
SENATE COMMITTEE ON HEALTH

Senator Dr. Akilah Weber Pierson, Chair

BILL NO: SB 942
AUTHOR: Caballero
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CONSULTANT: Vincent D. Marchand

SUBJECT: Civil confinement facilities

SUMMARY: 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. 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. 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. 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.

Existing law:

- 1) Defines a "detention facility" as a facility in which persons are incarcerated or otherwise involuntarily confined for purposes of execution of a punitive sentence imposed by a court or detention pending a trial hearing or other judicial or administrative proceeding. Defines a "private detention facility" as a detention facility that is operated by a private, nongovernmental, for-profit entity pursuant to a contract or agreement with a governmental entity. Excludes various types of facilities from the definition of detention facility, including a facility providing specified health services, residential care facilities, and facilities used for quarantine. [GOV §7320]
- 2) Requires, until July 1, 2027, the Attorney General to engage in reviews of county, local, or private locked detention facilities in which noncitizens are being housed or detained for purposes of civil immigration proceedings in California. Requires the review to include conditions of confinement, and requires the Department of Justice (DOJ) to provide a written summary of findings regarding the progress of these reviews and any relevant findings. [GOV §12532]
- 3) Requires each county board of supervisors to appoint a local health officer (LHO). Requires LHOs to enforce and observe orders of the board pertaining to public health and sanitary matters, including regulations prescribed by the California Department of Public Health (CDPH), and statutes relating to public health. [HSC §101000 and §101030]
- 4) Establishes provisions for investigations of detention facilities by LHOs as follows:
 - a) Requires LHOs to investigate health and sanitary conditions in every publicly operated detention facility in the county or city (including county and city jails), and all private work furlough facilities and programs, at least annually. Requires private work furlough

- facilities and programs to pay an annual fee commensurate with the annual cost of investigations;
- b) Permits LHOs to make additional investigations of a county jail, private detention facility, or other detention facility of the county as determined necessary;
 - c) Requires LHOs to submit a report to the Board of State and Community Corrections (BSCC), the person in charge of the jail or detention facility, and to the board of supervisors or city governing board (in the case of a city that has an LHO);
 - d) Requires LHOs, whenever requested by the sheriff, the chief of police, local legislative body, or the BSCC, but not more often than twice annually, to investigate health and sanitary conditions in any jail or detention facility, and submit a report to the officer and agency requesting the investigation and to the BSCC;
 - e) Requires the investigating LHO to determine if the food, clothing, and bedding is of sufficient quantity and quality that at least equal minimum standards and requirements of the BSCC for the feeding, clothing, and care of prisoners in all local jails and detention facilities, and if the sanitation requirements under the California Retail Food Code (CalCode), have been maintained; and,
 - f) Defines “private detention facility,” for purposes of these provisions, as having same definition in 1) above. [HSC §101045]
- 5) Establishes the Lanterman-Petris-Short (LPS) Act to end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, as well as to safeguard a person’s rights, provide prompt evaluation and treatment, and provide services in the least restrictive setting appropriate to the needs of each person. Permits involuntary detention of a person deemed to be a danger to self or others, or “gravely disabled” for periods of up to 72 hours for evaluation and treatment, or for up-to 14 days and up-to 30 days for additional intensive treatment in “county-designated facilities.” [WIC §5000, et seq.]
 - 6) Licenses and regulates various types of health facilities by CDPH, including general acute care hospitals, acute psychiatric hospitals, and skilled nursing facilities. [HSC §1250, et seq.]
 - 7) Licenses and regulates psychiatric health facilities (PHFs) and mental health rehabilitation centers (MHRCs) by the Department of Health Care Services (DHCS). PHFs provide 24-hour inpatient care for persons under the LPS Act. MHRCs are 24-hour programs that provide intensive support and rehabilitative services to assist adults with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient. [WIC §4080 and §5675]

This bill:

