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

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**BILL NO:** SB 995  
**AUTHOR:** Pérez  
**VERSION:** April 6, 2026  
**HEARING DATE:** April 15, 2026  
**CONSULTANT:** Vincent D. Marchand

**SUBJECT:** Involuntary residential facilities: health and safety inspections

**SUMMARY:** Enacts the Masuma Khan Justice Act to permit the California Department of Public Health (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. Requires CDPH to establish objective, measurable standards for all involuntary residential facilities to ensure the health and safety of residents. Specifies that the provisions of this bill permitting inspection and enforcement do not require licensure or otherwise subject an involuntary residential facility to the regulatory scheme applicable to facilities licensed by CDPH.

**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 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]
- 8) Establishes a civil penalty structure for long term care (LTC) facilities, which include skilled nursing facilities and intermediate care facilities, among others, categorized into Class “AA,” “A,” and “B” violations: “A” violations are where CDPH determines that the violation presents either imminent danger of death or serious harm, or a substantial probability that death or serious harm to residents would result; “AA” violations (the most severe) are those that meet the criteria for a class “A” violation that CDPH determines was a substantial factor in the death of a resident of an LTC facility; and, “B” violations are those that CDPH determines have a direct or immediate relationship to the health, safety, or security of LTC facility residents, but do not meet the criteria for A or AA. [HSC §1424]

**This bill:**

- 1) Defines “involuntary residential facility,” for purposes of this bill, as a facility that meets all of the following criteria:
  - a) Houses 50 or more individuals overnight;

- b) Restricts residents' ability to enter or leave the facility at will, regardless of the legal authority under which the individual is housed; and,
  - c) Provides onsite food service, medical care, mental health services, or residential supervision.
- 2) Specifies that the definition of “involuntary residential facility” includes a secure state hospital, civil commitment facility, or a secure residential treatment program, to the extent the facility meets the criteria in 1) above, but does not include a facility that is a state prison or a local detention facility, as these are defined in existing law.
- 3) Defines the following terms for purposes of this bill:
- a) “Operator” means any person, corporation, partnership, nonprofit organization, or other entity that owns, leases, manages, or operates an involuntary residential facility;
  - b) “Resident” means any individual housed in an involuntary residential facility, regardless of legal status, custody status, or reasons for placement; and,
  - c) “Unreasonably interfere” means conduct that materially disrupts or impedes facility operations or security functions beyond what is necessary to carry out an inspection authorized by this bill.
- 4) Defines “inspecting agency,” for purposes of this bill, as any of the following:
- a) CDPH;
  - b) The Office of the State Fire Marshal;
  - c) The State Water Resources Control Board; or,
  - d) The Department of Industrial Relations, including the Division of Occupational Safety and Health;
- 5) Permits CDPH, notwithstanding any other law, to inspect an involuntary residential facility, without prior notice, for the limited purpose of ensuring sanitary, hygienic, and safe conditions, using standards and inspection protocols consistent with those applied to residential health facilities that are licensed by CDPH, and to enforce penalties for any violations. Specifies that this provision does not require licensure or to otherwise subject an involuntary residential facility to the regulatory scheme applicable to facilities licensed by CDPH.
- 6) Permits an inspecting agency to conduct periodic inspections of an involuntary residential facility to evaluate compliance with applicable health, safety, building, environmental, and labor standards, including fire safety, health and safety of persons, structural integrity, sanitation and food safety, infectious disease control, environmental compliance, and worker safety.
- 7) Permits an inspecting agency to enter a facility for any of the purposes in 6) above without prior notice when either of the following conditions exists:
- a) There is reasonable cause to believe that the present conditions present an imminent threat to health or safety; or,
  - b) An outbreak, fire hazard, structural hazard, or environmental hazard has been reported.
- 8) Requires inspections to be carried out in a manner that does not unreasonably interfere with facility operations or any federal, state, or local law enforcement or security functions. Permits relevant factors, in determining whether an inspection unreasonably interferes with operations or security functions, to include, but not be limited to, the following:

