SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

SB 995 (Pérez)
Version: April 16, 2026
Hearing Date: April 21, 2026
Fiscal: Yes
Urgency: No
AWM

SUBJECT

Involuntary residential facilities: health and safety inspections

DIGEST

This bill authorizes specified state agencies to conduct health and safety inspections of involuntary residential facilities, as defined.

EXECUTIVE SUMMARY

Consistent with California's interest in protecting the health and welfare of persons within its borders, California has a number of statutes regulating facilities that house, confine, or detain individuals where the residents are particularly vulnerable, such as skilled nursing facilities, residential mental health treatment facilities, and detention facilities. The state also has a number of statutes permitting various state and local officials to inspect such facilities to ensure compliance with health and safety standards.

This bill imposes a new regulatory and inspection regime for involuntary residential facilities, which are facilities that house 50 or more people whose ability to enter and leave is restricted and which provide food, shelter, and medical care to residents, not including state and local criminal facilities. The bill authorizes the California Department of Public Health (CDPH) to inspect involuntary residential facilities for violations of health and safety regulations, and to impose administrative penalties in the event of noncompliance. The Attorney General may also file a civil action for declaratory relief against a violator. The bill additionally requires the CDPH to adopt regulations relating to various health and safety conditions in involuntary residential facilities.

This bill is sponsored by Coalition for Humane Immigrant Rights (CHIRLA), MALDEF, Public Counsel, and the South Asian Network, and is supported by over 20 organizations. The Committee has not received timely opposition to this bill. The

Senate Health Committee passed this bill with a vote of 11-0. Should the bill pass this Committee, it will then be referred to the Senate Appropriations Committee.

PROPOSED CHANGES TO THE LAW

Existing constitutional law provides that the United States Constitution, the laws of the United States, and all treaties made under the authority of the United States are the supreme law of the land. (U.S. Const., art. VI, cl. 2.)

Existing state law:

1) Establishes regulations for the health, safety, and welfare of individuals residing in public and private facilities located within the state, as well as minimum standards for those facilities. (*E.g.*, Gov. Code, § 9506; Health & Saf. Code, div. 2, chs. 2, 3, & 3.2; Pen. Code, §§ 5058 & 6030.)

2) Authorizes various state and local public entities to inspect residential facilities located within the state. (*E.g.*, Gov. Code, § 12532; Health & Saf. Code, §§ 1271, 1278, 101045; Pen. Code, § 6031.1.)

3) Authorizes the Attorney General to conduct inspections of county, local, or private locked detention facilities in which noncitizens are being housed or detained for purposes of civil immigration proceedings in California, and requires the Attorney General to report on the results of those inspections. (Gov. Code, § 12532.)

This bill:

1) Establishes the Masuma Khan Justice Act (the Act).

2) Makes findings and declarations relating to California's compelling interest in providing the health, safety, and welfare of individuals residing in involuntary residential environments, the heightened risks posed by restrictive settings, and the intent to establish neutral, generally applicable standards for health and safety inspections of involuntary residential facilities.

3) Defines the following terms:
    a) "Class AA violation" means a violation that is a substantial factor in causing death.
    b) "Class A violation" means a violation that poses an imminent risk of death or serious harm.
    c) "Class B violation" means a violation that has a direct or immediate relationship to health or safety but does not constitute a class A or class AA violation.
    d) "Involuntary residential facility":

i. Means 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 services, or residential supervision.
ii. Includes, but is not limited to, a secure state hospital, civil commitment facility, or a secure residential treatment program, to the extent the facility meets the criteria described in (i).
iii. Does not include a facility that is a state prison, as listed in Penal Code section 5003, or a local detention facility, as defined in Penal Code section 6031.4.

e) "Operator" means any person, corporation, partnership, nonprofit organization, or other entity that owns, leases, manages, or operates an involuntary residential facility.
f) "Resident" means any individual housed in an involuntary residential facility, regardless of legal status, custody status, or reason for placement.
g) "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 part.

4) Provides, notwithstanding any other law, that the CDPH may inspect an involuntary residential facility for the limited purpose of ensuring sanitary, hygienic, and safe conditions, using standards and inspection protocols consistent with those applied to residential health facilities licensed under Division 2 of the Health and Safety Code, and may enforce penalties for any violations; this provision does not require licensure under Division 2 or otherwise subject an involuntary residential facility to the regulatory scheme applicable to facilities licensed under that division.