- 1) Defines “covered civil confinement facility” to mean a nonpenal, 24-hour facility in which persons may be detained, committed, held for evaluation, treatment, stabilization, restoration, or civil immigration custody, and that is operated by a private entity or by a government entity through a contract with a private entity.
- 2) Specifies that a “covered civil confinement facility” includes, but is not limited to, all of the following:
 - a) A private detention facility;
 - b) A facility designated or approved by the county for evaluation and treatment of persons under the Lanterman-Petris-Short Act;
 - c) A psychiatric health facility licensed by DHCS;

- d) A mental health rehabilitation center licensed by DHCS; and,
 - e) A psychiatric residential treatment facility licensed by DHCS.
- 3) Defines the following additional terms:
- a) “Enforcing agency” means a state or local entity that licenses, certifies, designates, or approves the operation of, and regulates, a covered civil confinement facility under state or local law;
 - b) “Operator” means any private person, corporation, partnership, contractor, subcontractor, or other nongovernmental entity that owns, manages, staffs, or provides direct custodial, medical, mental health, food, sanitation, transportation, or other direct services in a covered civil confinement facility;
 - c) “Private detention facility” has the same meaning as specified in existing law, which specifies that it is a detention facility that is operated by a private, nongovernmental, for-profit entity pursuant to a contract or agreement with a government entity. As part of this definition, “detention facility” is defined in existing law as any facility in which persons are incarcerated or otherwise involuntarily confined for purposes of execution of a punitive sentence imposed by a court or detention pending a trial hearing or other judicial or administrative proceeding; and,
 - d) “Standards of care and confinement” means written contractual requirements, policies, procedures, and legally applicable standards of governing conditions of confinement, sanitation, food service, medical care, mental health care, use of force, restraint or seclusion where applicable, records, grievance procedures, and other health and safety requirements applicable to a covered civil confinement facility.
- 4) Requires a covered civil confinement facility that is already licensed, certified, designated, or approved under state law or local ordinance to remain subject to its existing licensure, certification, designation, or approval regime.
- 5) Requires a covered civil confinement facility not otherwise licensed, certified, designated, or approved under state law or local ordinance to file an annual registration with CDPH in a form and manner prescribed by CDPH. 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.
- 6) Requires CDPH to adopt rules and regulations necessary to implement the registration requirement.
- 7) Specifies that the filing of a complete registration satisfies the requirements to be registered and prohibits CDPH from denying registration except for failure to submit required information.
- 8) Requires CDPH, and any applicable enforcing agency, to coordinate with, or delegate to, any other state or local government entity with existing regulatory authority, any inspection, information sharing, reporting, or enforcement activity to avoid duplication of effort and to promote consistent oversight.
- 9) Specifies that this bill does not authorize duplicative state licensing or oversight for a facility that is already licensed, certified, designated, or approved under state law or local ordinance.

