

AMENDED IN SENATE MAY 1, 2025  
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 to amend Sections 56.05 and 56.10 ~~of, and to add Section 56.1005 to,~~ of 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 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.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*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.

9 (c) “Confidential communications request” means a request by  
10 a subscriber or enrollee that health care service plan  
11 communications containing medical information be communicated  
12 to them at a specific mail or email address or specific telephone  
13 number, as designated by the subscriber or enrollee.

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

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

1 (f) “Expiration date or event” means a specified date or an  
2 occurrence relating to the individual to whom the medical  
3 information pertains or the purpose of the use or disclosure, after  
4 which the provider of health care, health care service plan,  
5 pharmaceutical company, or contractor is no longer authorized to  
6 disclose the medical information.

7 (g) “Health care service plan” means an entity regulated pursuant  
8 to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter  
9 2.2 (commencing with Section 1340) of Division 2 of the Health  
10 and Safety Code).

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

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

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

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

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

36 (3) Communications that are tailored to the circumstances of a  
37 particular individual to educate or advise the individual about  
38 treatment options, and otherwise maintain the individual’s  
39 adherence to a prescribed course of medical treatment, as provided  
40 in Section 1399.901 of the Health and Safety Code, for a chronic

1 and seriously debilitating or life-threatening condition as defined  
2 in subdivisions (d) and (e) of Section 1367.21 of the Health and  
3 Safety Code, if the health care provider, contractor, or health plan  
4 receives direct or indirect remuneration, including, but not limited  
5 to, gifts, fees, payments, subsidies, or other economic benefits,  
6 from a third party for making the communication, if all of the  
7 following apply:

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

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

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

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

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

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

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

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

15 (o) “Protected individual” means any adult covered by the  
16 subscriber’s health care service plan or a minor who can consent  
17 to a health care service without the consent of a parent or legal  
18 guardian, pursuant to state or federal law. “Protected individual”  
19 does not include an individual that lacks the capacity to give  
20 informed consent for health care pursuant to Section 813 of the  
21 Probate Code.

22 (p) “Provider of health care” means a person licensed or certified  
23 pursuant to Division 2 (commencing with Section 500) of the  
24 Business and Professions Code; a person licensed pursuant to the  
25 Osteopathic Initiative Act or the Chiropractic Initiative Act; a  
26 person certified pursuant to Division 2.5 (commencing with Section  
27 1797) of the Health and Safety Code; or a clinic, health dispensary,  
28 or health facility licensed pursuant to Division 2 (commencing  
29 with Section 1200) of the Health and Safety Code. “Provider of  
30 health care” does not include insurance institutions as defined in  
31 subdivision (k) of Section 791.02 of the Insurance Code.

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

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

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

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

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

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

26 56.10. (a) A provider of health care, health care service plan,  
27 or contractor shall not disclose medical information regarding a  
28 patient of the provider of health care or an enrollee or subscriber  
29 of a health care service plan without first obtaining an  
30 authorization, except as provided in subdivision (b) or (c).

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

34 (1) A court order.

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

37 (3) A party to a proceeding before a court or administrative  
38 agency pursuant to a subpoena, subpoena duces tecum, notice to  
39 appear served pursuant to Section 1987 of the Code of Civil

1 Procedure, or any provision authorizing discovery in a proceeding  
2 before a court or administrative agency.

3 (4) A board, commission, or administrative agency pursuant to  
4 an investigative subpoena issued under Article 2 (commencing  
5 with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title  
6 2 of the Government Code.

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

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

15 (7) The patient or the patient's representative pursuant to  
16 Chapter 1 (commencing with Section 123100) of Part 1 of Division  
17 106 of the Health and Safety Code.

18 (8) A medical examiner, forensic pathologist, or coroner, when  
19 requested in the course of an investigation by a medical examiner,  
20 forensic pathologist, or coroner's office for the purpose of  
21 identifying the decedent or locating next of kin, or when  
22 investigating deaths that may involve public health concerns, organ  
23 or tissue donation, child abuse, elder abuse, suicides, poisonings,  
24 accidents, sudden infant deaths, suspicious deaths, unknown deaths,  
25 or criminal deaths, or upon notification of, or investigation of,  
26 imminent deaths that may involve organ or tissue donation pursuant  
27 to Section 7151.15 of the Health and Safety Code, or when  
28 otherwise authorized by the decedent's representative. Medical  
29 information requested by a medical examiner, forensic pathologist,  
30 or coroner under this paragraph shall be limited to information  
31 regarding the patient who is the decedent and who is the subject  
32 of the investigation or who is the prospective donor and shall be  
33 disclosed to a medical examiner, forensic pathologist, or coroner  
34 without delay upon request. A medical examiner, forensic  
35 pathologist, or coroner shall not disclose the information contained  
36 in the medical record obtained pursuant to this paragraph to a third  
37 party without a court order or authorization pursuant to paragraph  
38 (4) of subdivision (c) of Section 56.11.