- a) Whether the inspection delays or obstructs emergency response or time-sensitive security operations;
  - b) Whether the inspection requires access to areas used exclusively for security operations, except as otherwise authorized by this bill;
  - c) Whether the inspection imposes requirements that are inconsistent with applicable security procedures or legal obligations; and,
  - d) Whether the inspection can be reasonably accommodated through scheduling, coordination, or alternative means without compromising the purposes of this bill.
- 9) Permits inspections to include examination of heating, ventilation, and air systems, water and wastewater systems, fire suppression systems, hazardous materials storage, worker safety conditions, structural and electrical systems, and any physical space necessary to evaluate compliance with the standards described in 6) above.
- 10) Prohibits internal security protocols from being used to deny inspectors access to any area where residents are housed, fed, or receive medical care. However, requires an inspecting agency to comply with reasonable security procedures necessary to ensure safety and facility operations.
- 11) Specifies that this bill does not prohibit the review of deidentified or aggregate health, safety, or incident records reasonably necessary to assess compliance with this bill, if the review is conducted in a manner that protects resident privacy. Permits these records to include, but are not limited to, aggregate or deidentified data relating to injury rates, the number of incidents involving the use of force or restraints, infectious disease, hospitalizations, and mortality.
- 12) Requires an inspecting agency, within 30 days of completing an inspection, to prepare a written report of its findings and transmit the report to the Legislature.
- 13) Requires an operator to provide access to an inspecting agency for an inspection authorized under this bill.
- 14) Requires an operator to maintain all records necessary to demonstrate compliance with applicable health, safety, environmental, and labor standards, and to make those records available to an inspecting agency upon request.
- 15) Requires an operator to correct any violation identified by an inspecting agency within the timeframes established by that agency.
- 16) Requires CDPH, in exercising its authority under this bill, to utilize the inspection and citation protocols described in existing law for licensed health facilities, including the issuance of class AA, class A, and class B citations as specified in provisions of law governing long-term care facilities.
- 17) Requires an operator that violates the provisions of this bill, after appropriate notice and an opportunity for a hearing, to be subject to an administrative penalty in an amount not to exceed the following:
- a) \$25,000 for a class AA violation;
  - b) \$10,000 for a class A violation; and,
  - c) \$1,000 for a class B violation.

- 18) Specifies that for purposes of the administrative penalty, each day a violation remains uncorrected may constitute a separate violation.
- 19) Requires a violation identified by an inspecting agency under this bill to be referred to CDPH for enforcement, including the issuance of any safety warning or citation.
- 20) Permits CDPH, if an operator fails to correct a violation within the time specified in a citation issued under this bill, to issue a safety warning that identifies the uncorrected condition and requires prompt corrective action by the operator. Specifies that a safety warning is an administrative notice issued as part of, and subordinate to, the citation and enforcement framework specified in provisions of existing law governing licensed health facilities. Specifies that a safety warning does not constitute a separate violation, but may be considered in determining compliance status and the need for further enforcement action.
- 21) Permits CDPH to refer violations to the Attorney General, and permits the Attorney General to bring a civil action for declaratory or injunctive relief to compel abatement of a hazard described in this bill.
- 22) Permits an inspecting agency to promulgate regulations for the implementation of this bill.
- 23) Requires CDPH to adopt rules and regulations necessary to implement this bill. Requires these regulations to ensure that all involuntary residential facilities comply with measurable standards for sanitary, hygienic, and safe conditions. Requires these standards to be at least as stringent as those applied to residential health care facilities licensed by CDPH.
- 24) Requires the regulations adopted by CDPH to establish objective, measurable standards for all involuntary residential facilities to ensure the health and safety of residents, including, but not limited to, all of the following:
  - a) Standards for personal hygiene, laundry services, and the frequency of cleaning; and measurable metrics for vector and pest control, plumbing integrity, and the maintenance of sanitary common areas;
  - b) Minimum requirements for indoor air quality, ventilation, and ambient temperature control to prevent heat-related illness or respiratory distress;
  - c) Requirements for potable water access and dietary caloric intake, including the provision of medically necessary diets for individuals with conditions requiring dietary modification, such as diabetes, cardiovascular disease, or other clinically indicated conditions, and reasonable accommodations for religious dietary requirements;
  - d) Protocols for the screening, isolation, and treatment of communicable diseases;
  - e) Standards to prevent and respond to physical harm to residents and staff, including, but not limited to:
    - i) Requirements governing the safe application of physical restraints to minimize the risk of injury;
    - ii) Requirements for mandatory medical evaluation and appropriate care following any incident involving the use of physical force or restraint;
    - iii) Documentation and reporting of incidents involving physical force or restraint;
    - iv) Staff training in de-escalation and safe intervention techniques; and
    - v) Workplace violence prevention measures consistent with occupational safety and health standards.