- 10) Specifies that this bill does not apply to a state prison, county jail, city jail, juvenile hall, or a facility operated directly by the Department of Corrections and Rehabilitation or a local correctional authority.
- 11) Requires an enforcing agency, in carrying out this bill, to use as applicable benchmarks for oversight and enforcement, all of the following to the extent they govern the operation of a covered civil confinement facility:
 - a) Any applicable federal, state, and local health and safety law, regulation, or order;
 - b) The requirements of this bill;
 - c) Any applicable licensure, certification, designation, approval, or program requirement governing the covered civil confinement facility;
 - d) Any standards of care and confinement set forth in a contract or agreement under which an operator manages, staffs, or provides custodial, medical, mental health, food sanitation, transportation, or other direct services in the facility; and,
 - e) Any approved facility policies and procedures governing direct services, reporting, health and safety, medical or mental health care, sanitation, food service, records, grievance procedures, and use of force, restraint, or seclusion, if applicable.
- 12) Requires an operator to comply with the standards and requirements in 11) above to the extent applicable to the operator's activities relating to any covered civil confinement facility.
- 13) Specifies that this bill does not require a governmental entity to include particular terms in a contract agreement or authorize the state to prescribe the contents of a federal contract.
- 14) Specifies that the existence or absence of a contractual provision does not limit the operator's duty to comply with otherwise applicable law.
- 15) Requires this bill to be applied in the same manner and to the same extent to private detention facilities as it is applied to other similarly situated covered civil confinement facilities. Prohibits any additional standard, inspection requirement, corrective action requirement, penalty, or remedy from being imposed on a private detention facility under this bill unless an analogous requirement can be imposed on a similarly situated covered civil confinement facility.
- 16) Requires an enforcing agency to conduct regular inspections of covered civil confinement facilities within its jurisdiction consistent with otherwise applicable law, and permits an enforcement agency to conduct additional inspections as necessary based on complaints, unusual occurrences, or risk indicators.
- 17) Requires an operator to furnish all information, records, and documentation requested by the enforcing agency that are reasonably necessary to review compliance with this bill and other applicable health and safety requirements.
- 18) Requires an operator to preserve books, records, papers, accounts, documents, video, and other writings reasonably necessary to review compliance with this bill for not less than four years, or for any longer period as otherwise required by law.
- 19) Requires an operator to report unusual occurrences and other significant health or safety incidents, including deaths, serious injuries, serious medical events, and uses of force,

restraint, or seclusion, if applicable, to the enforcing agency within 24 hours of the incident, in a form and manner prescribed by the enforcing agency.

- 20) Permits an enforcing agency to require a covered civil confinement facility to take specified actions to correct any noncompliance with this bill. Requires an operator to submit a corrective action plan for any noncompliance for approval by the enforcing agency, and requires an operator to comply with an approved corrective plan.
- 21) Permits an enforcement agency to use its existing enforcement authority to enforce this bill for covered civil confinement facilities that are licensed or certified.
- 22) Permits CDPH, for covered civil confinement facilities that are not licensed or certified but are instead registered pursuant to this bill, to enforce this bill by taking any or all of the following actions:
 - a) Issue a cease and desist order;
 - b) Impose civil penalties not exceeding \$25,000 per violation per day;
 - c) Require compliance with a mandatory corrective action plan; or,
 - d) Suspend the facility's registration for repeated, material, or uncured violations that create a substantial threat to health or safety.
- 23) Requires CDPH or the enforcement agency, before imposing any monetary penalty, suspension, or comparable sanction under this bill, to provide notice and an opportunity to be heard consistent with any applicable law.
- 24) Prohibits an operator from retaliating against any employee, detainee, contractor, patient, resident, family member, attorney, advocate, volunteer, or other person who reports, or participates in an investigation or proceeding concerning, a violation of this bill or any applicable health or safety standard.
- 25) Specifies that this bill does not authorize the state to regulate or review decisions regarding apprehension, charging, detention, placement, transfer, release, removal, sentencing, or contractor responsibility determinations made by the federal government, the state, or a local governmental entity. Specifies that this bill regulates only facility conditions, standards of care and confinement, and related health and safety requirements applicable to covered civil confinement facilities.
- 26) Contains a severability clause, so that if any provision of this bill is held invalid, that invalidity will not affect other provisions of this bill that can be given effect without the invalid provision.
- 27) Makes a number of legislative findings and declarations, including that California has an interest in protecting the health, safety, and welfare of individuals held in privately operated detention facilities or contract-operated civil confinement facilities located within the state, and states that it is not the intent of the legislation to impose additional oversight on facilities that already have state or local regulatory oversight authority in place.

