

AMENDED IN SENATE MARCH 24, 2025

**SENATE BILL**

**No. 81**

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**Introduced by Senator Arreguín**

January 17, 2025

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An act ~~relating to health facilities~~, to amend Sections 56.05 and 56.10 of, and to add Section 56.1005 to, the Civil Code, and to add Chapter 1.5 (commencing with Section 1249) to Division 2 of the Health and Safety Code, relating to health and care facilities, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 81, as amended, Arreguín. ~~Health facilities: information sharing.~~ *Health and care facilities: information sharing.*

(1) *The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA authorizes a provider of health care, health care service plan, or contractor to disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan with authorization from the patient or pursuant to a search warrant lawfully issued to a governmental law enforcement agency. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor.*

*This bill would revise the definition of "medical information" to include immigration status, including current and prior immigration status, and place of birth, and would define "immigration enforcement"*

*to mean 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 that penalizes a person's presence in, entry or reentry to, or employment in, the United States. The bill would specify that a provider of health care, health care service plan, or contractor may disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber or a health care service plan pursuant to a search warrant lawfully issued and signed by a judge, including a magistrate judge, to a governmental law enforcement agency. The bill would also prohibit, except to the extent expressly authorized by a patient, enrollee, or subscriber, or as otherwise required, a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information for immigration enforcement. The bill would prohibit, to the extent permitted by state and federal law, and to the extent possible, a provider of health care, health care service plan, contractor, or employer from allowing access to a patient for immigration enforcement. Because the bill would expand the scope of a crime, it would impose a state-mandated local program.*

*(2) Under existing law, the State Department of Public Health is responsible for the licensing and regulation of various facilities and settings that provide health care services, as specified. Existing law makes a willful violation of these provisions a crime.*

*This bill would require health care provider entities, as defined, to establish or amend procedures for monitoring and receiving visitors to health care provider entities to the extent possible. The bill would require, when circumstances allow, health care provider entity personnel to 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, as prescribed. The bill would prohibit, to the extent permitted by state and federal law, 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. The bill would require 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. The bill would require that health*

*care provider entities comply with these provisions within 45 days from their effective date. By expanding the scope of a crime, the bill would impose a state-mandated local program.*

*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that no reimbursement is required by this act for a specified reason.*

*This bill would declare that it is to take effect immediately as an urgency statute.*

~~Existing law requires the State Department of Public Health to license and regulate each health facility, defined to mean a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, and to which persons are admitted for a 24-hour stay or longer, and includes, among others, a general acute care hospital, an acute psychiatric hospital, and a skilled nursing facility.~~

~~Existing law, the Confidentiality of Medical Information Act, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified.~~

~~This bill would state the intent of the Legislature to enact legislation to prohibit health facilities from collaborating with, providing access to, or providing information, including patient data or records, about patients to, immigration authorities.~~

Vote: ~~majority~~<sup>2/3</sup>. Appropriation: no. Fiscal committee: ~~no~~<sup>yes</sup>. State-mandated local program: ~~no~~<sup>yes</sup>.

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

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

3     56.05. For purposes of this part:

4     (a) “Authorization” means permission granted in accordance  
5     with Section 56.11 or 56.21 for the disclosure of medical  
6     information.

7     (b) “Authorized recipient” means a person who is authorized  
8     to receive medical information pursuant to Section 56.10 or 56.20.

1 (c) “Confidential communications request” means a request by  
2 a subscriber or enrollee that health care service plan  
3 communications containing medical information be communicated  
4 to them at a specific mail or email address or specific telephone  
5 number, as designated by the subscriber or enrollee.

6 (d) “Contractor” means a person or entity that is a medical  
7 group, independent practice association, pharmaceutical benefits  
8 manager, or a medical service organization and is not a health care  
9 service plan or provider of health care. “Contractor” does not  
10 include insurance institutions as defined in subdivision (k) of  
11 Section 791.02 of the Insurance Code or pharmaceutical benefits  
12 managers licensed pursuant to the Knox-Keene Health Care Service  
13 Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340)  
14 of Division 2 of the Health and Safety Code).

15 (e) “Enrollee” has the same meaning as that term is defined in  
16 Section 1345 of the Health and Safety Code.

17 (f) “Expiration date or event” means a specified date or an  
18 occurrence relating to the individual to whom the medical  
19 information pertains or the purpose of the use or disclosure, after  
20 which the provider of health care, health care service plan,  
21 pharmaceutical company, or contractor is no longer authorized to  
22 disclose the medical information.

23 (g) “Health care service plan” means an entity regulated pursuant  
24 to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter  
25 2.2 (commencing with Section 1340) of Division 2 of the Health  
26 and Safety Code).

