

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

SB 81 (Arreguín)
Version: March 24, 2025
Hearing Date: April 29, 2025
Fiscal: Yes
Urgency: Yes
ID

SUBJECT

Health and care facilities: information sharing

DIGEST

This bill includes immigration status and place of birth in the definition of medical information for the purposes of the Confidential Medical Information Act, and prohibits a health care provider entity's employees from permitting access to the nonpublic spaces of the entity's facilities without a valid judicial warrant, as specified.

EXECUTIVE SUMMARY

California is home to about 10.6 million immigrants. California's immigrant residents are important and valuable members of their communities, and help make the state a thriving, diverse, and healthy state. However, every person in the United States who is a non-citizen has some risk of being subject to immigration enforcement activities or deportation. This risk has serious effects on immigrant families, and contributes to fears that prevent many non-citizens from seeking essential health care. With a recent increase in immigration enforcement activity, these risks and their impact have become an even greater concern for the state.

SB 81 aims to ensure that immigrant Californians can access medical services and health care without the fear of being subject to immigration enforcement. It does so by including immigration status and place of birth in the definition of medical information for the purposes of the Confidential Medical Information Act (CMIA), and prohibits a health care facility from providing access to a patient for immigration enforcement purposes, as specified. SB 81 also would require health care provider entities to establish or amend procedures for monitoring and receiving visitors to their facilities, and would require personnel to immediately notify management, administration, or legal counsel of a request for access to the facility or a patient for immigration enforcement. SB 81 also prohibits a health care provider entity and its personnel from granting access to nonpublic areas of the provider's facilities for immigration

enforcement without a valid judicial warrant or court order, and requires health care provider entities to provide their staff and volunteers with trainings on responding to immigration enforcement requests. SB 81 is sponsored by the California Immigrant Policy Center, the Latino Coalition for a Healthy California, California Nurses Association, and SEIU California, and is supported by a variety of nonprofits and healthcare associations. The Committee has received no timely letters of opposition. SB 81 previously passed out of the Senate Health Committee by a vote of 9 to 1.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Establishes the Confidential Medical Information Act (CMIA) to protect an individual's medical information from unauthorized disclosure by providers of health care. Provides an individual right of action for a patient whose information was disclosed in violation of CMIA's provisions. (Civ. Code §§ 56 et seq.)
- 2) Defines "medical information," for the purposes of the CMIA, as any individually identifiable information, in electronic or physical form, that is in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental health application information, reproductive or sexual health application information, mental or physical condition, or treatment. Specifies that "individually identifiable" information means medical information that includes any element of personal identifying information sufficient to allow the individual to be identified. (Civ. Code 56.05(j).)
- 3) Prohibits providers of health care, health care service plans, or contractors from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber without first obtaining authorization, except for as provided. Specifies that a provider of health care, health care service plan, or a contractor must disclose medical information if the disclosure is compelled by:
 - a) a court order;
 - b) a board, commission, or administrative agency for purposes of adjudication;
 - c) a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency;
 - d) a board, commission, or administrative agency pursuant to an investigative subpoena;
 - e) an arbitrator or arbitration panel, when arbitration is lawfully requested by either party;

- f) a search warrant lawfully issued to a governmental law enforcement agency;
 - g) a patient or patient's representative;
 - h) a medical examiner, forensic pathologist, or coroner when requested in the course of an investigation, as specified; or
 - i) when otherwise specifically required by law. (Civ. Code § 56.10(b).)
- 4) Prohibits law enforcement agencies from using agency or department moneys or personnel to investigate, interrogate, detain, detect, or arrest persons for immigration enforcement purposes, as specified, place peace officers under the supervision of federal agencies, use immigration authorities as interpreters for law enforcement matters, transfer an individual to immigration authorities unless authorized by a judicial warrant, provide office space exclusively dedicated to immigration authorities, and contract with the federal government for the use of law enforcement agency facilities to house individuals as federal detainees for the purposes of civil immigration custody, as specified. (Gov. Code § 7284.6.)
- 5) Requires the Attorney General, by April 1, 2018, and in consultation with the appropriate stakeholders, to publish model policies limiting assistance with immigration enforcement at public schools, public libraries, health facilities operated by the state or a political subdivision thereof, courthouses, Division of Labor Standards Enforcement facilities, the Agricultural Labor Relations Board, the Division of Workers Compensation, and shelters, to the fullest extent possible consistent with federal and state law, and ensuring that public schools remain safe and accessible to all California residents, regardless of immigration status.
 - a) Requires all public schools, health facilities operated by the state or a political division thereof, and courthouses to implement the Attorney General's model policy, or an equivalent.
 - b) Encourages the Agricultural Relations Board, the Division of Workers' Compensation, the Division of Labor Standards Enforcement, shelters, libraries, and all other organizations and entities that provide services related to physical or mental health and wellness, education, or access to justice, including the University of California, to adopt the model policy. (Gov. Code § 7284.8.)
- 6) Requires the Attorney General, by October 1, 2018, and in consultation with appropriate stakeholders, to publish guidance, audit criteria, and training recommendations aimed at ensuring that any databases operated by state and local law enforcement agencies, including databases maintained for the agency by private vendors, are governed in a manner that limits the availability of information therein to anyone or any entity for the purpose of immigration enforcement, to the fullest extent practicable and consistent with federal and state law. (Gov. Code § 7284.8(b).)

- 7) Prohibits, except as otherwise required by federal law, an employer or person acting on their behalf from providing voluntary consent to an immigration enforcement agent to enter any nonpublic area of a place of labor, unless the agent provides a judicial warrant, and specifies civil penalties for an employer who violates this prohibition. (Gov. Code § 7285.1.)
- 8) Prohibits an employer from providing voluntary consent to an immigration enforcement agent to access, review, or obtain the employer's employee records without a subpoena or judicial warrant, except for access to I-9 employment eligibility verification forms or other documents for which a Notice of Inspection has been provided to the employer. Provides a civil penalty, enforceable by the Labor Commissioner or the Attorney General, for a violation of this prohibition. (Gov. Code § 7285.2.)