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

COMMENTS:

- 1) *Author's statement.* According to the author, California has a constitutional responsibility to ensure the health and safety of every individual within its borders. Currently, a dangerous regulatory gap allows private, for-profit detention facilities to operate without oversight. While California regulates other similarly situated civil-confinement facilities, such as psychiatric health facilities, private detention centers have escaped state scrutiny despite a track record of systemic failure. Last year was the deadliest on record for federal immigration detention in two decades. In California, where all immigrants in federal custody are held in private facilities, reports from the Department of Justice (DOJ) and the federal Office of the Inspector General have documented unsanitary conditions, medical neglect, and preventable deaths. These for-profit entities prioritize their bottom line over the health of those in their care, ignoring the very standards set in their federal contracts. This bill addresses this crisis by requiring all civil-confinement facilities, including private detention facilities, to file an annual registration with CDPH. This filing must include details about the facility operator, facility location, contracting entity, maximum capacity, and the standards of care and confinement found within the facility's operating contract. The bill provides CDPH with the power to conduct oversight and enforcement through regular and unannounced inspections, issuing corrective action plans, and assessing civil penalties. By passing this bill, California asserts that no corporation is above the law when it comes to the basic human rights of those in our state, and guarantees that we hold all civil-confinement facilities in our state to the same health and safety standards.
- 2) *Immigration detention facilities in California, and history of deaths.* The federal government contracts with private detention facilities across the country to house federal inmates and immigration detainees. There are currently seven private detention facilities operating in California:
 - a) Adelanto ICE Processing Center in San Bernardino County (capacity 1,940);
 - b) Desert View Annex in San Bernardino County (capacity 750);
 - c) California City in Kern County (capacity 2,560);
 - d) Golden State Annex in Kern County (700 capacity);
 - e) Mesa Verde ICE Processing Center in Kern County (capacity 400);
 - f) Otay Mesa Detention Center in San Diego County (1,994 capacity); and,
 - g) Imperial Regional Detention Facility in Imperial County (704 capacity).

CoreCivic operates the Otay Mesa and California City facilities, Management & Training Corporation operates the Imperial Regional Detention Facility, while the remainder are operated by the GEO Group. According to a February 6, 2026 article in the *Sacramento Bee*, at that time roughly 6,400 people were being held on a given day in these private facilities, which was more than double the figure from the prior year. Part of this growth was the opening of the California City Immigration Processing Center in 2025, which is now the largest immigration detention center in the state.

According to a research report by KFF, as of March 18, 2026, U.S. Immigration and Customs Enforcement (ICE) reported that 46 people died while in their custody or detention facilities since the start of the second Trump administration in January 2025. The number of deaths of people in detention during 2025 exceeded the highest seen in over two decades, and deaths in 2026 are on track to meet or exceed that number. On March 30, 2026, the *Los Angeles Times* reported that a detainee at Adelanto ICE Processing Center died on March 25, which was the fourth fatality at Adelanto since September of last year. Nationwide, the death toll in ICE custody in just the last three months was 14 people.

- 3) *The structure of this bill is a response to the federal intergovernmental immunity challenge.* This bill establishes a regulatory oversight structure that applies to “covered civil confinement facilities,” which are defined in a way so that it includes both unlicensed private detention facilities, such as those operated by ICE contractors, as well as licensed behavioral health facilities. The actual definition in the bill is a nonpenal, 24-hour facility in which persons may be detained, committed, held for evaluation, treatment, stabilization, restoration, or civil immigration custody, and that is operated by a private entity or by a government entity through a contract with a private entity. The only types of facilities that would meet this definition, other than private detention facilities, would be facilities licensed and approved to accept patients who are involuntarily detained for mental health reasons, typically under the LPS Act. In fact, this bill states that the definition specifically includes psychiatric health facilities and mental health rehabilitation centers licensed by DHCS, as well as “designated facilities” for LPS patients, which include acute psychiatric hospitals and some general acute care hospitals with psychiatric units licensed by CDPH. While it might seem odd to craft legislation that provides inspection and enforcement authority to facilities that are already licensed and regulated by the state, this bill is intentionally crafted to be “nondiscriminatory” with regard to federally-regulated activities. Under the doctrine of intergovernmental immunity, which is derived from U.S. Constitution’s Supremacy Clause, state laws are invalid if they “regulate the United States directly or discriminate against the federal government or those with whom it deals” (*Boeing Co. v. Movassaghi*, 9th Cir. 2014). To avoid a claim that California is “discriminating” against the federal government, or imposing a burden on federal activity that is more onerous than that what we are imposing on a similar activity by the state, the state needs to demonstrate it is treating the federal activity the same as it is treating the state activity. The state of California does not detain noncitizens for violating immigration laws, because the enforcement of immigration laws are exclusively a federal activity, so there is not an exact parallel in California. Prisons and jails, for example, are criminal detention facilities, and detaining a noncitizen for unlawful immigration status is a civil detention, not criminal. However, certain health care facilities are licensed to care for people who are on an involuntary civil detention under the LPS Act.

