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

SB 915 (Menjivar)
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ID

SUBJECT

Health care provider entities: patients accompanied by immigration enforcement officers

DIGEST

This bill requires a health care provider entity to take various actions when there is a patient at the health care provider entity's facility accompanied by an immigration enforcement officer, as specified.

EXECUTIVE SUMMARY

With the federal government's increase in immigration enforcement over the past year, hospitals across the state have increasingly encountered incidents with patients who are brought into the facility in the custody of immigration officers. In some instances, immigration officers have remained in patients' rooms, even while the patient receives medical care or discusses treatment with their physician. In other instances, immigration officers have insisted on handcuffing or shackling the patient to their bed, and have interfered with the medical provider's ability to provide medical care to the patient. In addition, some patients in the custody of immigration officers have been subjected to "blackout" policies typically used for those in criminal custody, prohibiting their families from being contacted, being able to see the patient, or from being able to confirm whether the patient is at the facility. SB 915 aims to ensure that patients in health care provider facilities retain their rights as patients, limit immigration officers' interference with the patients' care, and to ensure the patient is not subject to "blackout policies" that can prevent their families from knowing that they have been admitted for medical care. It requires the health care provider entity to document any failures of the immigration officer to comply with SB 915's requirements and requests of the health care provider entity's personnel to provide identification, leave a patient's room, or permit the patient's family or other designated person to be contacted.

SB 915 is sponsored by the California Immigrant Policy Center and the California Pan-Ethnic Health Network, and is supported by a large number of other immigrant rights organizations. It is opposed by the California Hospital Association and the Association of California Healthcare Districts. SB 915 previously passed out of the Senate Health Committee by a vote of 8 to 2.

PROPOSED CHANGES TO THE LAW

Existing law:

1) Establishes the Confidentiality of Medical Information Act (CMIA), which prohibits a health care provider, health plan, or contractor from disclosing medical information regarding a patient without first obtaining authorization, and includes in the definition of medical information to include immigration status, as specified. (Civ. Code § 56 et. seq.)

2) 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.)

3) 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.)

4) Prohibits providers of health care, health care service plans, or contractors from disclosing medical information, including information regarding immigration status if known or collected, regarding a patient of the provider of health care or an enrollee or subscriber without first obtaining authorization, except 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, as specified. (Civ. Code § 56.05.)

5) Defines "immigration enforcement" to mean any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, including any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law, as specified. (Civ. Code § 56.05(u).)

6) Requires specified health care providers to establish or amend, to the extent possible, procedures for monitoring, documenting, and receiving visitors to health care provider entities consistent with the below-described requirements, and encourages health care providers to post a "notice to authorities" at facility entrances. Requires a health care provider entity personnel 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 of any requests for review of health care provider entity documents, including through a lawfully issued subpoena, warrant, or court order. (Health & Saf. Code § 24250.)

7) Requires a health care provider entity to designate areas where patients are receiving treatment or care, or where a patient is discussing protected health information, as nonpublic, in order to enhance privacy available to facility users and promote a safe environment conducive to the facility's mission and patient care. Encourages a facility to designate these areas through mapping, signage, key entry, policy, or any combination of such actions. (Health & Saf. Code § 24251.)

8) Unless required by state or federal law, prohibits a health care provider entity and its personnel from allowing any person access to the nonpublic areas of the facility for immigration enforcement purposes, unless that person has a valid judicial warrant or court order that specifically grants access to the nonpublic areas of the facility. Requires the health care provider entity and its personnel, to the extent possible, to have the denial of permission for access to nonpublic areas of the facility witnessed and documented by at least one health care provider entity personnel. (Health & Saf. Code § 24251(b)-(c).)

9) 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 to patients. (Health & Saf. Code § 24251(d).)

10) Defines "health care provider entity" to include: public hospitals; nonpublic hospitals licensed as an acute care hospital; clinics; a physician organization; providers; integrated health care delivery systems; and other health care providers that deliver or furnish services related to physical or mental health and wellness, education, or access to justice, as specified. (Health & Saf. Code § 24252.)

11) Specifies that the requirements described in 5) through 8), above, do not prohibit a person who is in lawful custody from being accompanied to access health care services and for their transportation and arrangement to health care provider entities, and do not prohibit any person from entering nonpublic areas of a hospital to receive care for themselves or someone in their care or custody. (Health & Saf. Code § 24254.)