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

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

35 “Marketing” does not include any of the following:

36 (1) Communications made orally or in writing for which the  
37 communicator does not receive direct or indirect remuneration,  
38 including, but not limited to, gifts, fees, payments, subsidies, or  
39 other economic benefits, from a third party for making the  
40 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,

1 pharmaceutical company, or contractor regarding a patient's  
2 medical history, mental health application information,  
3 reproductive or sexual health application information, *immigration*  
4 *status, including current and prior immigration status, place of*  
5 *birth*, mental or physical condition, or treatment. "Individually  
6 identifiable" means that the medical information includes or  
7 contains any element of personal identifying information sufficient  
8 to allow identification of the individual, such as the patient's name,  
9 address, electronic mail address, telephone number, or social  
10 security number, or other information that, alone or in combination  
11 with other publicly available information, reveals the identity of  
12 the individual.

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

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

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

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

31 (o) "Protected individual" means any adult covered by the  
32 subscriber's health care service plan or a minor who can consent  
33 to a health care service without the consent of a parent or legal  
34 guardian, pursuant to state or federal law. "Protected individual"  
35 does not include an individual that lacks the capacity to give  
36 informed consent for health care pursuant to Section 813 of the  
37 Probate Code.

38 (p) "Provider of health care" means a person licensed or certified  
39 pursuant to Division 2 (commencing with Section 500) of the  
40 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:

1 56.10. (a) A provider of health care, health care service plan,  
2 or contractor shall not disclose medical information regarding a  
3 patient of the provider of health care or an enrollee or subscriber  
4 of a health care service plan without first obtaining an  
5 authorization, except as provided in subdivision (b) or (c).

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

9 (1) A court order.

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

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

17 (4) A board, commission, or administrative agency pursuant to  
18 an investigative subpoena issued under Article 2 (commencing  
19 with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title  
20 2 of the Government Code.

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

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

29 (7) The patient or the patient's representative pursuant to  
30 Chapter 1 (commencing with Section 123100) of Part 1 of Division  
31 106 of the Health and Safety Code.

32 (8) A medical examiner, forensic pathologist, or coroner, when  
33 requested in the course of an investigation by a medical examiner,  
34 forensic pathologist, or coroner's office for the purpose of  
35 identifying the decedent or locating next of kin, or when  
36 investigating deaths that may involve public health concerns, organ  
37 or tissue donation, child abuse, elder abuse, suicides, poisonings,  
38 accidents, sudden infant deaths, suspicious deaths, unknown deaths,  
39 or criminal deaths, or upon notification of, or investigation of,  
40 imminent deaths that may involve organ or tissue donation pursuant



1 to Section 7151.15 of the Health and Safety Code, or when  
2 otherwise authorized by the decedent's representative. Medical  
3 information requested by a medical examiner, forensic pathologist,  
4 or coroner under this paragraph shall be limited to information  
5 regarding the patient who is the decedent and who is the subject  
6 of the investigation or who is the prospective donor and shall be  
7 disclosed to a medical examiner, forensic pathologist, or coroner  
8 without delay upon request. A medical examiner, forensic  
9 pathologist, or coroner shall not disclose the information contained  
10 in the medical record obtained pursuant to this paragraph to a third  
11 party without a court order or authorization pursuant to paragraph  
12 (4) of subdivision (c) of Section 56.11.

13 (9) When otherwise specifically required by law.

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

16 (1) The information may be disclosed to providers of health  
17 care, health care service plans, contractors, or other health care  
18 professionals or facilities for purposes of diagnosis or treatment  
19 of the patient. This includes, in an emergency situation, the  
20 communication of patient information by radio transmission or  
21 other means between emergency medical personnel at the scene  
22 of an emergency, or in an emergency medical transport vehicle,  
23 and emergency medical personnel at a health facility licensed  
24 pursuant to Chapter 2 (commencing with Section 1250) of Division  
25 2 of the Health and Safety Code.

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

1 other provider or health care service plan in obtaining payment  
2 for health care services rendered by that provider of health care or  
3 health care service plan to the patient.

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

11 (4) The information may be disclosed to organized committees  
12 and agents of professional societies or of medical staffs of licensed  
13 hospitals, licensed health care service plans, professional standards  
14 review organizations, independent medical review organizations  
15 and their selected reviewers, utilization and quality control peer  
16 review organizations as established by Congress in Public Law  
17 97-248 in 1982, contractors, or persons or organizations insuring,  
18 responsible for, or defending professional liability that a provider  
19 may incur, if the committees, agents, health care service plans,  
20 organizations, reviewers, contractors, or persons are engaged in  
21 reviewing the competence or qualifications of health care  
22 professionals or in reviewing health care services with respect to  
23 medical necessity, level of care, quality of care, or justification of  
24 charges.

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

33 (6) The information may be disclosed to a medical examiner,  
34 forensic pathologist, or county coroner in the course of an  
35 investigation by a medical examiner, forensic pathologist, or  
36 coroner's office when requested for all purposes not included in  
37 paragraph (8) of subdivision (b). A medical examiner, forensic  
38 pathologist, or coroner shall not disclose the information contained  
39 in the medical record obtained pursuant to this paragraph to a third

1 party without a court order or authorization pursuant to paragraph  
2 (4) of subdivision (c) of Section 56.11.