39 (9) When otherwise specifically required by law.



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

3 (1) The information may be disclosed to providers of health  
4 care, health care service plans, contractors, or other health care  
5 professionals or facilities for purposes of diagnosis or treatment  
6 of the patient. This includes, in an emergency situation, the  
7 communication of patient information by radio transmission or  
8 other means between emergency medical personnel at the scene  
9 of an emergency, or in an emergency medical transport vehicle,  
10 and emergency medical personnel at a health facility licensed  
11 pursuant to Chapter 2 (commencing with Section 1250) of Division  
12 2 of the Health and Safety Code.

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

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

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

1 review organizations, independent medical review organizations  
2 and their selected reviewers, utilization and quality control peer  
3 review organizations as established by Congress in Public Law  
4 97-248 in 1982, contractors, or persons or organizations insuring,  
5 responsible for, or defending professional liability that a provider  
6 may incur, if the committees, agents, health care service plans,  
7 organizations, reviewers, contractors, or persons are engaged in  
8 reviewing the competence or qualifications of health care  
9 professionals or in reviewing health care services with respect to  
10 medical necessity, level of care, quality of care, or justification of  
11 charges.

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

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

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

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

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

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

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

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

29 (11) This part does not prevent the disclosure by a provider of  
30 health care or a health care service plan to an insurance institution,  
31 agent, or support organization, subject to Article 6.6 (commencing  
32 with Section 791) of Chapter 1 of Part 2 of Division 1 of the  
33 Insurance Code, of medical information if the insurance institution,  
34 agent, or support organization has complied with all of the  
35 requirements for obtaining the information pursuant to Article 6.6  
36 (commencing with Section 791) of Chapter 1 of Part 2 of Division  
37 1 of the Insurance Code.

38 (12) The information relevant to the patient's condition, care,  
39 and treatment provided may be disclosed to a probate court  
40 investigator in the course of an investigation required or authorized

1 in a conservatorship proceeding under the  
2 Guardianship-Conservatorship Law as defined in Section 1400 of  
3 the Probate Code, or to a probate court investigator, probation  
4 officer, or domestic relations investigator engaged in determining  
5 the need for an initial guardianship or continuation of an existing  
6 guardianship.

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

14 (14) The information may be disclosed when the disclosure is  
15 otherwise specifically authorized by law, including, but not limited  
16 to, the voluntary reporting, either directly or indirectly, to the  
17 ~~federal~~ *United States* Food and Drug Administration of adverse  
18 events related to drug products or medical device problems, or to  
19 disclosures made pursuant to subdivisions (b) and (c) of Section  
20 11167 of the Penal Code by a person making a report pursuant to  
21 Sections 11165.9 and 11166 of the Penal Code, provided that those  
22 disclosures concern a report made by that person.

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

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

34 (17) For purposes of disease management programs and services  
35 as defined in Section 1399.901 of the Health and Safety Code,  
36 information may be disclosed as follows: (A) to an entity  
37 contracting with a health care service plan or the health care service  
38 plan’s contractors to monitor or administer care of enrollees for a  
39 covered benefit, if the disease management services and care are  
40 authorized by a treating physician, or (B) to a disease management

1 organization, as defined in Section 1399.900 of the Health and  
2 Safety Code, that complies fully with the physician authorization  
3 requirements of Section 1399.902 of the Health and Safety Code,  
4 if the health care service plan or its contractor provides or has  
5 provided a description of the disease management services to a  
6 treating physician or to the health care service plan's or contractor's  
7 network of physicians. This paragraph does not require physician  
8 authorization for the care or treatment of the adherents of a  
9 well-recognized church or religious denomination who depend  
10 solely upon prayer or spiritual means for healing in the practice  
11 of the religion of that church or denomination.