12) Specifies that the requirements described in 5) through 8), above, apply to all health care provider entities, as defined, that receive public funding, and that all other health care provider entities are encouraged to adopt these requirements.

This bill:

1) Specifies that a patient accompanied by an immigration enforcement officer while receiving treatment or care at a health care provider entity facility retains all rights afforded to any other patient, as mandated by California and federal laws and regulations, including specified rights.

2) Requires a health care provider entity to, when a patient is accompanied by an immigration enforcement officer: verify and document the identities and agencies of any accompanying immigration enforcement officers, to the extent possible, and inform the patient of their rights, as specified. Permits a health care provider entity to provide the patient, their family members or a designated person with a list of immigrant resources and access to social, educational, and spiritual support services, as specified.

3) Prohibits an immigration enforcement officer from remaining in a patient's room or patient care area unless legally authorized, such as with a valid judicial warrant or court order, or unless there is a credible risk of harm to personnel or other patients, as determined by the health care provider entity, and this risk is documented in the patient's medical record.

4) Specifies that, if an immigration enforcement officer remains in the patient's room for any reason, the health care provider entity must ask the officer to step out when discussing any matters pertaining to patient care, performing any physical examination, or providing any medical care, unless there is a credible risk of harm to personnel or other patients that is documented in the patient's medical record.

5) Prohibits an immigration enforcement officer from having any authority to make, influence, or participate in medical decisions on behalf of a patient that they accompany, including decisions regarding treatment, care, and discharge. Prohibits a health care provider entity from deferring to an immigration enforcement officer on any matter of patient treatment or care. Also prohibits a health care provider entity from utilizing an immigration enforcement officer for interpretation of patient care or consent.

6) Specifies that, if an immigration enforcement officer refuses to comply with these requirements, the health care provider entity must report the refusal to management, administration, or legal counsel, who must document the actions and the badge number and name of the immigration enforcement officer, to the extent possible.

7) Prohibits a health care provider entity from using blackout policies when treating a patient who is accompanied by an immigration enforcement officer, unless requested by the patient, or the health care provider entity has determined and documented in the patient's medical record that there is a credible risk of harm to the patient or other persons.

8) Requires a specified health care provider entity to follow discharge planning requirements consistent with state and federal regulations, including coordinating the discharge plan with the facility where the patient will be transferred, if applicable, prior to discharging a patient who is accompanied by an immigration enforcement officer.

9) Requires a health care provider entity to complete discharge plan discussions with the receiving clinician, if necessary, prior to the patient's discharge, and requirements the health care provider entity to document the receiving facility, to the extent known, and a record of any discharge planning discussions. Requires, if no discharge planning discussions were completed, that the health care provider entity document the attempts made to do so, as specified.

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

11) Permits a health care provider entity to appoint or designate representations from its personnel, management, administration, or legal counsel to implement these requirements, including by being responsible for interacting with immigration enforcement officers, and prohibits personnel from being subject to disciplinary or adverse employment consequences for implementing these requirements.

12) Defines, for its purposes, the following:
    a) "blackout policies" to mean any policy that is used by health care provider entities to conceal a patient's presence or identity at the facility, such as by registering patients under a pseudonym, removing the patient's name from the facility's directory, or prohibiting personnel from confirming that the patient is in the facility;
    b) "health care provider entity" to include all individuals and entities described in Health and Safety Code section 24252;
    c) "Immigration enforcement officer" to mean any federal officer or employee conducting immigration enforcement, or any persons or entities contracted to conduct immigration enforcement; and
    d) "immigration enforcement" as defined in Civil Code section 56.05.

COMMENTS

1. Author's statement

According to the author:

> There have been numerous reports of federal Immigration agents interfering with medical decisions or being present in the same room as patients when under their custody. This is a clear violation of patients' rights and should have no place in healthcare. Most recently, at the Harbor UCLA Medical Center, the LA Times reported a patient having serious leg injuries after encountering ICE agents earlier that day. The ICE agents brought the worker to the hospital and shackled the patient to his bed for several days. The patient was unable to speak privately with doctors, violating his right to private communication with doctors. He was interrogated while in pain and under medication. The patient also did not have access to external communication, as the hospital used pseudonyms, known as blackout policies, preventing both his family and legal counsel from being able to access him. There needs to be clear overarching guidance to ensure that patient privacy and healthcare rights are maintained not only when ICE agents try to enter hospitals, but also to address when individuals are in ICE custody. SB 915 closes the gap between existing law and practice by empowering health care provider entities with the tools to uphold the privacy, health, and visitation rights of patients brought in under immigration custody.