Therefore, this bill states that it is to be “applied in the same manner and to the same extent to private detention facilities as it is applied to other similarly situated covered civil confinement facilities.” However, this bill does attempt to address, and take steps to reduce the potential for, duplication in oversight. For example, this bill contains provisions that require covered civil confinement facilities that are already licensed to remain subject to its existing licensure regime. There is also a provision that specifies this bill “does not authorize duplicative state licensing or oversight for a facility that is already licensed, certified, designated, or approved under state law or local ordinance.” Finally, regarding enforcement, this bill specifies that for any covered civil confinement facility that is already licensed or certified, the applicable enforcing agency can enforce the provisions of this bill using its existing enforcement authority. For private detention facilities, on the other hand, this bill establishes new enforcement authority for CDPH, including civil penalties of up to \$25,000 per violation per day.

- 4) *California DOJ inspection report and standards for access to care at detention facilities.* In 2017, during the first Trump administration, legislation was passed (see AB 103 in Prior Legislation below) that authorized the Attorney General to conduct inspections and make reports of private immigration detention facilities. This law was challenged in court, and while one provision relating to the ability of the AG to review the circumstances of an individual’s detention was blocked, the 9th Circuit Court of Appeals upheld the remainder of

the law, including the ability to inspect and review the conditions of confinement. Pursuant to this authority, the DOJ has reviewed and reported on private detention facilities, with the fourth and most recent report published in April of 2025. The 2025 report focused on mental health, including the prevalence of mental health conditions, and the availability and quality of mental health services in the facilities. The DOJ, for this report, inspected the six facilities that were in operation at the time (California City had not yet begun operation when inspections were being conducted).

According to the DOJ report, immigration detention facilities are supposed to operate in accordance with applicable standards, including standards for the provision of health care services. Such standards include constitutional requirements, federal and state law requirements, federal detention standards, and applicable professional standards. The DOJ states that the contracts for these facilities include language requiring them to follow applicable federal and state laws. The DOJ states that all immigration detention facilities are also bound by ICE's Performance-Based National Detention Standards (PBNDS), issued in 2011 with revisions in 2016, and that ICE has contractual authority to enforce its detention standards but has faced criticism for its failure to do so. The PBNDS address both general health and mental health care. Under the PBNDS, each facility must provide "medically necessary and appropriate medical, dental and mental health care and pharmaceutical services." These services include "comprehensive, routine and preventive health care as medically indicated, emergency care, specialty health care, timely responses to medical complaints, and hospitalization as needed within the local community."

The DOJ report, with its focus on mental health for its fourth report, identified inadequate mental health care services, with detainees experiencing high rates of depression, anxiety, and post-traumatic stress disorder, increased likelihood of self-harm behavior, and negative changes in self-perception. DOJ also found that issues identified in its 2019 and 2021 reports persisted, and new areas of concern emerged. Key findings include that medical recordkeeping at all six facilities were deficient, which was concerning given the critical nature of the records and the high degree of confidentiality these records require. DOJ identified disproportionate use of force practices against individuals with mental health diagnoses, and facilities were not conducting the mental health reviews required by ICE's detention standards before imposing discipline or segregation. Staffing vacancies and hiring challenges impacted Imperial and Otay Mesa most significantly, but were common at many of the facilities. Imperial did not have its Medical Director position filled, which resulted in delays addressing clinical errors by lower-level health staff. According to the DOJ, Imperial's remote location poses an ongoing challenge to its ability to hire health care staff. The DOJ report stated that overall, its findings make clear that these facilities need significant improvements to address the mental health needs of those held within their walls. The Trump Administrations decision to reduce or eliminate oversight is concerning and makes the DOJ's facility reviews even more crucial.