- 25) Requires CDPH, in developing the standards in 24) above, to consult with stakeholders, including civil rights advocates, public health experts, and organizations representing the interests of persons held in involuntary residential facilities.
- 26) Includes the following legislative findings and declarations:
- a) The State of California has a compelling interest in protecting the health, safety, and welfare of individuals residing in involuntary residential environments;
  - b) Facilities that house large numbers of individuals in restricted settings present heightened risks related to fire safety, structural integrity, sanitation, infectious disease, environmental hazards, and worker safety;
  - c) The state has long exercised its police power to regulate building safety, public health, environmental compliance, and professional licensing, and these powers apply to all facilities operating within the state, regardless of ownership or contracting entity;
  - d) This bill establishes neutral, generally applicable standards for health and safety inspections of involuntary residential facilities; and,
  - e) Nothing in this bill is intended to regulate detention operations, security procedures, classification of residents, or any other function reserved to federal, state, or local governmental agencies.
- 27) Contains a severability clause so that if any provision or application is held invalid, that invalidity shall not affect other provisions or applications 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, large involuntary residential facilities, including secure treatment facilities, state hospitals, and privately operated detention facilities, house thousands of people who depend on the facility for shelter, food, medical care, and basic safety. Because individuals in these settings cannot freely leave, the state has a responsibility to ensure that conditions are safe, humane, and consistent with basic health and safety standards. Private immigration detention facilities are one example where this responsibility has often fallen short. People held in these facilities are suffering and, in some cases, are being treated inhumanely. Masuma Khan, 64, has lived in the U.S. for nearly 30 years with her husband and their daughter, who are both U.S. citizens. She is a resident of Altadena, and survived the Eaton Fire in January 2025. In October 2025, Khan was detained by federal immigration officials during one of her regular check-in appointments. Khan was held in a cold private detention facility without warm clothes, appropriate food, or access to vital medicine. In November 2025, a federal judge ordered Khan's release. An unprecedented number of people died in detention in 2025, and that number could be surpassed in 2026, with eight deaths already recorded in January. Despite this troubling trend, there are plans to expand detention capacity nationwide, including converting large facilities and warehouses into new detention sites, making the need for stronger oversight more urgent. Currently, California's inspection authority applies only to counties, yet three of the four counties with this authority have not conducted any reviews. This bill would ensure California can meaningfully inspect private detention facilities, impose fines when violations occur, and, when necessary, shut down facilities that fail to comply with California's health, safety, and labor laws.

- 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 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 an inspection and enforcement program that applies to “involuntary residential 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 facility that houses 50 or more individuals overnight, and restricts residents’ ability to enter or leave the facility at will, with the exception of prisons and jails; 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. 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*, 9<sup>th</sup> 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 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 involuntary civil detention under the LPS Act. Therefore, this bill is structured in a way to apply an investigation and enforcement process for any “involuntary residential facility,” whether it is a licensed acute psychiatric hospital or other type of licensed facility approved for LPS patients or other civilly committed residents, or it is a nonlicensed private detention facility. Both are holding people on a civil detention overnight and are required to ensure that residents are cared for safely. While state-licensed facilities are already subject to a more advanced regulatory scheme, given that they are also licensed specifically to provide medical and behavioral health care, this bill would allow CDPH to inspect, with enforcement ability, all types of involuntary residential facilities under the standards established by this bill.

- 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 DOJ to review the circumstances of an individual’s detention was blocked, the 9<sup>th</sup> 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. 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 “involuntary residential facility.”* This bill defines an “involuntary residential facility,” in part, as a facility that houses at least 50 or more individuals overnight, and that restricts residents’ ability to leave at will, regardless of the legal authority under which the individual is housed. The definition specifically includes “state hospitals, civil commitment facilities, or a secure residential treatment program,” and

specifically excludes state prisons and local jails. With the exclusion of facilities for criminal detention, the only types of facilities that meet this definition, and legally keep people for more than 24 hours without letting them leave, are health 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. These facilities include the state hospitals that are licensed and regulated by the Department of State Hospitals (there are five state hospitals); certain facilities licensed by CDPH, and certain facilities licensed by DHCS. Of the facilities licensed by CDPH that would be captured by the definition in this bill, there are about 29 acute psychiatric hospitals, and about 18 skilled nursing facilities with special treatment programs (SNF/STPs). Additionally, there are a number of general acute care hospitals with psychiatric units that may be included. Of the facilities licensed by DHCS that would be included in this bill, there is only one psychiatric health facility that meets the 50 bed threshold, but there are about 20 mental health rehabilitation centers with at least 50 beds. Aside from these licensed health facilities, the immigration detention centers appear to be the only other type of facility meeting the size requirement, that keeps people more than 24 hours, and that does not allow people to leave voluntarily.