This bill:

- 1) Specifies that "medical information" includes immigration status, including current and prior immigration status and place of birth.
- 2) Specifies that, for the exception to the prohibition on disclosing a patient's medical information for a search warrant lawfully issued, that the warrant be signed by a judge, including a magistrate judge.
- 3) Defines, for the purposes of CMIA, "immigration enforcement" as any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person's presence in, entry or reentry to, or employment in, the United States.
- 4) Specifies that, except to the extent expressly authorized by a patient, enrollee, or subscriber, or as specified, a provider of health care, health care service plan, contractor, or corporation and its subsidiaries shall not disclose medical information.
- 5) Specifies that, notwithstanding any other law, and to the extent permitted by federal law, a provider of health care, health care service plan, contractor, or employer may not, to the extent possible, allow access to a patient for immigration enforcement.
- 6) Requires health care providers to establish or amend, to the extent possible, procedures for monitoring and receiving visitors to health care provided entities consistent with this bill's requirement, and encourages health care providers to post a "notice to authorities" at facility entrances.

- 7) Requires a health care provider entity personnel, when circumstances allow, to immediately notify the entity's management, administration, or legal counsel of any request for access to a health care provider entity site or patient for immigration enforcement, and any requests for review of health care provider entity documents.
- 8) Requires a health provider entity personnel to direct any request for access to the entity's site or patient for immigration enforcement to the designated health care provider entity management, administrator, or legal counsel.
- 9) Encourages a health care provider entity to designate areas where patients are receiving treatment or care, where a patient is discussing protected health information, or that are not otherwise open to the public as nonpublic. Encourages a facility to designate these areas through mapping, signage, key entry, policy, or any combination of such actions.
- 10) Prohibits a health care provider entity and its personnel, to the extent permitted by state and federal law, from granting access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order.
- 11) Requires a health care provider entity and its personnel, to the extent possible, to have the denial of access to the nonpublic areas of the facility witnessed and documented by at least one health care provider entity personnel.
- 12) Requires health care provider entities to inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grants access to health care provider entity sites or patients.
- 13) Provides, for the purposes of (6) through (12), above, various definitions, as specified.
- 14) Applies the requirements of (6) through (12), above, to all health care provider entities that are operated by the state or a political subdivision thereof, that provide services related to physical or mental health and wellness, education, or access to justice, including the University of California, that receive state funding, or that are all other health care provider entities.
- 15) Specifies that it is an urgency statute, and that the reason for the urgency is to ensure that vulnerable families and their children are able to access their medical and health care services and needs without fear of deportation, harassment, or intimidation.
- 16) Requires health care provider entities to comply with its requirements within 45 days from the effective date of this bill.

COMMENTS

1. Author's statement

According to the author:

Every Californian should be able to see a doctor or go to a hospital in the case of an emergency without fear of being arrested for their immigration status. Recently, the federal government rescinded previous policy guidance which restricted immigration officials from visiting so-called “sensitive areas” - such as hospitals, schools and churches - for the purposes of federal immigration enforcement. As a result, hospitals, clinics, and reproductive health clinics throughout California could be the target of immigration enforcement and some immigration enforcement has already occurred. This already has had a chilling effect on undocumented Californians seeking medical care. The impact of people forgoing medical treatment is significant not only on the individual but on the broader health of our state.

SB 81 would enshrine into law critical protections to ensure that health facilities are safe and accessible. This bill would codify existing policy guidance from the Attorney General prohibiting the sharing of information about the citizenship status of patients, and also restricting access to federal immigration officials to the non-public areas of health facilities and prohibiting their ability to question or detain a patient while they are actively receiving care from a medical professional.

2. California's non-citizen residents are important members of their communities

California is home to about 10.6 million immigrants, accounting for 22% of the foreign-born population nationwide.¹ In 2023, 27% of the state's population was foreign born, the highest of any state. Of California's immigrant population, about 1.8 million are undocumented, and 45% are non-citizens. Undocumented and non-citizen Californians are important members of their communities. Many attend California schools or are studying to enter fields greatly impacted by worker shortages, work in essential services, and play vital roles in their towns and cities. Undocumented Californians also contribute millions to the California economy and in taxes every year. They help make California a thriving, diverse, and healthy state.

The term “undocumented” generally refers to a person who is in the United States without immigration status from the federal government. Many undocumented Californians arrived to the United States when they were young, and have long been a

¹ Marisol Cuellar Mejia et al., Fact Sheet: Immigrants in California, Public Policy Institute of California (Jan. 2025), available at <https://www.ppic.org/publication/immigrants-in-california/>.

part of their communities. About 76% of undocumented students arrived in the United States when they were children or adolescents, and those who arrived to the United States as adults have lived in the United States for eight years on average.² Lacking immigration status can be incredibly limiting; without immigration status, individuals are usually ineligible for federal public benefits and federal student loans, and may become subject to a deportation proceeding by federal immigration authorities at any time. In addition, undocumented persons are generally not authorized to work in the United States.

An undocumented person may have entered the United States without any visa or immigration status, or they may have entered with an immigration status that has since expired. A person with a visa that is expiring is generally expected to renew or apply to adjust their status to a new category of immigration status, or depart the United States. However, many visas are only designed to be temporary, and eligibility for and availability of permanent immigration status – called lawful permanent residency, or a green card – is incredibly limited. Even those who qualify for a green card may have to wait a decade or even more than two decades to be able to receive it due to backlogs and administrative delays. Without comprehensive immigration reform from Congress, the United States' immigration system continues to be broken and fails to provide meaningful opportunities for undocumented individuals and those who wish to stay in the United States to do so with immigration status.

