant Youth Collective
Justice2Jobs Coalition
LA Defensa
Latino Medical Student Association
Legal Aid Society of San Mateo County
Maternal and Child Health Access
Medicine for Migration at UCSF
Monument Impact
National Health Law Program
NorCal Resist
Pacific Asian Counseling Services
Public Counsel
Rage for Democracy
Sacramento Area Congregation Together
San Diego Refugee Communities Coalition
Secure Justice
Services, Immigrant Rights, and Education Network
South Asian Network
South Bay People Power
Southern California Human Rights Center
Street Level Health Project
Thai Community Development Center
The Children's Partnership
Transitions Clinic Network
Universidad Popular
Western Center on Law and Poverty

Oppose: California Dental Association (unless amended)
California Hospital Association (unless amended)

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