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

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

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

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

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

36 (10) The information may be disclosed to a health care service  
37 plan by providers of health care that contract with the health care  
38 service plan and may be transferred between providers of health  
39 care that contract with the health care service plan, for the purpose  
40 of administering the health care service plan. Medical information

1 shall not otherwise be disclosed by a health care service plan except  
2 in accordance with this part.

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

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

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

28 (14) The information may be disclosed when the disclosure is  
29 otherwise specifically authorized by law, including, but not limited  
30 to, the voluntary reporting, either directly or indirectly, to the  
31 federal Food and Drug Administration of adverse events related  
32 to drug products or medical device problems, or to disclosures  
33 made pursuant to subdivisions (b) and (c) of Section 11167 of the  
34 Penal Code by a person making a report pursuant to Sections  
35 11165.9 and 11166 of the Penal Code, provided that those  
36 disclosures concern a report made by that person.

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

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

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

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

34 (19) The information may be disclosed, consistent with  
35 applicable law and standards of ethical conduct, by a  
36 psychotherapist, as defined in Section 1010 of the Evidence Code,  
37 if the psychotherapist, in good faith, believes the disclosure is  
38 necessary to prevent or lessen a serious and imminent threat to the  
39 health or safety of a reasonably foreseeable victim or victims, and

1 the disclosure is made to a person or persons reasonably able to  
2 prevent or lessen the threat, including the target of the threat.

3 (20) The information may be disclosed as described in Section  
4 56.103.

5 (21) (A) The information may be disclosed to an employee  
6 welfare benefit plan, as defined under Section 3(1) of the Employee  
7 Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002(1)),  
8 which is formed under Section 302(c)(5) of the Taft-Hartley Act  
9 (29 U.S.C. Sec. 186(c)(5)), to the extent that the employee welfare  
10 benefit plan provides medical care, and may also be disclosed to  
11 an entity contracting with the employee welfare benefit plan for  
12 billing, claims management, medical data processing, or other  
13 administrative services related to the provision of medical care to  
14 persons enrolled in the employee welfare benefit plan for health  
15 care coverage, if all of the following conditions are met:

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

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

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

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

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

35 (22) Information may be disclosed pursuant to subdivision (a)  
36 of Section 15633.5 of the Welfare and Institutions Code by a person  
37 required to make a report pursuant to Section 15630 of the Welfare  
38 and Institutions Code, provided that the disclosure under  
39 subdivision (a) of Section 15633.5 concerns a report made by that  
40 person. Covered entities, as they are defined in Section 160.103

1 of Title 45 of the Code of Federal Regulations, shall comply with  
2 the requirements of the federal Health Insurance Portability and  
3 Accountability Act of 1996 (HIPAA) privacy rule pursuant to  
4 subsection (c) of Section 164.512 of Title 45 of the Code of Federal  
5 Regulations if the disclosure is not for the purpose of public health  
6 surveillance, investigation, intervention, or reporting an injury or  
7 death.

8 (23) The information may be disclosed to a school-linked  
9 services coordinator pursuant to a written authorization between  
10 the health provider and the patient or client that complies with the  
11 federal Health Insurance Portability and Accountability Act of  
12 1996.

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

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

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

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

40 (f)

(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. 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.

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

5 1249.2. For purposes of this chapter, “health care provider  
6 entity” includes all of the following:

7 (a) Health facilities as defined in Section 1250.

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

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

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

14 (e) Integrated health care delivery systems as defined in Section  
15 1182.14 of the Labor Code.

16 1249.3. This chapter shall apply to all health care provider  
17 entities that meet any of the following criteria:

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

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

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

24 (d) All other health care provider entities.

25 1249.4. For purposes of this chapter, “immigration  
26 enforcement” means any and all efforts to investigate, enforce, or  
27 assist in the investigation or enforcement of any federal civil  
28 immigration law, and also includes any and all efforts to  
29 investigate, enforce, or assist in the investigation or enforcement  
30 of any federal criminal immigration law that penalizes a person’s  
31 presence in, entry or reentry to, or employment in, the United  
32 States..

33 1249.5. Health care provider entities shall have 45 days from  
34 the effective date of this chapter to comply with the requirements  
35 contained herein.

36 1249.6. The provisions of this chapter are severable. If any  
37 provision of this chapter or its application is held invalid, that  
38 invalidity shall not affect other provisions or applications that can  
39 be given effect without the invalid provision or application.

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

10    *SEC. 6. This act is an urgency statute necessary for the*  
11    *immediate preservation of the public peace, health, or safety within*  
12    *the meaning of Article IV of the California Constitution and shall*  
13    *go into immediate effect. The facts constituting the necessity are:*  
14    *To ensure that vulnerable families and their children are able*  
15    *to access their medical and health care services and needs without*  
16    *fear of deportation, harassment, or intimidation, it is necessary*  
17    *that this act take effect immediately.*

18    ~~SECTION 1. It is the intent of the Legislature to enact~~  
19    ~~legislation to prohibit health facilities from collaborating with,~~  
20    ~~providing access to, or providing information, including patient~~  
21    ~~data or records, about patients to, immigration authorities.~~