3. Non-citizen Californians hold a variety of immigration statuses

In addition to undocumented individuals, many other individuals with various immigration status or visas call California home. Many have Deferred Action for Childhood Arrivals (DACA) status, a program created by President Obama in 2012 that provides temporary protection from deportation and the opportunity for employment authorization to certain undocumented youth who entered the United States as children and have, or are, completing some amount of school.³ Other California immigrants are international students, who are in the United States on student visas that have strict requirements regarding their education and employment, or unaccompanied minors with Special Immigrant Juvenile Status (SIJS) due to abandonment, abuse, or neglect by one or both of their parents. In addition, others are recipients of immigration statuses like u-nonimmigrant status, t-nonimmigrant status, or asylum, which all provide temporary status and the ability to apply for lawful permanent residency. Others have lawful permanent residency, and simply have not obtained U.S. Citizenship yet or do not qualify for citizenship. In addition to these categories of immigration status, various

² American Immigration Council and Presidents' Alliance on Higher Education and Immigration, "Undocumented Students in U.S. Higher Education" (Jun. 2024), available at <https://www.higheredimmigrationportal.org/research/undocumented-students-in-higher-education-updated-march-2021/> (hereafter American Immigration Council).

³ *Id.*

other categories of status exist that are tied to the visa holder's employment, or are temporary visas for specific purposes like tourism.

4. Immigration enforcement poses significant risk of harm to undocumented and non-citizen Californians

Any person in the United States who is not a citizen has some level of risk that they could be deported from the United States. In order to be deported from the United States, an individual needs to be found to have triggered a ground of deportability. There are numerous grounds of deportability, such as making a false claim to U.S. Citizenship or being convicted of certain criminal offenses.⁴ An individual who is present in the United States without ever having been admitted or paroled into the United States by an immigration officer is deportable, as is an individual who has violated their immigration status or has had their immigration status expire. Thus, an undocumented person is always at risk of being subject to immigration enforcement activities by the federal government. However, many undocumented individuals reside in the United States for many years or without ever being subject to immigration enforcement, in part because the federal government's capacity for enforcing immigration laws is limited.

If an individual is apprehended by an official for immigration enforcement purposes, such as by an officer of Immigration and Customs Enforcement (ICE), the agency responsible for enforcing the nation's immigration laws within the United States, or by an officer of Customs and Border Patrol (CBP), the agency responsible for inspecting and patrolling the nation's borders and ports of entry, and the officer believes the individual is undocumented or has done something to trigger a ground of deportability, they may be placed into a deportation proceeding before an immigration judge. Deportation proceedings are informal, administrative proceedings, in which an administrative law judge makes a determination of whether a respondent before the judge should be granted relief from deportation and some type of immigration status, such as asylee status, or be deported. While such proceedings often take years to resolve, the result of either failing to appear at such a proceeding or failing to defend against the government's charges of deportability is that the individual is ordered removed from the United States. So serious are the consequences of deportation proceedings that one immigration judge has called deportation proceedings "death penalty cases heard in traffic court."⁵ If an individual has an outstanding removal order, they may be detained and removed at any time, except in narrow circumstances.

In addition, under a process called expedited removal, if an immigration officer stops an individual who cannot provide documentation proving that they have legal status to

⁴See 8 U.S.C. § 1227.

⁵ Dana Leigh Marks, "Immigration judge: death penalty cases in a traffic court setting," CNN (Jun. 26, 2014), <https://www.cnn.com/2014/06/26/opinion/immigration-judge-broken-system/index.html>.

reside in the United States and that they have been in the United States for a certain period of time, they may be removed through an expedited process without the ability to defend against their deportation before an immigration judge.⁶ Under President Trump's first term, and again under his second term, expedited removal was expanded to be available throughout the entire United States, and to require that a detained individual must be able to prove that they have been in the United States for at least the past two years. When an individual is stopped by an immigration officer and placed in either expedited removal or a removal proceeding, they may be detained in immigration detention, sometimes indefinitely while awaiting their case or deportation.

5. Increased immigration enforcement activity has significant impacts on those targeted by such enforcement and their families

President Trump, since re-entering the office, has promised to ramp up immigration enforcement and greatly increase deportations. Already, he has attempted to make due on this promise, through various executive actions that have declared a national emergency at the southern border, halted refugee admission, expanded who immigration enforcement officers can prioritize for deportation, expanded expedited removal, increased the hiring of immigration officers, and expanded immigration detention. In addition, the Trump Administration ended long-standing federal policy that limited immigration enforcement activity at "sensitive locations" like schools, places of worship, courthouses, and healthcare facilities.⁷ Reports have shared horrific stories of immigration enforcement officers detaining children in their hospital rooms and deporting the family of a 10 year old U.S. Citizen with brain cancer as they were on the way to the hospital for an emergency check up.⁸

The consequences of the threat of immigration enforcement activity and these recent changes in policy regarding such activity is significant. Schools across the country are experiencing significant drops in school attendance as students and their families fear

⁶ 8 U.S.C. § 1225(b).

⁷ See Benjamin C. Huffman, Memorandum: Enforcement Actions in or Near Protected Areas, Dept. of Homeland Sec. (Jan. 20, 2025), available at <https://www.nafsa.org/regulatory-information/dhs-rescinds-biden-protected-areas-enforcement-policy>; James A. Puleo, Memorandum: Enforcement Activities at Schools, Places of Worship, or at funerals or other religious ceremonies, Imm. & Nationality Svcs., HQ 807-P (May 17, 1993); Dept. of Homeland Sec., "Secretary Mayorkas Issues New Guidance for Enforcement Action at Protected Areas," (Oct. 27, 2021), available at <https://www.dhs.gov/archive/news/2021/10/27/secretary-mayorkas-issues-new-guidance-enforcement-action-protected-areas>.