2. Increased immigration enforcement under the Trump Administration

Since the start of its second term, the Trump Administration has expanded immigration enforcement to an unprecedented degree. In early 2025, the administration announced

an arrest quota of 3,000 arrests a day.[1] To fund this effort, the budget reconciliation bill signed into law by President Trump in July 2025, included 170 billion dollars for immigration detention and enforcement, including 85 billion dollars for ICE.[2] That windfall represents an eight-fold increase in ICE's budget from previous years, and makes ICE's budget larger than that of all other federal law enforcement agencies - combined. President Trump also ended long-standing federal policy that limited immigration enforcement activity at "sensitive locations" like schools, places of worship, shelters, medical facilities, funerals, and religious ceremonies.[3] In reversing this policy, the Trump administration's new guidance explicitly permits immigration enforcement officers to conduct enforcement activities at any location at their individual discretion.[4]

Starting in early summer of 2025, ICE and CBP began conducting massive immigration enforcement sweeps and raids of entire communities and cities. Hundreds of federal agents conducted raids and immigration sweeps across Los Angeles, detaining and arresting individuals through "at large" arrests on the street, and often through blatant racial profiling.[5] Federal agents often conducted raids in civilian clothing or military uniforms, and often while masked, heavily armed, and without providing identification.[6] There have also been numerous reports of federal agents using excessive force and causing injury and property damage while conducting these raids, as well as reports that agents have denied those detained access to legal counsel.[7] As a result of these raids, there was a four-fold increase in arrests by ICE in 2025, including a record 14,000 arrests in Los Angeles alone.[8] This increased enforcement has had deadly

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[1] José Olivares, "Trump Administration sets quota to arrest 3,000 people a day in anti-immigration agenda," The Guardian (May 29, 2025), https://www.theguardian.com/us-news/2025/may/29/trump-ice-arrest-quota.
[2] Bill Chappel, "How ICE grew to be the highest-funded U.S. law enforcement agency," NPR (Jan. 21, 2026) https://www.npr.org/2026/01/21/nx-s1-5674887/ice-budget-funding-congress-trump.
[3] *See* Benjamine 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 (*hereafter* Huffman memo); 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) (*hereafter* 1993 memo). It should be noted that President Biden expanded the protections provided in the Puleo memo to additional locations, and that the Huffman memo rescinded that policy, along with the long-standing 1993 memo.
[4] *See,* Huffman memo, *supra* note 5.
[5] Wendy Fry, "Trump's immigration crackdown upended life in California. It continues as the new year begins," Cal Matters (Dec. 29, 2025) https://calmatters.org/justice/2025/12/immigration-2025-year-in-review/.
[6] *Id.*
[7] *Id*.
[8] Elly Yu and Jordan Rynning, "ICE arrests tripled last year in LA – and more than half of those arrested had no criminal record," LAist (Mar. 31, 2026), https://laist.com/news/ice-arrests-tripled-los-angeles-immigration-customs-enforcement-data.

consequences: 32 people died in ICE custody in 2025, making it the agency's deadliest year in more than two decades.[9]

With this increased immigration enforcement in the past year, there have been numerous reports of immigration officers entering health care facilities and carrying out immigration enforcement in the facility or on its grounds. Federal officers have guarded detained patients in their hospital rooms, attempted to enter mobile health clinics, and abducted individuals outside of community health centers.[10] Reports have described 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 checkup.[11] In one instance, immigration officers occupied the lobby of a hospital in Southern California for 15 days waiting for a patient to be discharged.[12] In a particularly glaring case, a patient was held in a Los Angeles area hospital for 37 days while being treated for injuries he suffered during an ICE raid.[13] ICE officers remained in the patient's room for the patient's entire stay, often requiring that the patient be shackled to his bed, and prohibiting him from having private conversations with medical staff or his attorneys. During that time, ICE never charged the patient with a crime, nor issued a Notice to Appear to initiate deportation proceedings against the patient. A court eventually issued a temporary restraining order against ICE requiring ICE to leave the patient's room and remove restraints.

