

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

SB 1323 (Rubio)
Version: March 25, 2026
Hearing Date: April 21, 2026
Fiscal: Yes
Urgency: No
ID

SUBJECT

Health care providers: patient access: immigration enforcement

DIGEST

This bill 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.

EXECUTIVE SUMMARY

Immigration enforcement activities at health care facilities across the state has been an growing issue over the past year alongside the federal government’s increase in immigration enforcement. To address this concern, the Legislature enacted SB 81 (Arreguín, Ch. 123, Stats. 2025) last year to, among other things, require health care provider entities to provide their staff and volunteers with trainings on responding to immigration enforcement requests, and encourage health care provider entities to post “notice to authorities” at facility entrances. It also requires health care provider entities to establish or amend, to the extent possible, procedures for monitoring and receiving visitors to their facilities. SB 1323 removes the “to the extent possible” language in this requirement, and makes the posting of a “notice to authorities” at the health care provider entity’s facility entrances mandatory. In addition, SB 1323 requires a health care provider entity to inform staff and relevant volunteers on how to respond to requests by a person who is in the lawful custody of immigration enforcement to notify a family member or designated support person about their current location.

SB 1323 is author-sponsored, and the Committee has received no letters of support. It is opposed by the California Dental Association. SB 1323 previously passed out of the Senate Health Committee by a vote of 7 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 a patient's 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 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, as specified. (Civ. Code § 56.05.)

- 5) Requires 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. (Health & Saf. Code § 24250(a).)
- 6) 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(b).)
- 7) Requires a health provider entity personnel to direct any request for access to the entity’s site or patient for immigration enforcement, including to obtain information about a patient or their family, to the designated health care provider entity management, administrator, or legal counsel. (Health & Saf. Code § 24250(b)(3).)
- 8) 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.)
- 9) 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. (Health & Saf. Code § 24251(b).)
- 10) 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(c).)
- 11) 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).)
- 12) Defines, for the purposes of the provisions described in 4) through 10), above, the following:

- a) "health care provider entity" to include: public hospitals, as defined; nonpublic hospitals that meet specified conditions; clinics; a physician organization; providers, as specified in Health and Safety Code section 127500.2; integrated health care delivery systems; and other health care providers that deliver or furnish services related to physical or mental health and wellness, education, and access to justice;
- b) "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 that penalizes a person's presence in, entry or reentry to, or employment in, the United States.

This bill:

- 1) Amends the requirements described in 5), above, to eliminate the requirement that the health care provider entity establish or amend procedures to the extent possible.
- 2) Makes the provision described in 5) above, for a health care provider entity to post a "notice to authorities" at facility entrances mandatory.
- 3) Requires a health care provider entity to inform staff and relevant volunteers on how to respond to requests by a person who is in lawful custody by immigration enforcement to notify a family member or designated support person about their current location.

COMMENTS

1. Author's statement

According to the author:

SB 1323 reinforces a basic principle: people do not lose their fundamental rights when they are in custody, especially when they are receiving medical care. This bill strengthens patient privacy protections and ensures that individuals in ICE custody are treated with dignity while hospitalized. Recent cases show that individuals in ICE custody are sometimes denied access to their loved ones, legal counsel, and support systems while in the hospital. SB 1323 makes clear that these rights must be respected. It ensures that people in ICE custody can communicate with family members and receive support during medical treatment. This bill is about preventing isolation and protecting patient well-being. Being in custody should not mean being cut off from loved ones or basic human support, particularly during times of illness or injury. Access to communication and care is essential to a patient's health, safety, and dignity. By

clarifying and strengthening these protections, SB 1323 promotes accountability and ensures that individuals in custody are treated fairly and humanely. California has long been a leader in protecting patient rights, and this bill continues that commitment. SB 1323 affirms that everyone deserves respect, care, and connection no matter their circumstances. Do you plan to amend your bill? If so, explain the substance of your amendments. Make sure to review the attached document regarding our policies on author amendments.

2. Increased immigration enforcement under the Trump Administration

Since the start of its second term, the Trump Administration has expanded immigration enforcement and altered the immigration system at an unprecedented scale. 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 across California. 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

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/>.

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

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.⁹ 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 check up.¹⁰ In one instance, immigration officers occupied the lobby of a hospital in Southern California for 15 days waiting for a patient to be discharged.¹¹ 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.¹²

Part of the cause of that instance, according to a local leader of the Nurses Association, was a lack of training for staff on how to 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.¹³ The workers were later charged

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>.

⁹ 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/>.

¹⁰ 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,ho 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>.

¹¹ Boyd-Barrett, *supra* note 9.

¹² Lynn La, "ICE agents create fear at California hospitals," Cal Matters (Aug. 26, 2025), <https://calmatters.org/newsletter/ice-hospitals-newsletter/>.

¹³ 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/>.