⁸ Barbara Campbell, "Girl detained by border patrol after emergency surgery released to parents," NPR (Nov. 3, 2017), <https://www.npr.org/sections/thetwo-way/2017/11/03/562003841/girl-detained-by-border-patrol-after-emergency-surgery-is-released-to-parents#:~:text=Climate-Rosa%20Maria%20Hernandez%2C%20Girl%20Held%20By%20Border%20Patrol%20After%20Surgery,used%20away%20from%20her%20family>; Nicole Acevedo, "U.S. Citizen child recovering from brain cancer removed from Mexico with undocumented parents," NBC News (Mar. 13, 2025), <https://www.nbcnews.com/news/latino/us-citizen-child-recovering-brain-cancer-deported-mexico-undocumented-rcna196049>.

being stopped or questioned by immigration authorities at school.⁹ In addition, research has shown that many immigrant youth experience high levels of mental health symptoms like anxiety, depression, and post-traumatic stress due to fears of immigration enforcement and separation from their family due to immigration enforcement.¹⁰ Stressors related to immigration status and the risk of deportation negatively impact all aspects of an undocumented or non-citizen's life. The fear of immigration-related consequences has resulted in many immigrants skipping medical care, being under-insured, and being hesitant to access vital assistance programs like those for health care coverage.¹¹ In addition, a deportation can severely impact the individual deported, sending them to a country in which they have not lived for many years or where they fear for their life, and separating them from their families. Family members of those subject to immigration enforcement often suffer as well, through the psychological pain of family separation as well as through financial strain and other hardships as a result.

6. Recent California laws aim to limit the use of state resources for immigration enforcement activity

In response to increased immigration enforcement activity under the first Trump administration, the Legislature passed a number of laws related to immigration enforcement. One of the first measures was AB 450 (Chiu, Ch. 492, Stats. 2017), which prohibited an employer from providing voluntary consent to an immigration officer to enter a non-public area of the workplace without being provided a judicial warrant. AB 450 also prohibited an employer from providing immigration officers voluntary consent to access, review, or obtain an employer's employee records without a subpoena or judicial warrant, except for in the context of a valid request to review I-9 employment eligibility verification forms and related records.

The same year that AB 450 was passed, the Legislature also passed the California Values Act (SB 54, De León, Ch. 495, Stats. 2017). SB 54 limited local law enforcement agencies' sharing of inmate information with federal immigration agencies, and prohibited law enforcement agencies from using their resources for immigration enforcement or from cooperating in immigration enforcement activities. In addition, SB 54 required the Attorney General to publish various model policies regarding local entities' involvement or cooperation with immigration enforcement. These model

⁹ Jasmine Garsd, "The prospect of immigration agents entering schools is sending shockwaves among communities," NPR (Feb. 4, 2025), <https://www.npr.org/2025/02/04/nx-s1-5277170/schools-ice-immigration>.

¹⁰ Randy Capps & Michael Fox, "How the fear of immigration enforcement affects the mental health of latino youth," Migration Policy Institute (Dec. 2020), <https://www.migrationpolicy.org/news/how-fear-immigration-enforcement-affects-mental-health-latino-youth>.

¹¹ Kaiser Family Foundation, "Key facts on health coverage of immigrants" (Jan. 15, 2025), <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>.

policies included policies for limiting assistance with immigration enforcement at public schools, public libraries, health care facilities, courthouses, and various state agencies, which public schools, health facilities operated by the state, and courthouses were required to implement. The Attorney General's model policies regarding health facilities include a number of policy recommendations, including that health facilities: limit the collection of information about immigration status; respond promptly to requests by patients to remove immigration status information from their medical records; develop policies under which staff disclose patient information only when required or expressly authorized to do so by law; document any required disclosure of a patient's information for immigration enforcement; and refuse consent to enter the health facility to an immigration enforcement officer unless the officer presents a federal judicial warrant.¹² The model policies also included policies relating to the operation of databases by state and local law enforcement agencies aimed at limiting the availability of information on the databases for the purpose of immigration enforcement. SB 54 encouraged, but did not require, all state and local law enforcement agencies to adopt the model policies. While SB 54 was challenged in court by the previous Trump administration, the Ninth Circuit upheld it as constitutional under the anti-commandeering doctrine of the Tenth Amendment, and the United States Supreme Court refused to disturb that decision. (*United States v. California* (2019) 921 F.3d 865; *United States v. California* (2020) 141 S. Ct. 124.)

7. The California Medical Information Act protects Californians' medical information

The federal Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides protections to patients for the use and disclosure of information contained in a patient's medical record. (42 U.S.C. § 1320d-1 et seq.) HIPAA prohibits personal health information from being used or disclosed, except for in certain circumstances, like patient consent or for treatment or payment for health care. (45 C.F.R. §§ 164.506, 164.508.)

California also has its own laws that protect health information. The foundational principle of privacy in California derives from its Constitution, as the California Constitution provides an explicit right to privacy. (Cal. Const., Art. I, § 1.) In addition, the Confidentiality of Medical Information Act (CMIA) prohibits healthcare providers, insurance plans, and contractors from disclosing medical information to third parties. (Civ. Code §§ 56 et seq.) For this prohibition, the CMIA defines "medical information" as "individually identifiable" information about a patient's medical history, mental or physical condition, or treatment. (Civ. Code § 56.05(j).) Individually identifiable information is that information that includes data that could identify a person, and includes information like a person's name, address, contact information, and social security number. The CMIA's definition of healthcare provider is incredibly broad, and

¹² Office of Attorney General, Promoting Safe and Secure Healthcare Access for All, Dept. of Justice (Dec. 2024), available at <https://oag.ca.gov/immigrant/resources>.

includes businesses that provide software that maintains medical information. (Civ. Code § 56.05(m).) The CMIA also provides a patient with a private cause of action for an unlawful disclosure, through which the patient may recover compensatory damages, punitive damages of up to \$3,000, attorney's fees not to exceed \$1,000, and the costs of litigation. (Civ. Code § 56.35.)

8. SB 81 aims to provide non-citizens utilizing California's medical providers security that doing so will not subject them to immigration enforcement

SB 81 aims to protect immigrant patients of California's healthcare facilities through a variety of policies. Firstly, it amends the CMIA to explicitly include immigration status, including current and prior immigration status and place of birth, in the definition of medical information. SB 81 also clarifies that the exception to the CMIA's prohibition on the disclosure of medical information for disclosure in response to a warrant lawfully issued may only be for warrant that is signed by a judge or magistrate judge. It should be noted that immigration status may already be protected by CMIA. That is because it includes identifying information, as in information that includes an element of personal identifying information sufficient to allow identification of the individual, as described above in the definition of medical information. (Civ. Code § 56.05(j).)