In another instance, immigration officers brought a man into a hospital for medical care following his detention outside of immigration court, but when attorneys and the man's family arrived at the hospital, they were denied access to see the man, even after initially saying that family could visit him.[14] Part of the cause of that incident, according to a local leader of the Nurses Association, was a lack of training for staff on how to

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[9] Maanvi Singh et al., "2025 was ICE's deadliest year in two decades. Here are the 32 people who died in custody," The Guardian (Jan. 4, 2026), https://www.theguardian.com/us-news/ng-interactive/2026/jan/04/ice-2025-deaths-timeline.

[10] Claudia Boyd-Barrett, "California faces limits as it directs health facilities to push back on immigration raids," Kaiser Family Foundation (Oct. 30, 2025), https://kffhealthnews.org/news/article/california-ice-immigrant-protections-hospitals-clinics-agents/.

[11] 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,housed%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.

[12] Boyd-Barrett, *supra* note 9.

[13] Brittny Mejia, "Federal agents held him in a hospital for 37 days, at times shackled to his bed, without charging him," Los Angeles Times (Oct. 8, 2025), https://www.latimes.com/california/story/2025-10-07/federal-agents-held-shackled-a-seriously-injured-man-hospital-bed-37-days.

[14] Lynn La, "ICE agents create fear at California hospitals," Cal Matters (Aug. 26, 2025), https://calmatters.org/newsletter/ice-hospitals-newsletter/.

respond to immigration enforcement and officers at the hospital. When immigration officers chased an individual into a surgical center in Ontario in July, workers at the center confronted the officers and told them to leave if they did not show identification or a warrant.[15] The workers were later charged with felony assaulting an officer and interfering with the officer's duties. These incidents have raised significant concerns within the medical community, as well as calls for more training and guidance regarding how hospitals and their workers should handle immigration officers and immigration enforcement in their facilities.

3. The Legislature passed SB 81 last year to limit immigration enforcement in state health facilities

In light of the administration's rescission of the "sensitive locations" policy, the Legislature passed SB 81 (Arreguín, Ch. 123, Stats. 2025) last year. SB 81 enacted the provisions that this bill amends, requiring health care provider entities to establish or amend procedures for monitoring, documenting, and receiving visitors to their facilities, to the extent possible. (Health & Saf. Code § 24250.) It also encourages a health care provider entity to post a "notice to authorities" at facility entrances.

4. Patients retain various rights even when they are in the custody of law enforcement

According to the Senate Health Committee analysis:

> There are hospital patient rights requirements under both federal and state law. California regulations (22 C.C.R. § 70707) require hospitals and medical staff to adopt a written policy on patient's rights, which are required to be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. These regulations require patients to be able to exercise their rights without discrimination, including on the basis of national origin. The rights include, but are not limited to, the following (pertinent to this bill):
> a) Participate actively in decisions regarding medical care, and to the extent permitted by law, this includes the right to refuse treatment;
> b) Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual;
> c) Confidential treatment of all communications and records pertaining to the care and stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care;

[15] Ana B. Ibarra and Kristen Hwang, "ICE is suddenly showing up in California hospitals. Workers want more guidance on what to do," Cal Matters (Aug. 26, 2025), https://calmatters.org/health/2025/08/immigration-hospitals-workers-fear/.

d) Be informed of continuing health care requirements following discharge from the hospital; and,
e) Designate visitors of the patient's choosing, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
   i) No visitors are allowed; or,
   ii) The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.

Federal regulations also require hospitals to protect and promote patient's rights (42 CFR §482.13). Under these federal regulations, hospitals are required to inform each patient, or when appropriate, the patient's representative, of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. The federal regulations have some overlap in the listing of patient's rights, but among other rights, it includes the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.[16]

In addition to those rights and protections, patients in California also enjoy a number of privacy rights. 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).) In 2025, the Legislature enacted SB 81 (Arreguín, Ch. 123, Stats. 2025) to revise the definition of medical information to include immigration status, including current and prior immigration status, and place of birth, and to prohibit a health care provider from disclosing medical information for immigration enforcement.

[16] Analysis of SB 915 (Menjivar), Senate Health Committee, Apr. 13, 2026.