5) Provides that the CDPH may conduct inspections for any of the purposes described in 4) without prior notice.

6) Provides that an inspection carried out pursuant to the Act shall 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.

7) Provides that, in determining whether an inspection unreasonably interferes with operations or security functions, relevant factors may include, but are not limited to:
   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 the Act.
   c) Whether the inspection imposes requirements that are inconsistent with applicable security procedures or legal obligations.

    d) Whether the inspection can be reasonably accommodated through scheduling, coordination, or alternative means without compromising the purposes of this part.

8) Requires the CDPH, in exercising its authority under the Act, to utilize the existing inspection and citation protocols for long-term health facilities, including the issuance of class AA, class A, and class B citations.

9) Provides that internal security protocols shall not be used to deny inspectors access to an area where residents are housed, fed, or receive medical care, but the CDPH shall comply with reasonable security procedures necessary to ensure safety and facility operations.

10) Provides that 9) does not prohibit the review of deidentified or aggregate health, safety, or incident records reasonably necessary to access compliance with the Act, if the review is conducted in a manner that protects privacy; those records may 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.

11) Provides that if, during an inspection under the Act, the CDPH identifies conditions that may fall within the jurisdiction of another agency, the CDPH shall refer those conditions to the appropriate state or local agency with jurisdiction over the facility for further review or action.

12) Provides that a referral under 11) does not expand the authority of the CDPH beyond the scope of the Act and does not authorize the CDPH to enforce laws or regulations outside its jurisdiction.

13) Requires the CDPH, within 30 days of completing an inspection pursuant to the Act, to prepare a written report of its findings and transmit the report to the Legislature; the report shall be submitted in compliance with Government Code section 9795.

14) Requires an operator to do all of the following:
    a) Provide access to the CDPH for an inspection authorized pursuant to the Act.
    b) Maintain all records necessary to demonstrate compliance with applicable health and safety standards, including the standards adopted pursuant to 20), below, and shall make those records available to the CDPH upon request.
    c) Correct any violation identified by the CDPH within the timeframes established by the CDPH.

15) Provides that an operator who violates any part of the Act or any regulation adopted pursuant to the Act, after appropriate notice and opportunity for a hearing, is 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.
c) $1,000 for a class B violation.

16) Provides that each day a violation remains uncorrected may constitute a separate violation.

17) Provides that, if an operator fails to correct a violation within the time specified in a citation issued pursuant to the Act, the CDPH may issue a safety warning that identifies the uncorrected condition and require prompt corrective action by the operator.
    a) A safety warning is an administrative notice issued as part of, and subordinate to, the citation framework described in Chapter 2.4 of Division 2 of the Health and Safety Code.
    b) A safety warning does not constitute a separate violation, but may be considered in determining compliance status and the need for further enforcement action under Division 2.

18) Permits the CDPH to refer violations of the Act to the Attorney General, and the Attorney General to bring a civil action for declaratory or injunctive relief to compel abatement of a hazard described in the Act.

19) Requires the CDPH to adopt rules and regulations necessary to implement the Act; the regulations shall ensure that all involuntary residential facilities comply with measurable standards for sanitary, hygienic, and safe conditions.

20) Requires regulations adopted under 19) 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 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, requirements governing the safe application of physical restraints to minimize the risk of injury; requirements for mandatory medical evaluation and appropriate care following any incident involving the

use of physical force or restraint; documentation and reporting of incidents involving physical force and restraints; staff training in de-escalation and safe intervention techniques; and workplace violence preventions measures consistent with occupational health and safety standards.

21) Requires the CDPH, in developing the standards described in 20), to consult with stakeholders, including civil rights advocates, public health experts, and organizations representing the interests of persons held in involuntary residential facilities.

22) Includes a severability clause.