Additionally, SB 81 prohibits a provider of health care, a health care service plan, contractor, or employer from allowing access to a patient, to the extent possible, for immigration enforcement. This prohibition does not have an explicit exception for when an officer has a valid judicial warrant. In such situations, a health care facility typically would not be able to prevent the officer from executing the valid judicial warrant, regardless of the purpose of the warrant.

SB 81 also specifies steps healthcare providers must follow regarding immigration enforcement. These provisions essentially codifies substantial aspects of the Attorney General's model policies for healthcare facilities regarding immigration enforcement. It requires health care providers to establish or amend procedures for monitoring and receiving visitors to the health care provider's entities consistent with its requirements, and encourages health care providers to post a "notice to authorities" at facility entrances. It also requires, when circumstances allow, that health provider personnel immediately notify the health care provider's management, administration, or legal counsel when a request for access to the health care provider's site or patient, or for review of the health care provider's documents, for immigration enforcement. SB 81 requires, to the extent possible, that the health care provider's personnel direct such a request to management, the administrator, or the provider's legal counsel.

Regarding access to the health care provider's facility, SB 81 provides a number of additional requirements meant to enhance the privacy available to facility users and promote a safe environment conducive to the facility's mission and patient care. It encourages a health care provider to designate the areas of the facility where a patient is

receiving treatment or care, where a patient is discussing protected health information, or that are not otherwise open to the public as nonpublic areas of the facility. With regard to nonpublic areas of the facility, SB 81 prohibits the health care provider from, to the extent possible, granting access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order. SB 81 specifies that a health care provider and its personnel must have the denial of access to the nonpublic areas of the facility witnessed and documented by at least one other personnel of the facility. In order to ensure compliance with these requirements, SB 81 requires health care providers to inform their staff and relevant volunteers on how to respond to requests for access relating to immigration enforcement.

9. Amendments

The author has agreed to amend SB 81 to remove Section 3 of the bill. A full mock-up of these amendments are attached at the end of this analysis.

SUPPORT

California Immigrant Policy Center (sponsor)
California Nurses Association (sponsor)
Latino Coalition for a Healthy California (sponsor)
SEIU California State Council (sponsor)
Alliance San Diego
Asian Americans Advancing Justice-southern California
Buen Vecino
California Chapter of the American College of Emergency Physicians
California Hospital Association
Ceres Community Project (UNREG)
Coalition for Humane Immigrant Rights (CHIRLA)
Communities United for Restorative Youth Justice (CURYJ)
Community Clinic Association of Los Angeles County (CCALAC)
Courage California
Cpca Advocates
Deafhope
Disability Rights California
Ensuring Opportunity Campaign
Farm2people
First 5 Contra Costa
Friends Committee on Legislation of California
Gender Justice LA
Healthy Contra Costa
Indivisible CA Statestrong
Inland Coalition for Immigrant Justice
LA Clinica De LA Raza, INC.

Los Amigos De LA Comunidad, INC.
Multicultural Institute
North East Medical Services (NEMS)
Oasis Legal Services
Pre-health Dreamers
South Asian Network
Southeast Asia Resource Action Center
The Black Alliance for Just Immigration
The Children's Partnership
The Los Angeles Trust for Children's Health
Venice Family Clinic
Western Center on Law & Poverty, Inc.

OPPOSITION

None received

RELATED LEGISLATION

Pending Legislation:

SB 841 (Rubio, 2025) requires an employee of a courthouse, homeless shelter, rape crisis center, and domestic violence shelter from providing access to the site without the approval of the entity's administrator and a valid judicial warrant, among other requirements. SB 841 is currently pending before the Senate Public Safety Committee.

SB 580 (Durazo, 2025) requires the Attorney General, on or before July 1, 2026 to publish model policies and guidance, audit criteria, and training recommendations for state and local agencies and the databases they operate relating to limiting assistance with immigration enforcement, and requires local and state agencies to adopt these policies or an equivalent by January 1, 2027. SB 580 is currently pending before the Senate Local Government Committee.

SB 48 (Gonzalez, 2025) prohibits a local educational agency and its personnel from granting an immigration official access to schoolsites without a judicial warrant, and from providing information about a student, their family and household, school employees, or a teacher without a judicial warrant. SB 48 also prohibits California law enforcement agencies from collaborating with, or providing any information about a student, the student's family and household, a school employee, or a teacher to immigration authorities regarding immigration enforcement actions that could be or are taking place within a one mile radius of any schoolsite. SB 48 is currently pending before this Committee and is set to be heard on the same date as this bill.

AB 419 (Connolly, 2025) requires the governing board or body of a local educational agency to post the “Know Your Educational Rights” guide developed by the Attorney General in the administrative buildings and on the website of the local educational agency and at each of its schoolsites, including in each language other than English that the school is required to translate documents into pursuant to existing law. AB 419 is currently pending before the Assembly Education Committee.

AB 49 (Muratsuchi, 2025) prohibits school officials and employees of a local educational agency, or employees of a day care facility, from allowing a federal immigration officer to enter a schoolsite or day care facility for any purpose without providing valid identification, a written statement of purpose, and a valid judicial warrant, and without receiving approval from specified school officials, and limits an approved official’s access to only facilities where students or children are not present. AB 49 is currently pending before the Assembly Education Committee.

Prior Legislation:

SB 54 (De León, Ch. 495, Stats. 2017) prohibited state and local law enforcement agencies from using money or personnel to investigate, interrogate, detain, detect, or arrest persons for immigration enforcement purposes, subject to exception, and required the issuance and adoption by various entities of model policies limiting assistance with immigration enforcement and limiting the availability of information for immigration enforcement.