5. California law limits immigration enforcement at health care facilities

In 2017, the Legislature passed the California Values Act (SB 54, De León, Ch. 495, Stats. 2017) to limit 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 policies included policies for limiting assistance with immigration enforcement at public schools, public libraries, health care facilities, courthouses, and various state agencies. Public schools, health facilities operated by the state, and courthouses were required to implement these model policies. 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.[17]

SB 81 (Arreguín, Ch. 123, Stats. 2025) also enacted provisions limiting immigration enforcement at the facilities of publicly-funded health care providers in the state. It required health care provider entities to establish or amend procedures for monitoring, documenting, and receiving visitors to their facilities, to the extent possible. (Health & Saf. Code § 24250.) It also encouraged a health care provider entity to post a "notice to authorities" at facility entrances, required facility staff to immediately notify management of any request for access to the facilities or patient information for immigration enforcement, and prohibited health care provider personnel from allowing access to a nonpublic area of the facility for immigration purposes, except when the officer has a valid judicial warrant. (Health & Saf. Code § 24251.) SB 81 also required health care facilities to inform staff and relevant volunteers on how to respond to requests relating to immigration enforcement, though SB 81 specifically permits circumstances in which a person in lawful custody is accompanied by an immigration officer. (Health & Saf. Code § 24254.) While these provisions of SB 81 only apply to health care providers that receive some public funding, all other health care provider entities are encouraged to adopt the requirements as well. (Health & Saf. Code § 24255.)

[17] 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.

6. Los Angeles Department of Public Health's policies regarding ICE

On November 18, 2025, the Los Angeles County Board of Supervisors directed the Los Angeles County Department of Health Services (LACDHS) to develop and implement policies relating to patients in the custody of federal immigration authorities at LACDHS facilities. In response, LACDHS adopted policies that largely mirror the requirements of this bill.[18] The policies require civil law enforcement officers to check in with the facility's security personnel and provide identification, and require the facility to maintain a log of all such check ins. Any refusal of the officer to check in or provide identification must be documented and escalated to management. The policies also: prohibit restraints except those medically necessary; prohibit "blackout" policies, unless requested by the patient; permit normal visitation when the patient is determined not to be in criminal detention; require facilities to inform the patient's family of the patient's admission to the facility, if requested by the patient; require staff to request immigration officers to remain outside of the patient's room at all times, unless there is a concern for the safety of staff; and require the documentation of an immigration officer's refusal to comply with any of these requirements. In addition, the policy requires that the facility coordinate a patient's discharge plan with the facility where the patient will continue their medical care prior to discharging the patient.

7. SB 915 requires health care provider entities to affirm a patient's rights

SB 915 responds to the recent incidents in hospitals throughout California and the uncertainty among medical providers regarding how to interact with ICE officers when they bring an individual in their custody in for medical care. It specifies that a patient accompanied by an immigration officer retains all the rights afforded to any other patient, including the right to authorize the release of medical information, have a family member or other person be notified when they are admitted, access qualified medical interpreters, and the right to refuse medical care and make independent health decisions. SB 915 requires health care providers to verify and document the identities and agencies of the immigration enforcement officer to the extent possible, and to inform the patient of their rights. It permits the provider to also provide the patient or their family with specified immigration and other resources.

In addition, SB 915 prohibits an immigration enforcement officer from remaining in a patient's room unless legally authorized, such as by a valid warrant, or unless the provider determines there is a credible risk of harm to personnel or other patients. SB 915 requires the provider to ask the officer to step out of the patient's room when discussing any matters of patient care, providing medical care, or performing any physical examination, unless the provider determines that there is a credible risk of harm to personnel or other patients. It prohibits the immigration enforcement officer

[18] Dir. Christina R. Ghaly, *Interactions with Civil Law Enforcement Agencies and Protocol for Patients in Civil Detention*, County of Los Angeles Dept. of Health Svcs., P.N. 8337 (Mar. 19, 2026).

from making, influencing, or participating in medical decisions on behalf of the patient, and prohibits a provider from deferring to the officer on any matter of patient care or from utilizing the officer for interpretation regarding patient care or consent. If an immigration enforcement officer refuses to comply with the provider's requests or any requirements or prohibitions in the bill, SB 915 requires personnel to notify the health care provider's management, and requires management to document this refusal.