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

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

28 (20) The information may be disclosed as described in Section  
29 56.103.

30 (21) (A) The information may be disclosed to an employee  
31 welfare benefit plan, as defined under Section 3(1) of the Employee  
32 Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002(1)),  
33 which is formed under Section 302(c)(5) of the Taft-Hartley Act  
34 (29 U.S.C. Sec. 186(c)(5)), to the extent that the employee welfare  
35 benefit plan provides medical care, and may also be disclosed to  
36 an entity contracting with the employee welfare benefit plan for  
37 billing, claims management, medical data processing, or other  
38 administrative services related to the provision of medical care to  
39 persons enrolled in the employee welfare benefit plan for health  
40 care coverage, if all of the following conditions are met:

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

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

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

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

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

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

33 (23) The information may be disclosed to a school-linked  
34 services coordinator pursuant to a written authorization between  
35 the health provider and the patient or client that complies with the  
36 federal Health Insurance Portability and Accountability Act of  
37 1996.

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

1 facility, or state hospital, as required by Section 5073 of the Penal  
2 Code.

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

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

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

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

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

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

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

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

4 (C) A license to engage in the practice of marriage and family  
5 therapy issued pursuant to Chapter 13 (commencing with Section  
6 4980) of Division 2 of the Business and Professions Code.

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

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

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

17 ~~56.1005. (a) Notwithstanding any other law and to the extent~~  
18 ~~permitted by federal law, a provider of health care, health care~~  
19 ~~service plan, contractor, or employer shall not, to the extent~~  
20 ~~possible, allow access to a patient for immigration enforcement.~~

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

24 ~~SEC. 4.~~

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

27  
28 CHAPTER 1.5. PATIENT ACCESS AND PROTECTION  
29

30 1249. (a) A health care provider entity shall, to the extent  
31 possible, establish or amend procedures for monitoring and  
32 receiving visitors to health care provider entities consistent with  
33 this chapter. Health care provider entities are encouraged to post  
34 a “notice to authorities” at facility entrances.

35 (b) When circumstances allow, health care provider entity  
36 personnel shall immediately notify health care provider entity  
37 management, administration, or legal counsel of any request for  
38 access to a health care provider entity site or patient for  
39 immigration enforcement, and to provide any requests for review  
40 of health care provider entity documents, including through a



1 lawfully issued subpoena, warrant, or court order. If a request is  
2 made to access a health care provider entity site or patient,  
3 including to obtain information about a patient or their family, for  
4 immigration enforcement, health care provider entity personnel  
5 shall, to the extent possible, direct such request to the designated  
6 health care provider entity management, administrator, or legal  
7 counsel.

8 1249.1. (a) To enhance privacy available to facility users and  
9 promote a safe environment conducive to the facility's mission  
10 and patient care, a health care provider entity is encouraged to  
11 designate areas where patients are receiving treatment or care,  
12 where a patient is discussing protected health information, or that  
13 are not otherwise open to the public as nonpublic. The facility is  
14 encouraged to designate these areas through mapping, signage,  
15 key entry, policy, or a combination of those.

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

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

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

30 1249.2. For purposes of this chapter, "health care provider  
31 entity" includes all of the following:

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

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

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

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

39 (e) Integrated health care delivery systems as defined in Section  
40 1182.14 of the Labor Code.

1 1249.3. This chapter shall apply to all health care provider  
2 entities that meet any of the following criteria:

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

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

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

9 (d) All other health care provider entities.

10 1249.4. For purposes of this chapter, “immigration  
11 enforcement” means any and all efforts to investigate, enforce, or  
12 assist in the investigation or enforcement of any federal civil  
13 immigration law, and also includes any and all efforts to  
14 investigate, enforce, or assist in the investigation or enforcement  
15 of any federal criminal immigration law that penalizes a person’s  
16 presence in, entry or reentry to, or employment in, the United  
17 States. ~~States.~~

18 1249.5. Health care provider entities shall have 45 days from  
19 the effective date of this chapter to comply with the requirements  
20 contained herein.

21 1249.6. The provisions of this chapter are severable. If any  
22 provision of this chapter or its application is held invalid, that  
23 invalidity shall not affect other provisions or applications that can  
24 be given effect without the invalid provision or application.

25 ~~SEC. 5.~~

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

35 ~~SEC. 6.~~

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

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

O