AB 699 (O’Donnell, Ch. 493, Stats. 2017) included immigration status in the list of specified characteristics for which law states it is the policy of the State of California to provide equal rights and opportunities in the state’s educational institutions, and prohibited school officials and employees of a school district, county office of education, or charter school from collecting information or documents regarding the citizenship or immigration status of pupils or their family members. Required specified school officials to take certain actions in response to requests for information or access to a schoolsite by an immigration officer for the purposes of immigration enforcement, required the Attorney General to publish, by April 1, 2018, model policies limiting assistance with immigration enforcement at public schools, and required all local educational agencies to adopt these model policies or equivalent policies.

AB 450 (Chiu, Ch. 492, Stats. 2017) prohibited an employer from providing voluntary consent to an immigration officer to enter a non-public area of the workplace without being provided a judicial warrant. AB 450 also prohibited an employer from providing immigration officers voluntary consent to access, review, or obtain an employer’s employee records without a subpoena or judicial warrant, except for in the context of a valid request to review I-9 employment eligibility verification forms and related records

AB 21 (Kalra, Ch. 488, Stats. 2017) required the Trustees of the California State University, the governing boards of community college districts, and independent

institutions of higher education, and requested the Regents of the University of California, to take certain actions regarding immigration enforcement activities on campus, including: refraining from disclosing personal information concerning students, faculty, and staff except under specified circumstances; advising all students, faculty, and staff to notify the office of the chancellor or president as soon as possible if they are advised that an immigration officer will or has entered campus to execute an immigration order; complying with a request from an immigration officer for access to a non-public area of campus only upon the presentation of a judicial warrant; and designating a staff person to serve as a point of contact for those who may be subject to immigration actions, among other requirements. Required such institutions of higher education to adopt and implement the model policy limiting assistance with immigration enforcement developed by the Attorney General, or an equivalent.

AB 1298 (Jones, Ch. 699, Stats. 2007) subjected any business organized to maintain medical information for purposes of making that information available to an individual or to a health care provider, as specified, to the provisions of CMIA.

PRIOR VOTES:

Senate Health Committee (Ayes 9, Noes 1)

Amended Mock-up for 2025-2026 SB-81 (Arreguín (S))
(Amendments may be subject to technical changes by Legislative Counsel)

Mock-up based on Version Number 98 - Amended Senate 3/24/25

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 56.05 of the Civil Code is amended to read:

56.05. For purposes of this part:

- (a) “Authorization” means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.
- (b) “Authorized recipient” means a person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.
- (c) “Confidential communications request” means a request by a subscriber or enrollee that health care service plan communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the subscriber or enrollee.
- (d) “Contractor” means a person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. “Contractor” does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).
- (e) “Enrollee” has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.
- (f) “Expiration date or event” means a specified date or an occurrence relating to the individual to whom the medical information pertains or the purpose of the use or disclosure, after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.

(g) “Health care service plan” means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(h) “Licensed health care professional” means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(i) “Marketing” means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

“Marketing” does not include any of the following:

(1) Communications made orally or in writing for which the communicator does not receive direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication.

(2) Communications made to current enrollees solely for the purpose of describing a provider’s participation in an existing health care provider network or health plan network of a Knox-Keene licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or service, or payment for a product or service, is provided by a provider, contractor, or plan or included in a plan of benefits of a Knox-Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost-effective pharmaceuticals.

(3) Communications that are tailored to the circumstances of a particular individual to educate or advise the individual about treatment options, and otherwise maintain the individual’s adherence to a prescribed course of medical treatment, as provided in Section 1399.901 of the Health and Safety Code, for a chronic and seriously debilitating or life-threatening condition as defined in subdivisions (d) and (e) of Section 1367.21 of the Health and Safety Code, if the health care provider, contractor, or health plan receives direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication, if all of the following apply:

(A) The individual receiving the communication is notified in the communication in typeface no smaller than 14-point type of the fact that the provider, contractor, or health plan has been remunerated and the source of the remuneration.

(B) The individual is provided the opportunity to opt out of receiving future remunerated communications.

(C) The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the health care provider, contractor, or health plan making the remunerated communications. Further communication shall not be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.

(j) “Medical information” means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, mental health application information, reproductive or sexual health application information, immigration status, including current and prior immigration status, place of birth, mental or physical condition, or treatment. “Individually identifiable” means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual.

(k) “Mental health application information” means information related to a consumer’s inferred or diagnosed mental health or substance use disorder, as defined in Section 1374.72 of the Health and Safety Code, collected by a mental health digital service.

(l) “Mental health digital service” means a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer.

(m) “Patient” means a natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.

(n) “Pharmaceutical company” means a company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals, medications, or prescription drugs. “Pharmaceutical company” does not include a pharmaceutical benefits manager, as included in subdivision (c), or a provider of health care.

(o) “Protected individual” means any adult covered by the subscriber’s health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. “Protected individual” does

not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

(p) “Provider of health care” means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; a person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; or a clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. “Provider of health care” does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.

(q) “Reproductive or sexual health application information” means information about a consumer’s reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone’s pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity.

(r) “Reproductive or sexual health digital service” means a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer.

(s) “Sensitive services” means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

(t) “Subscriber” has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

(u) “Immigration enforcement” means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person’s presence in, entry or reentry to, or employment in, the United States.

SEC. 2. Section 56.10 of the Civil Code is amended to read:

56.10. (a) A provider of health care, health care service plan, or contractor shall not disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c).

(b) A provider of health care, a health care service plan, or a contractor shall disclose medical information if the disclosure is compelled by any of the following:

(1) A court order.

(2) A board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.

(3) A party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear served pursuant to Section 1987 of the Code of Civil Procedure, or any provision authorizing discovery in a proceeding before a court or administrative agency.

(4) A board, commission, or administrative agency pursuant to an investigative subpoena issued under Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code.

(5) An arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum issued under Section 1282.6 of the Code of Civil Procedure, or another provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.

(6) A search warrant lawfully issued and signed by a judge, including a magistrate judge, to a governmental law enforcement agency.