Additionally, SB 915 prohibits the use of blackout policies for a patient being accompanied by an immigration enforcement officer, unless requested by the patient, or there is a credible risk of harm to the patient or other persons. Blackout policies are defined as those used to conceal a patient's presence or identity at the provider's facility, including such policies as registering the patient under a pseudonym, removing their name from the directory, or prohibiting personnel from confirming that the patient is in the facility. It also specifies a variety of discharge procedures for a patient accompanied by an immigration enforcement officer, including that the health care provider coordinate the discharge plan with the facility where the patient will be transferred, if applicable, and document the receiving facility and any discussions with that facility, if known. If no discussion with the facility to which the patient will be transferred are not completed, SB 915 requires the provider to document the attempts made to have such discussions.

8. Amendments

The author has agreed to amendments that clarify that, if a patient admitted to a health care provider entity in the custody of an immigration enforcement officer has an outstanding criminal warrant, the bill's provisions do not preclude the patient from being subject to policies that the health care provider entity applies to a patient in criminal custody. The author has also agreed to amendments that clarify a health care provider entity's liability when the health care provider entity complies with the requirements of the bill and immigration officers do not. A mock-up of these amendments is attached at the end of this analysis.

9. Arguments in support

According to the California Immigrant Policy Center and the California Pan-Ethnic Health Network, which are the sponsors of this bill:

> The Health Insurance Portability and Accountability Act (HIPAA) and California's Confidentiality of Medical Information Act (CMIA) require health care providers to prevent unauthorized access to patients' protected health information and private conversations with providers. While California already has protections against immigration enforcement unlawfully entering health facilities and accessing patient information, there is a lack of clear, uniform

protections for patients who are brought to these facilities by immigration enforcement agents.

This gap has led to emotional distress, confusion, and stress for patients and their family members, including a recent incident in Los Angeles in which, after injuring a car wash worker, immigration enforcement agents transported him to Harbor-UCLA Medical Center for treatment. While hospitalized, the patient was shackled to his bed, denied private communication with medical providers and legal counsel, and subjected to continuous surveillance and questioning for over a month, despite not being charged with any violation of immigration law. Without clear statewide guidance, health care provider entities are left ill-equipped to address these situations and provide optimal patient care.

Health care providers want to protect their patients' rights, but lack clear protocols and authority, leading to inconsistent enforcement of the privacy and visitation rights that patients in immigration custody are entitled to under state and federal law. As a result, patients in civil immigration custody face violations of their rights, including "blackout" policies that prevent families from locating them and the presence of agents during private medical discussions in violation of HIPAA and the CMIA.

Additionally, prior to discharge, hospital provider entities need to be able to confirm that the receiving detention facility can meet the patient's medical needs, including access to necessary medications and specialty care, to ensure a safe transition out of their care. Without this ability, continuity of care is disrupted, with serious consequences: at least 32 people died in immigration custody last year, the highest number in over two decades.

SB 915 will ensure patients accompanied by or under immigration custody can receive confidential, uninterrupted care by limiting immigration enforcement interference with the provision of medical care, protecting their right to private communication, and preserving their access to family visitation while in health care settings.

10. Arguments in opposition

According to the California Hospital Association, which is opposed to SB 915:

SB 915 would require hospital workers to verify and document the identity and agency of any federal immigration enforcement officer accompanying a person in custody who requires care, request such officers leave patient care areas, and document instances of noncompliance. These requirements place hospital staff in the difficult and inappropriate position of managing interactions with law

enforcement, potentially escalating conflicts and diverting attention from critical patient care.

The prohibition on the use of "blackout policies" further compounds these concerns. Hospitals have a duty to protect patient privacy and safety in sensitive situations, including those involving individuals in custody. Eliminating this option for a specific subset of patients could expose both patients and staff to unnecessary risk and limit hospitals' ability to respond appropriately to complex security and privacy considerations.

Lastly, SB 915 would require hospitals to apply policies and procedures to patients accompanied by federal immigration enforcement officers that differ from those applied to any other patient, even patients in law enforcement custody. This would create inconsistent standards that are contrary to a hospital's mission of providing equitable care to all.

Hospitals and health care workers should not be placed in the role of arbitrating interactions between patients and law enforcement or subject to requirements that create operational inconsistencies or compromise patient care. The bill also risks placing hospitals in an untenable position—where efforts to comply may lead to conflict or safety risks, while inability to comply due to actions outside their control could result in penalties. Clear liability protections are essential to ensure providers acting in good faith to balance patient care, legal obligations, and safety are not held responsible for circumstances beyond their control.