COMMENTS

1. Author's comment

According to the author:

> Large involuntary residential facilities, including secure treatment facilities, secure 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. 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. States' rights to regulate detention facilities in the state, and the limits on that right

States "possess[] the general authority to ensure the health and welfare of inmates and detainees in facilities within its borders."[1] A state law, however, will be deemed preempted if it directly contradicts a federal law or if the state law stands as an obstacle to Congress's purpose or objectives.[2] Additionally, the intergovernmental immunity doctrine of the Supremacy Clause prohibits state laws from discriminating against the federal government and burdening it in some way.[3] There is, however, a presumption against a finding that a state law is preempted: when determining whether a state law is preempted, "courts should assume that the historic police powers of the states are not superseded unless that was the clear and manifest purpose of Congress."[4]

The United States Court of Appeals for the Ninth Circuit has established the boundaries of a state's right to regulate detention facilities located within that state. In *Geo Group Inc. v. Newsom* (*Newsom*),[5] the Ninth Circuit, sitting en banc, vacated a district court's denial of a preliminary injunction to California's law to prohibit the operation of private detention facilities within the state.[6] The court's majority opinion held that AB 32 violated the doctrine of intergovernmental immunity, which arises out of the Supremacy Clause of the United States Constitution.[7] The opinion stated that, even though AB 32 was drafted as a generally applicable regulation, it actually "gives California a virtual power of review over ICE's contracting decisions and effectively places a prohibition on the Federal Government from operating with its desired personnel."[8]

The Ninth Circuit subsequently explained that *Newsom*'s holding was a narrow one. In *Geo Group, Inc. v. Inslee* (*Inslee*),[9] the Ninth Circuit held that the district court erred in enjoining Washington statutes regulating the health, safety, and welfare of persons confined in private detention facilities.[10] The Ninth Circuit noted that "[a] state has greater ability to regulate a contractor of the federal government than to regulate the government itself,"[11] and that "[a] state law or regulation that burdens only a federal contractor is not impermissibly discriminatory if it duplicates requirements otherwise mandated under state law that are imposed on similarly situated state contractors."[12] The panel concluded that Washington's law applied only to contractors, not the federal

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[1] *United States v. California* (2019) 921 F.3d 865, 886, cert den. (2020) 590 U.S. 1015.
[2] *E.g., Gade v. National Solid Waste Management Ass'n* (1992) 505 U.S. 88, 98.
[3] *E.g., North Dakota v. U.S.* (1990) 495 U.S. 425, 436-438.
[4] *Arizona v. U.S.* (2012) 567 U.S. 387, 400
[5] (9th Cir. 2022) 50 F.4th 745
[6] *Id.* at p. 751.
[7] *Id.* at p. 758.
[8] *Id.* at p. 761.
[9] (9th Cir. 2025) 151 F.4th 1107, rehg. en banc den. (9th Cir. 2026) 166 F.4th 1188.
[10] *Id.* at pp. 1112, 1114.
[11] *Id.* at p. 1116.
[12] *Id.* at p. 1118 (cleaned up).

government itself, and that the law's health and welfare regulations were similar to those imposed on other civil detention facilities in the state.[13]

3. California's existing regulation of residential facilities, including detention facilities

Consistent with California's interest in protecting the health and welfare of persons within its borders, California has a number of statutes regulating facilities that house, confine, or detain individuals where the residents are particularly vulnerable, such as skilled nursing facilities, residential mental health treatment facilities, and detention facilities.[14] The state also has a number of statutes permitting various state and local officials to inspect such facilities to ensure compliance with health and safety standards.[15]

The Senate Health Committee's analysis of this bill explained the inspection regime for detention facilities in the state, including when and how local health organizations (LHOs) are involved:

> 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

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[13] *Id.* at pp. 1119-1120.

[14] *E.g.*, Gov. Code, § 9506 (regulating conditions at private detention facilities); Health & Saf. Code, div. 2, ch. 2 (regulating health facilities, including skilled nursing facilities), ch. 3 (regulating community care facilities, including group homes, short-term residential therapeutic programs, and residential facilities for wards of the juvenile court), ch. 3.2 (regulating residential care facilities for the elderly); Pen. Code, §§ 5058 & 6030 (requiring the establishment of health and safety regulations for state and local detention facilities).