(7) The patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(8) A medical examiner, forensic pathologist, or coroner, when requested in the course of an investigation by a medical examiner, forensic pathologist, or coroner's office for the purpose of identifying the decedent or locating next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant deaths, suspicious deaths, unknown deaths, or criminal deaths, or upon notification of, or investigation of, imminent deaths that may involve organ or tissue donation pursuant to Section 7151.15 of the Health and Safety Code, or when otherwise authorized by the decedent's representative. Medical information requested by a medical examiner, forensic pathologist, or coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation or who is the

prospective donor and shall be disclosed to a medical examiner, forensic pathologist, or coroner without delay upon request. A medical examiner, forensic pathologist, or coroner shall not disclose the information contained in the medical record obtained pursuant to this paragraph to a third party without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11.

(9) When otherwise specifically required by law.

(c) A provider of health care or a health care service plan may disclose medical information as follows:

(1) The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

(2) The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

(3) The information may be disclosed to a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, that disclosed information shall not be further disclosed by the recipient in a way that would violate this part.

(4) The information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical

review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.

(5) The information in the possession of a provider of health care or a health care service plan may be reviewed by a private or public body responsible for licensing or accrediting the provider of health care or a health care service plan. However, no patient-identifying medical information may be removed from the premises except as expressly permitted or required elsewhere by law, nor shall that information be further disclosed by the recipient in a way that would violate this part.

(6) The information may be disclosed to a medical examiner, forensic pathologist, or county coroner in the course of an investigation by a medical examiner, forensic pathologist, or coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b). A medical examiner, forensic pathologist, or coroner shall not disclose the information contained in the medical record obtained pursuant to this paragraph to a third party without a court order or authorization pursuant to paragraph (4) of subdivision (c) of Section 56.11.

(7) The information may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in a way that would disclose the identity of a patient or violate this part.

(8) A provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:

(A) Is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue the patient's medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform the patient's present employment, provided that no statement of medical cause is included in the information disclosed.

(9) Unless the provider of health care or a health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

(10) The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred between providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information shall not otherwise be disclosed by a health care service plan except in accordance with this part.

(11) This part does not prevent the disclosure by a provider of health care or a health care service plan to an insurance institution, agent, or support organization, subject to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code, of medical information if the insurance institution, agent, or support organization has complied with all of the requirements for obtaining the information pursuant to Article 6.6 (commencing with Section 791) of Chapter 1 of Part 2 of Division 1 of the Insurance Code.

(12) The information relevant to the patient's condition, care, and treatment provided may be disclosed to a probate court investigator in the course of an investigation required or authorized in a conservatorship proceeding under the Guardianship-Conservatorship Law as defined in Section 1400 of the Probate Code, or to a probate court investigator, probation officer, or domestic relations investigator engaged in determining the need for an initial guardianship or continuation of an existing guardianship.

(13) The information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant. For the purpose of this paragraph, "tissue bank" and "tissue" have the same meanings as defined in Section 1635 of the Health and Safety Code.

(14) The information may be disclosed when the disclosure is otherwise specifically authorized by law, including, but not limited to, the voluntary reporting, either directly or indirectly, to the federal Food and Drug Administration of adverse events related to drug products or medical device problems, or to disclosures made pursuant to subdivisions (b) and (c) of Section 11167 of the Penal Code by a person making a report pursuant to Sections 11165.9 and 11166 of the Penal Code, provided that those disclosures concern a report made by that person.

(15) Basic information, including the patient's name, city of residence, age, sex, and general condition, may be disclosed to a state-recognized or federally recognized disaster relief organization for the purpose of responding to disaster welfare inquiries.

(16) The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in a way that would violate this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.

(17) For purposes of disease management programs and services as defined in Section 1399.901 of the Health and Safety Code, information may be disclosed as follows: (A) to an entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or (B) to a disease management organization, as defined in Section 1399.900 of the Health and Safety Code, that complies fully with the physician authorization requirements of Section 1399.902 of the Health and Safety Code, if the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. This paragraph does not require physician authorization for the care or treatment of the adherents of a well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion of that church or denomination.

(18) The information may be disclosed, as permitted by state and federal law or regulation, to a local health department for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events, including, but not limited to, birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions, as authorized or required by state or federal law or regulation.

(19) The information may be disclosed, consistent with applicable law and standards of ethical conduct, by a psychotherapist, as defined in Section 1010 of the Evidence Code, if the psychotherapist, in good faith, believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

(20) The information may be disclosed as described in Section 56.103.

(21) (A) The information may be disclosed to an employee welfare benefit plan, as defined under Section 3(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002(1)), which is formed under Section 302(c)(5) of the Taft-Hartley Act (29

U.S.C. Sec. 186(c)(5)), to the extent that the employee welfare benefit plan provides medical care, and may also be disclosed to an entity contracting with the employee welfare benefit plan for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to persons enrolled in the employee welfare benefit plan for health care coverage, if all of the following conditions are met:

(i) The disclosure is for the purpose of determining eligibility, coordinating benefits, or allowing the employee welfare benefit plan or the contracting entity to advocate on the behalf of a patient or enrollee with a provider, a health care service plan, or a state or federal regulatory agency.

(ii) The request for the information is accompanied by a written authorization for the release of the information submitted in a manner consistent with subdivision (a) and Section 56.11.

(iii) The disclosure is authorized by and made in a manner consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(iv) Any information disclosed is not further used or disclosed by the recipient in any way that would directly or indirectly violate this part or the restrictions imposed by Part 164 of Title 45 of the Code of Federal Regulations, including the manipulation of the information in any way that might reveal individually identifiable medical information.

(B) For purposes of this paragraph, Section 1374.8 of the Health and Safety Code shall not apply.

(22) Information may be disclosed pursuant to subdivision (a) of Section 15633.5 of the Welfare and Institutions Code by a person required to make a report pursuant to Section 15630 of the Welfare and Institutions Code, provided that the disclosure under subdivision (a) of Section 15633.5 concerns a report made by that person. Covered entities, as they are defined in Section 160.103 of Title 45 of the Code of Federal Regulations, shall comply with the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule pursuant to subsection (c) of Section 164.512 of Title 45 of the Code of Federal Regulations if the disclosure is not for the purpose of public health surveillance, investigation, intervention, or reporting an injury or death.