SUPPORT

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

Council on American-Islamic Relations, California
Democratic Socialists of America - Los Angeles
Disability Rights California
Disability Rights Education & Defense Fund (DREDF)
Ella Baker Center for Human Rights
Ensuring Opportunity Campaign
Health in Partnership
HealthBegins
Healthy Contra Costa
Immigrant Defenders Law Center
Immigrant Justice in Action Coalition
Imperial Valley Equity and Justice Coalition
Indivisible CA: StateStrong
Inland Empire Immigrant Youth Collective
Justice2jobs Coalition
La Defensa
Latino Medical Student Association
Legal Aid Society of San Mateo County
Maternal and Child Health Access
Medicine for Migration At UCSF
Monument Impact
National Health Law Program
NorCal Resist
Pacific Asian Counseling Services
Public Counsel
Rage for Democracy
Sacramento Area Congregation Together
San Diego Refugee Communities Coalition
Secure Justice
Services, Immigrant Rights and Education Network (SIREN)
South Asian Network
South Bay People Power
Southern California Human Rights Center
Street Level Health Project
Thai Community Development Center
The Children's Partnership
Transitions Clinic Network
Universidad Popular
Western Center on Law and Poverty

OPPOSITION

Association of California Healthcare Districts
California Hospital Association

RELATED LEGISLATION

Pending Legislation:

SB 1323 (Rubio, 2026) requires a health care provider entity to establish or amend procedures for monitoring, documenting, and receiving visitors, requires health care provider entities to post a "notice to authorities" at facility entrances, and requires health care provider entities to inform staff and relevant volunteers on how to respond to requests by a person in lawful custody of immigration enforcement to notify a family member or designated support person of their location. SB 1323 is being heard in this Committee on the same day as this bill.

AB 1807 (Gabriel, 2026) prohibits the use of state-owned property for purposes of immigration enforcement, including for staging, assembling, mobilizing, or deploying vehicles, equipment, or personnel, and requires the Department of General Services to identify state-owned property previously or likely to be used for immigration enforcement purposes. It also requires state agencies to take various actions to limit access to such state-owned property for immigration enforcement purposes, as specified. AB 1807 is currently pending before the Assembly Governmental Organization Committee.

Prior Legislation:

SB 81 (Arreguín, Ch. 123, Stats. 2025) includes immigration status and place of birth in the definition of medical information for the purposes of the Confidential Medical Information Act; 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; requires a health care provider entity to establish or amend, to the extent possible, policies and procedures for receiving and monitoring visitors in accordance with the bill's requirements, and encourages a health care provider entity to post a "notice to authorities" at facility entrances.

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.

PRIOR VOTES:

Senate Health Committee (Ayes 8, Noes 2)
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Mock-up of Proposed Amendments for 2025-2026 SB-915 (Menjivar)
(Amendments may be subject to changes required by Legislative Counsel)

Mock-up based on Version Number 96 - Amended Senate 4/16/26

The people of the State of California do enact as follows:

SECTION 1. Chapter 2.1 (commencing with Section 24258) is added to Division 20 of the Health and Safety Code, to read:

CHAPTER 2.1. Patients Accompanied by Immigration Enforcement Officers

24258. For purposes of this chapter, the following definitions apply:

(a) "Blackout policies" means any policy that is used by health care provider entities to conceal a patient's presence or identity at the entity's facility, including, but not limited to, registering patients under a pseudonym, removing the patient's name from the health care provider entity's directory, or prohibiting personnel from confirming that a patient is in the health care provider entity.

(b) "Health care provider entity" includes all of the individuals and entities described in Section 24252.

(c) "Immigration enforcement" has the same definition as that term is defined in Section 56.05 of the Civil Code.

(d) "Immigration enforcement officer" means any federal officer or employee conducting immigration enforcement, or any persons or entities contracted to conduct immigration enforcement.

24259. (a) A patient who is accompanied by an immigration enforcement officer while receiving treatment or care at a health care provider entity facility shall retain all rights afforded to any other patient, as mandated by California and federal laws and regulations, including, but not limited to, those rights specified in Section 70707 of Title 22 of the California Code of Regulations and Section 482.13 of Title 42 of the Code of Federal Regulations, which include all of the following:

(1) The right to authorize the release of medical information, including discharge information, to the family, patient's representative, assigned counsel, government officials, or anyone else to whom the patient directs.