[15] *E.g.*, Gov. Code, § 12532 (Attorney General may conduct reviews of county, local, or private locked detention facilities in which noncitizens are being housed or detained for purpose of civil immigration proceedings in California); Health & Saf. Code, §§ 1271 (establishing a program review and inspection program for long-term health facilities), 1278 (authorizing inspections of licensed health facilities), 101045 (requiring a county health inspector to annually inspect health and sanitary conditions in a county jail, publicly operated detention facility in the county, and private work furlough facility, and permitting the inspection of a county jail, private detention facility, or other detention facility of the county they deem necessary); Pen. Code, § 6031.1 (Bureau of State and Community Corrections must inspect local detention facilities at least biannually).

> 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).

Existing law also permits the California Department of Justice (DOJ) to inspect county, local, or private locked detention facilities in which noncitizens are being housed or detained for purposes of civil immigration proceedings in California.[16] In its most recent report, the DOJ explained the obligations placed on private facilities that contract with the federal government to provide detention space for persons held in connection with civil immigration proceedings:

> 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. Indeed, the contracts for these facilities include language requiring them to follow applicable federal and state laws.[17]

4. <u>This bill establishes a regime for regulating and inspecting involuntary residential facilities located in the state</u>

This bill is intended to ensure that involuntary residential facilities in the state provide safe and sanitary conditions for their residents. As noted above, involuntarily confined persons are especially vulnerable and uniquely unable to contest poor treatment, so the state has a heightened interest in safeguarding their living conditions.

The bill defines an "involuntary residential facility" as any facility that: houses 50 or more individuals overnight; restricts' residents ability to enter or leave at will, regardless of the legal authority under which the individual is housed; and provides onsite food service, medical care, mental health services, or residential supervision. Secure state hospitals, civil commitment facilities, and secure residential treatment programs are all expressly listed as involuntary residential facilities. The definition does not include criminal detention facilities, i.e., state prisons and local detention facilities.

Under the regime established by the bill, the CDPH may conduct inspections of involuntary residential facilities for the limited purpose of ensuring sanitary, hygienic, and safe conditions, using the existing standards and protocols in effect for residential health facilities. The inspections may be with or without notice, but may not unreasonably interfere with facility operations or any law enforcement or security

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[16] Gov. Code, § 12532.
[17] DOJ, Immigration Detention Report (Apr. 2025, rev. May 2025) pp. 13-14, *available at* https://oag.ca.gov/system/files/media/immigration-detention-2025.pdf (link current as of April 16, 2026).

functions. The CDPH must complete a report of any such inspection and provide the report to the Legislature. The bill requires the operator of an involuntary residential facility to provide access to the facility and to maintain all records necessary to demonstrate compliance with applicable health and safety standards.

In the event of a violation, the bill authorizes the CDPH to impose administrative penalties on the operator using a penalty framework imported from existing law relating to residential facilities. Any administrative penalties imposed may be challenged by the operator through existing administrative procedures. If a violation goes unresolved, CDPH may issue a safety warning if there is a condition that requires prompt corrective action. The DOJ may bring an action for declaratory or injunctive relief to compel abatement of a hazard identified by the CDPH.

Finally, the bill requires the CDPH to implement regulations necessary to implement the above provisions, which may include regulations to ensure that all involuntary residential facilities comply with measurable standards for hygienic, sanitary, and safe conditions. The bill includes a list of specific aspects of life in confinement for which the CDPH must establish objective, measurable standards, including personal hygiene, air quality, and the provision of medical care.

It is undisputed that this bill would apply to, among other facilities, privately operated facilities that contract with the federal government for civil immigration detention purposes. It is possible that the operator of such a facility could challenge this bill on constitutional grounds. Under the legal framework set forth in Comment 3, however, this bill is much more like the regulations approved of in *Inslee* than the prohibition struck down in *Newsom*. Like the laws in *Inslee*, this bill regulates, at most, federal contractors, not the federal government itself; and like the laws in *Inslee*, this bill imposes regulations and requirements relating to matters that fall within California's "historic police powers."[18] Moreover, as the DOJ notes, contractors operating civil immigration facilities are required to operate pursuant to, among other things, state laws.[19] The bill therefore appears to fall within the types of regulations that have been approved by the federal courts.