(23) The information may be disclosed to a school-linked services coordinator pursuant to a written authorization between the health provider and the patient or client that complies with the federal Health Insurance Portability and Accountability Act of 1996.

(24) Mental health records, as defined in subdivision (c) of Section 5073 of the Penal Code, may be disclosed by a county correctional facility, county medical facility, state correctional facility, or state hospital, as required by Section 5073 of the Penal Code.

(d) Except to the extent expressly authorized by a patient, enrollee, or subscriber, or as provided by subdivisions (b) and (c), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not intentionally share, sell, use for marketing, or otherwise use medical information for a purpose not necessary to provide health care services to the patient.

(e) Except to the extent expressly authorized by a patient or enrollee or subscriber or as provided by subdivisions (b) and (c), a contractor or corporation and its subsidiaries and affiliates shall not further disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan or insurer or self-insured employer received under this section to a person or entity that is not engaged in providing direct health care services to the patient or the patient's provider of health care or health care service plan or insurer or self-insured employer.

(f) Except to the extent expressly authorized by a patient, enrollee, or subscriber, or as required by subdivision (b), a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates shall not disclose medical information.

(g) For purposes of this section, the following definitions apply:

(1) "Medical examiner, forensic pathologist, or coroner" means a coroner or deputy coroner, as described in subdivision (c) of Section 830.35 of the Penal Code, or a licensed physician who currently performs official autopsies on behalf of a county coroner's office or a medical examiner's office, whether as a government employee or under contract to that office.

(2) "School-linked services coordinator" means an individual located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families that holds any of the following:

(A) A services credential with a specialization in pupil personnel services, as described in Section 44266 of the Education Code.

(B) A services credential with a specialization in health authorizing service as a school nurse, as described in Section 44877 of the Education Code.

(C) A license to engage in the practice of marriage and family therapy issued pursuant to Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(D) A license to engage in the practice of educational psychology issued pursuant to Chapter 13.5 (commencing with Section 4989.10) of Division 2 of the Business and Professions Code.

(E) A license to engage in the practice of professional clinical counseling issued pursuant to Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

~~SEC. 3. Section 56.1005 is added to the Civil Code, immediately following Section 56.10, to read:~~

~~56.1005. (a) Notwithstanding any other law and to the extent permitted by federal law, a provider of health care, health care service plan, contractor, or employer shall not, to the extent possible, allow access to a patient for immigration enforcement.~~

~~(b) For the purposes of this section, "provider of health care" includes a health care provider entity as defined in Section 1249.2 of the Health and Safety Code.~~

~~SEC. 4. SEC. 3.~~ Chapter 1.5 (commencing with Section 1249) is added to Division 2 of the Health and Safety Code, to read:

CHAPTER 1.5. Patient Access and Protection

1249. (a) A health care provider entity shall, to the extent possible, establish or amend procedures for monitoring and receiving visitors to health care provider entities consistent with this chapter. Health care provider entities are encouraged to post a "notice to authorities" at facility entrances.

(b) When circumstances allow, health care provider entity personnel shall immediately notify health care provider entity management, administration, or legal counsel of any request for access to a health care provider entity site or patient for immigration enforcement, and to provide any requests for review of health care provider entity documents, including through a lawfully issued subpoena, warrant, or court order. If a request is made to access a health care provider entity site or patient, including to obtain information about a patient or their family, for immigration enforcement, health care provider entity personnel shall, to the extent possible, direct such request to the designated health care provider entity management, administrator, or legal counsel.

1249.1. (a) To enhance privacy available to facility users and promote a safe environment conducive to the facility's mission and patient care, a health care provider entity is encouraged to designate areas where patients are receiving treatment or care, where a patient is discussing protected health information, or that are not otherwise open to the public as nonpublic. The facility is encouraged to designate these areas through mapping, signage, key entry, policy, or a combination of those.

(b) To the extent permitted by state and federal law, a health care provider entity and its personnel shall not, to the extent possible, grant access to the nonpublic areas of the facility for immigration enforcement without a valid judicial warrant or court order.

(c) A health care provider entity and its personnel shall, to the extent possible, have the denial of permission for access to nonpublic areas of the facility pursuant to subdivision (b) witnessed and documented by at least one health care provider entity personnel.

(d) Health care provider entities shall inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement that grants access to health care provider entity sites or to patients.

1249.2. For purposes of this chapter, "health care provider entity" includes all of the following:

(a) Health facilities as defined in Section 1250.

(b) Clinics as defined in Section 1200 and 1200.1, a clinic licensed pursuant to Section 1204, and a clinic exempt from licensure pursuant to subdivisions (b) and (h) of Section 1206.

(c) A physician organization as defined in subdivision (p) of Section 127500.2.

(d) Providers as defined in subdivision (q) of Section 127500.2.

(e) Integrated health care delivery systems as defined in Section 1182.14 of the Labor Code.

1249.3. This chapter shall apply to all health care provider entities that meet any of the following criteria:

(a) Health care provider entities operated by the state or a political subdivision of the state.

(b) Health care provider entities that provide services related to physical or mental health and wellness, education, or access to justice, including the University of California.

(c) Health care provider entities that receive state funding.

(d) All other health care provider entities.

1249.4. For purposes of this chapter, "immigration enforcement" means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that

penalizes a person's presence in, entry or reentry to, or employment in, the United States..

1249.5. Health care provider entities shall have 45 days from the effective date of this chapter to comply with the requirements contained herein.

1249.6. The provisions of this chapter are severable. If any provision of this chapter or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

~~SEC. 5.~~**SEC. 4.** No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

~~SEC. 6.~~**SEC. 5.** This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

To ensure that vulnerable families and their children are able to access their medical and health care services and needs without fear of deportation, harassment, or intimidation, it is necessary that this act take effect immediately.