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. SB 1323 amends the requirements of SB 81 to require health facilities to do more

SB 1323 amends and builds upon SB 81. It removes the requirement that health care provider entities establish or amend procedures to the extent possible, instead making the requirements to establish or amend such procedures mandatory. It also revises the provision regarding health care provider entities posting a "notice to authorities" at facility entrances to make this mandatory instead of permissive. Lastly, SB 1323 would require health care provider entities to inform staff and relevant volunteers on how to respond to requests by a person who is in lawful custody for immigration enforcement to notify a family member or designated support person about their current location.

According to the author, this strengthens patient privacy protections and ensures that individuals in ICE custody are treated with dignity while hospitalized. They argue that it ensures that people in ICE custody can communicate with family members and receive support during medical treatment, and prevents isolation and protects patient well-being.

The California Dental Association (CDA) is opposed to SB 1323, stating that they are concerned that it makes originally permissive requirements mandatory. CDA requests that the bill be narrowed to settings where these actions are most likely to occur, and recommends including a sunset date so that these requirements can be allowed to expire if conditions change and the risks to patient safety diminish. It is worth mentioning that SB 81, the bill that enacted the provisions amended by this bill, only applies to health care facilities that receive public funding.

5. Amendments

The author has agreed to the following amendments that clarify what the "notice to authorities" required by the bill must contain:

“The notice shall state that no person will be permitted to access nonpublic areas of a facility for immigration enforcement purposes unless required by state or federal law or pursuant to a valid physical judicial warrant or court order.”

A mock-up of these amendments is attached to the end of this analysis.

6. Arguments in opposition

According to the California Dental Association, which is opposed to SB 1323:

Last year, CDA supported SB 81 (Arreguín), which strengthened protections for patients’ personal health information against unauthorized access by immigration officials. We are concerned that SB 1323 revises provisions related to immigration officers and access to patient facilities, making formerly permissive and protective requirements mandatory. Specifically, the bill amends current law to require that all healthcare care provider entities establish procedures for monitoring, documenting, and receiving visitors and posting of notices to immigration authorities. Additionally, SB 1323 requires healthcare entities to inform staff and relevant volunteers on how to respond to requests by a person who is in lawful custody by immigration enforcement to notify a family member or designated support person about their current location.

CDA urges the author to narrow the bill’s scope to settings where these interactions are most likely to occur. Reports have identified ICE activity in hospitals, clinics, and surgical centers, but CDA is not aware of similar incidents in private dental offices.

Finally, the circumstances addressed by this bill reflect a specific and evolving moment in our nation’s history. CDA recommends including a sunset date so that these requirements can be reevaluated and allowed to expire if conditions change and the risks to patient safety diminish.

SUPPORT

None received

OPPOSITION

California Dental Association

RELATED LEGISLATION

Pending Legislation:

SB 915 (Menjivar, 2026) requires a health care provider entity, upon arrival of a patient accompanied by an immigration enforcement officer, to verify and document the identities and agencies of the accompanying immigration enforcement officers, and requires health care provider entity personnel to ask that the officer step out of the patient's room when discussing any matters pertaining to patient care or providing medical care or physical examinations. SB 915 also prohibits an immigration enforcement officer from having any authority to participate in or influence medical decisions for the patient, and prohibits a health care provider entity from using blackout policies when admitting a patient accompanied by an immigration enforcement officer, as defined. SB 915 is set to heard in this Committee on 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 7, Noes 2)

Proposed Mock-up of Amendments for 2025-2026 SB-1323 (Rubio)
(Amendments may be subject to technical changes required by Legislative Counsel)

Mock-up based on Version Number 98 - Amended Senate 3/25/26

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

SECTION 1. Section 24250 of the Health and Safety Code is amended to read:

24250. (a) A health care provider entity shall establish or amend procedures for monitoring, documenting, and receiving visitors to health care provider entities consistent with this chapter. Health care provider entities shall post a “notice to authorities” at facility entrances. *The notice shall state that no person will be permitted to access nonpublic areas of a facility for immigration enforcement purposes unless required by state or federal law or pursuant to a valid physical judicial warrant or court order.*

(b) (1) 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.

(2) Health care provider entity personnel shall immediately provide any requests for review of health care provider entity documents, including through a lawfully issued subpoena, warrant, or court order, to health care provider entity management, administration, or legal counsel.

(3) 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 direct that request to the designated health care provider entity management, administrator, or legal counsel.

SEC. 2. Section 24251 of the Health and Safety Code is amended to read:

24251. (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 shall designate areas where patients are receiving treatment or care, or where a patient is discussing protected health information, as nonpublic. The facility is encouraged to designate these areas through mapping, signage, key entry, policy, or a combination of those.

(b) Unless required by state or federal law, a health care provider entity and its personnel shall not allow any person access to the nonpublic areas of the facility, as described in subdivision (a), 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.

(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.

(e) Health care provider entities shall inform staff and relevant volunteers on how to respond to requests by a person who is in lawful custody by immigration enforcement to notify a family member or designated support person about their current location.

SEC. 3. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.