- 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 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 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. SB 942 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 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 co-sponsored by the Mexican-American Legal Defense and Education Fund (MALDEF), Public Counsel, the South Asian Network, and the Coalition for Human Immigrant Rights. MALDEF states that large facilities where individuals are not free to leave, regardless of the reason for their placement, must comply with basic standards that protect human health and safety. Facilities of this size and nature present heightened risk simply because of scale and confinement. California already regulates hospitals, skilled nursing facilities, apartment buildings, and employee housing under well-established health and safety frameworks. This bill applies the same logic to large involuntary residential facilities, including immigration detention centers. It does not create new categories of rights or new regulatory theories; it ensures that facilities operation in California meet the same baseline standards that apply to comparable congregate settings. Importantly, this bill does not create a new enforcement bureaucracy, but relies on existing state agencies and existing authority. Public Counsel and the South Asian Network make similar arguments, and state that in 2025, the number of people in ICE custody nearly doubled from the start of the year to about 66,000, a system record. California alone holds 6,400 people daily across all seven centers, a figure expected to increase as operators expand space at two facilities in Kern County. This bill establishes a uniform inspection and compliance framework for large involuntary residential facilities by requiring routine health and safety inspections, access to records, legislative reporting, and enforceable penalties to ensure timely correction of violations. Numerous organizations support this bill, making similar arguments.

- 11) *Policy comments.*

- a) *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 or the Department of State Hospitals, 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. By creating a new set of standards and oversight that would apply to these facilities as well as the private detention facilities that are not already subject to state licensure, this bill runs the risk of creating a confusing and duplicative set of rules for licensed facilities.
- b) *Other inspection agencies will rely on CDPH for enforcement.* This bill permits CDPH, as well as three other “inspection agencies,” to conduct inspections of the facilities covered by this bill: the State Fire Marshall, the Water Resources Control Board, and the Department of Industrial Relations/CalOSHA. However, the enforcement provisions are delegated to CDPH – any issues identified by the other inspection agencies are to be referred to CDPH for administrative penalties. It is unclear how this would work in practice, with CDPH engaging in an administrative proceeding on behalf of another agency with different jurisdiction. Additionally, recent amendments require CDPH to adopt standards for the facilities covered by this bill, but there are not similar requirements for the other inspection agencies. The author may wish to consider narrowing this bill to the jurisdictional issues covered by CDPH, or considered building out the provisions for the other inspection agencies, including permitting those agencies to have their own enforcement provisions.

### **SUPPORT AND OPPOSITION:**

**Support:** Coalition for Humane Immigrant Rights (co-sponsor)  
 Mexican-American Legal Defense and Education Fund (co-sponsor)  
 Public Counsel (co-sponsor)  
 South Asian Network (co-sponsor)  
 American Civil Liberties Union California Action  
 Asian Americans Advancing Justice -- Southern California  
 California Community Foundation  
 California Federation of Labor Unions  
 California Low-Income Consumer Coalition  
 California National Organization for Women  
 California Work & Family Coalition  
 Californians for Safety and Justice  
 Central American Resource Center of California  
 Community Legal Services in East Palo Alto  
 Consumer Attorneys of California  
 Courage California  
 Ella Baker Center for Human Rights  
 Equality California  
 Friends Committee on Legislation of California  
 Harbor Institute for Immigrant and Economic Justice  
 Immigrant Defenders Law Center  
 Inclusive Action for the City  
 Indivisible CA: Statestrong

Latino Coalition for a Healthy California  
Lawyers' Committee for Civil Rights of the San Francisco Bay Area  
Legal Aid at Work  
Long Beach Residents Empowered  
Los Angeles Forward Institute  
Nikkei Progressives  
Oakland Privacy  
Organizing Rooted in Abolition, Liberation, and Empowerment  
Rise Economy  
Smart Justice California  
Thai Community Development Center  
The Sikh Coalition  
Vision Y Compromiso

**Oppose:** None received.

**-- END --**