5. Arguments in support

According to the Central American Resource Center of California:

> Large involuntary residential facilities—including, but not limited to, secure treatment facilities, state hospitals, and privately operated detention facilities—house thousands of people each day who depend on them for shelter, food, medical care, and basic safety. In 2025, the number of people in Immigration and Customs Enforcement (ICE) custody nearly doubled from the start of the year to about 66,000,

[18] *Inslee*, *supra*, 151 F.4th 1107, 1117 (cleaned up).
[19] DOJ, Immigration Detention Report, *supra* at pp. 13-14.

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.

In a report released last year, the California Attorney General (AG) reviewed six private immigration detention facilities and identified serious deficiencies, including inadequate medical and mental health care, insufficient suicide prevention protocols, a lack of transparency regarding use-of-force, and barriers to due process. These systemic failures directly impact the people detained in these facilities. For example, Masuma Khan, a 64-year-old Altadena resident who survived the Eaton fire and lived in the U.S. for nearly 30 years with her U.S. citizen family, was detained by ICE during a routine check-in appointment in October 2025. She was held without warm clothing, adequate food, or access to vital medication until a federal judge ordered her release in November. These conditions are not isolated. ICE arrested 382,540 people nationwide over the past year, and deaths in detention centers reached unprecedented levels, with eight already reported in January 2026. Although the AG provides some transparency, there is still no consistent statewide inspection or enforcement framework, and counties have not uniformly exercised their inspection authority.

SB 995 establishes a uniform inspection and compliance framework for large involuntary residential facilities by requiring routine, multi-agency health and safety inspections, access to records, legislative reporting, and enforceable penalties to ensure timely correction of violations.

SUPPORT

CHIRLA (co-sponsor)
MALDEF (co-sponsor)
Public Counsel (co-sponsor)
South Asian Network (co-sponsor)
Asian Americans Advancing Justice Southern California
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
Inclusive Action for the City
Indivisible CA: StateStrong

Inland Coalition for Immigrant Justice
LA Forward Institute
Lawyers' Committee for Civil Rights of the San Franscisco Bay Area
Legal Aid at Work
Long Beach Residents Empowered
Oakland Privacy
ORALE
Smart Justice California
Thai Community Development Center
Vision y Compromiso

OPPOSITION

None received

RELATED LEGISLATION

Pending legislation:

SB 1399 (Durazo, 2026) removes the July 1, 2027, sunset date from the statute permitting the Attorney General to engage in reviews of local, county, or private locked detention facilities in which noncitizens are housed for immigration purposes in California. SB 1399 is pending before the Senate Appropriations Committee.

SB 942 (Caballero, 2026) requires covered civil confinement facilities, as defined, to file an annual registration with the State Department of Health containing specified information and to comply with specified standards. SB 942 is pending before this Committee and is set to be heard on the same date as this bill.

Prior legislation:

SB 1132 (Durazo, Ch. 183, Stats. 2024) authorizes a county or city health officer to investigate a private detention facility, as defined, as they determine necessary.

SB 334 (Durazo, Ch. 298, Stats. 2021) requires a private detention facility responsible for the custody and control of a prisoner or civil detainee to operate in compliance with existing standards for criminal detention facilities and to maintain specified insurance coverages, including general, automobile, and umbrella liability, and workers' compensation.

AB 263 (Arambula, Ch. 294, Stats. 2021) clarified that a private detention facility operator must comply with all local and state public health orders and occupational safety and health regulations.

AB 103 (Assembly Committee on Budget, Ch. 17, Stats. 2017) among other things, authorized the Attorney General to inspect private civil immigration facilities.

AB 3228 (Bonta, Ch. 190, Stats. 2020) required private detention facility operator, as defined, to comply with, and adhere to, the detention standards of care and confinement agreed upon in the facility's contract for operations, and allows an individual who has been injured by a failure to file a civil action for damages.

AB 32 (Bonta, Ch. 739, Stats. 2019) prohibited the California Department of Corrections and Rehabilitation (CDCR) from entering into, or renewing contracts with private for-profit prisons after January 1, 2020, and eliminated their use by January 1, 2028. AB 32 is discussed in further detail in Comment 2.

PRIOR VOTES

Senate Health Committee (Ayes 11, Noes 0)

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