- 5) *LHO inspections of detention facilities in California.* LHOs serve a number of public health functions at the local level, including to implement infectious disease control, emergency preparedness and response, and maternal, child, and adolescent health, through 61 legally-appointed physician LHOs in California (one from each of the 58 counties and the three cities of Berkeley, Long Beach, and Pasadena). California law has long required annual inspections of health and sanitary conditions in a county jail (or in the case of a city jail, where there is a city health officer) and publicly operated detention facilities by the LHO. Inspection checklists for minimum standards are divided by Adult Court and Temporary

Holding Facilities, Adult Jail Facilities, and Juvenile Facilities; and, into three sections: environmental, nutritional, and medical/mental health. All three sections must be completed at each inspection. The BSCC follows up on items of noncompliance, as LHOs have no enforcement duties. The BSCC publicly posts the inspection reports, and existing law (Penal Code 6031.2) also requires the BSCC to submit a report to the Legislature showing results of its biennial facility inspections and monitoring of compliance with training standards (including non-compliance items from LHO investigations).

In 2024, legislation was passed that added “private detention facilities” to these provisions of law (See SB 1132 in Prior Legislation below), specifically to the provision of law permitting, but not requiring, LHOs to conduct additional inspections of detention facilities. This law took effect on January 1, 2025, and with private immigration detention centers operating in four counties, those four LHOs now have the state authority to conduct inspections of these facilities. CalMatters published an article on October 2, 2025 stating that only one county, San Bernardino County, conducted an investigation. According to the article, a San Bernardino County inspector spent an hour at the Adelanto detention center for food and service issues, and the facility passed. The article reported that the LHO in Kern County has “no intention” of exercising authority to inspect the facilities. Imperial County said it would respond to a complaint if the facility falls within their legal authority to inspect, and San Diego County was reported as saying that it is exploring how to effectively operationalize this law in its jurisdiction.²² CalMatters published a more recent article, on March 10, 2026, reporting that San Diego County filed a lawsuit in federal court alleging that the Trump administration illegally blocked a public health inspection of the Otay Mesa Detention Center. According to the lawsuit, ICE initially cleared county officials to enter the facility but reversed that decision when the inspection team arrived.

- 6) *Facilities that meet the definition of “covered civil confinement facility.”* The definition of “covered civil confinement facility,” in this bill, in addition to private detention facilities, also includes facilities that are licensed to provide care to persons who have been placed in these facilities pursuant to involuntary civil commitment laws, primarily through the LPS Act, and that are operated by a private entity, including a private entity under contract with a governmental entity. The definition specifically includes county designated facilities under the LPS Act, PHFs, and MHRCs. State hospitals operated by the Department of State Hospitals are excluded from the definition because they are not privately operated. So, in addition to the 7 currently operating private detention facilities, the definition in this bill would capture the following types of facilities: non-public general acute care hospitals licensed by CDPH that have a psychiatric unit and that have been designated by a county to receive patients under the LPS Act; non-public acute psychiatric hospitals licensed by CDPH; non-public skilled nursing facilities with a special treatment program that have been designated by a county to receive patients under the LPS Act; and, non-public PHFs and MHRCs licensed by DHCS (additionally, the bill includes DHCS-licensed psychiatric residential treatment facilities, but this is a new category and there are currently none licensed).
- 7) *Double referral.* This bill has been double referred. Should it pass out of this Committee, it will be referred to the Committee on Judiciary.
- 8) *Related legislation.* SB 915 (Menjivar) 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. SB 915 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. SB 915 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. SB 915 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. SB 915 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. *SB 915 is set for hearing on April 15, 2026, in this Committee.*