(2) The right to have a family member, clergy, advocates, or other representative of the patient's choosing to be notified when the patient is admitted to a health care provider entity facility and the right to designate visitors.

(3) Access to qualified medical interpreters and communication tools.

(4) The right to refuse medical care and make independent health decisions.

(b) A health care provider entity shall do both of the following when there is a patient accompanied by an immigration enforcement officer:

(1) Verify and document the identities and agencies of any accompanying immigration enforcement officers, to the extent possible.

(2) Inform the patient of the rights described in subdivision (a).

(c) A health care provider entity may do both of the following when there is a patient accompanied by an immigration enforcement officer:

(1) Provide the patient, patient's family members, or designated persons with a list of immigrant resources, including, but not limited to, know-your-rights materials and information about pro bono legal services providers.

(2) Provide the patient access to social, educational, and spiritual support services.

(d) (1) An immigration enforcement officer shall not remain in a patient's room or patient care area unless legally authorized, such as with a valid judicial warrant or court order, or unless there is a credible risk of harm to personnel or other patients, as determined by the health care provider entity, and this risk is documented in the patient's medical record.

(2) If an immigration enforcement officer remains in the patient's room or patient care area for any reason, notwithstanding paragraph (1), a health care provider entity shall ask the immigration enforcement officer to step out of the patient's room when discussing any matters pertaining to patient care, or performing any physical examination, or providing any medical care, unless there is a credible risk of harm to personnel or other patients, as determined by the health care provider entity, and this risk is documented in the patient's medical record.

(3) An immigration enforcement officer shall have no authority to make, influence, or participate in medical decisions on behalf of patient they accompany, including decisions regarding treatment, care, and discharge. A health care provider entity shall not defer to an immigration enforcement officer on any matter pertaining to patient treatment or care.

(4) A health care provider entity shall not utilize immigration enforcement officers to provide interpretation for patient care or consent.

(5) If an immigration enforcement officer refuses to comply with the requirements under this section, health care provider entity personnel shall report the refusal to comply to the health care provider entity management, administration, or legal counsel, who shall then document the actions, and to the extent possible, the name and badge number of the immigration enforcement officer.

(e) A health care provider entity shall be deemed to have satisfied its obligations under this section if it has complied with the section's requirements, regardless of whether an immigration enforcement officer fails to comply with the health care provider entity's requests or the requirements of this section.

24260. A health care provider entity shall not use blackout policies when treating a patient who is accompanied by an immigration enforcement officer, unless requested by the patient, or unless there is a credible risk of harm to the patient or other persons, as determined by the health care provider entity, and this risk is documented in the patient's medical record.

24261. (a) Prior to discharging a patient, who is accompanied by an immigration enforcement officer, from a health care provider entity that is licensed as a health facility pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, a health care provider entity shall follow discharge planning requirements consistent with state and federal regulations, including coordinating the discharge plan with the facility where the patient will be transferred, if applicable. A health care provider entity shall complete discharge plan discussions with the receiving clinician, if necessary, prior to the patient's discharge to the receiving facility.

(b) A health care provider entity shall document the receiving facility, to the extent known, and a record of any discharge planning discussions with the receiving clinician in the patient's medical record. If a discharge planning discussion was not completed prior to the patient's discharge, the health care provider entity shall document the attempts made to complete the discussion, including the date and time of each attempt and the reason the discussion was not completed.

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

(d) A health care provider entity shall not be liable for the failure to coordinate the discharge plan with the receiving facility or the failure to complete discharge planning discussions when the health care provider entity is unable to contact the receiving facility and the health care provider entity made diligent and good faith efforts to contact the facility.

24262. (a) A health care provider entity may appoint or designate representatives from its personnel, management, administration, or legal counsel to implement the requirements of this chapter, including representatives to be responsible for interacting with immigration enforcement officers.

(b) Health care provider entity personnel shall not be subject to disciplinary or adverse employment consequences from the health care provider entity for implementing the requirements of this section.

24263. 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.

24264. If a patient in the custody of an immigration officer has a valid judicial warrant for a violation of state or federal criminal law, the provisions of this Chapter shall not prevent the patient from being subject to restrictions permitted for a patient in the criminal custody of a law enforcement agency.