SB 995 (Pérez) enacts the Masuma Khan Justice Act to permit CDPH, and other specified inspection agencies, 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 that the provisions of this bill 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 for hearing on April 15, 2026, in this Committee.*

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. SB 1323 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 for hearing on April 15, 2026, in this Committee.*

SB 1399 (Durazo) repeals the January 1, 2028, sunset date on provisions of law requiring the Attorney General to review and report on county, local, or private locked detention facilities in which noncitizens are being housed or detained for purposes of civil immigration proceedings in California, thereby making this law permanent. *SB 1399 is set for hearing on April 20, 2026, in the Senate Judiciary Committee.*

- 9) *Prior legislation.* SB 1132 (Durazo, Chapter 183, Statutes of 2024) clarified that "private detention facilities," are subject to inspection by LHOs.

AB 263 (Arambula, Chapter 294, Statutes of 2021) requires a private detention facility operator to comply with, and adhere to, all local and state public health orders and occupational safety and health regulations.

AB 103 (Committee on Budget, Chapter 17, Statutes of 2017), was the public safety omnibus bill, and among other provisions, required the Attorney General to review and report on

private detention facilities in which noncitizens are being housed or detained for purposes of civil immigration proceedings in California.

- 10) *Support.* This bill is sponsored by Immigrant Defense Advocates (IDA) to make clear that California has a compelling interest, and lawful authority, to protect the health, safety, and welfare of people held in privately operated detention facilities located in our state. IDA states that California has repeatedly seen breakdowns in health oversight inside private detention settings, and that California’s own oversight work underscores these systemic problems, pointing to the 2025 DOJ report. According to IDA, in early 2026 a federal court ordered significant remedial measures, including an independent monitor at the California City detention facility after allegations of severe neglect and inadequate medical care. Private detention operators are businesses operating within California, yet too often health oversight is treated as fragmented or optional, particularly where the operator points to federal contracts or internal policies as sufficient. This bill directly addresses that gap by affirming that private detention operators remain subject to California’s legitimate health and safety authority, and may be required, as a condition of doing business here, to meet or exceed standards they have already agreed to follow under federal contracts. IDA states this bill is a necessary step to protect public health and human wellbeing, strengthen transparency and accountability, and prevent the recurring health failures that have harmed detained people and strained surrounding communities. Secure Justice writes that over the last several years, state and federal authorities have documented a persistent pattern of dangerous living conditions and substandard medical care in for-profit detention centers. Unfortunately, this problem is not improving, and is worsening nationwide, with multiple reports documenting that 2025 was the deadliest year for ICE custody in more than two decades. Other supporters make similar arguments.
- 11) *Potential for creating duplicative enforcement of existing licensed facilities.* As described in comment 3) above, in an effort to treat these federally-contracted private detention facilities in a non-discriminatory manner, this bill defines the covered facilities in a way that includes licensed health facilities. Those licensed health facilities, some of which are licensed by CDPH, others by DHCS, already have lengthy statutory and regulatory requirements they must meet, and are subject to enforcement provisions from their licensing agencies, which vary depending on the type of facility. While this bill does contain provisions intended to distinguish licensed facilities from those that are not licensed, including by requiring already licensed facilities to remain subject to their existing licensure regime, and by specifying that it “does not authorize duplicative state licensing or oversight for a facility that is already licensed,” nevertheless, this bill specifies that it “applies to every covered civil confinement facility.” Additionally, this bill is required to “be applied in the same manner and to the same extent to private detention facilities as it is applied to other similarly situated covered civil confinement facilities.” By creating a new set of standards and oversight that applies to already licensed health care facilities as well as private detention facilities, this bill runs the risk of creating a confusing and duplicative set of rules for licensed facilities.

SUPPORT AND OPPOSITION:

Support: Immigrant Defense Advocates (sponsor)
 California Collaborative for Immigrant Justice
 California Federation of Teachers
 Indivisible CA: StateStrong
 La Cosecha
 Secure Justice

Oppose: None received

-- END --