

AMENDED IN SENATE MAY 6, 2025  
AMENDED IN SENATE MAY 1, 2025  
AMENDED IN SENATE MARCH 24, 2025

**SENATE BILL**

**No. 81**

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**Introduced by Senator Arreguín**  
*(Principal coauthor: Senator Menjivar)*  
*(Coauthors: Senators Durazo, Gonzalez, and Rubio)*

January 17, 2025

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An act to amend Sections 56.05 and 56.10 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,~~ *valid search warrant issued by a judicial officer, including a magistrate,* 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. 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~~, *crime and increasing duties on local health officials*, 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.~~

*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 with regard to certain mandates no reimbursement is required by this act for a specified reason.*

*With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.*

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

1 to them at a specific mail or email address or specific telephone  
2 number, as designated by the subscriber or enrollee.

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

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

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

20 (g) “Health care service plan” means an entity regulated pursuant  
21 to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter  
22 2.2 (commencing with Section 1340) of Division 2 of the Health  
23 and Safety Code).

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

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

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

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

38 (2) Communications made to current enrollees solely for the  
39 purpose of describing a provider’s participation in an existing  
40 health care provider network or health plan network of a

1 Knox-Keene licensed health plan to which the enrollees already  
2 subscribe; communications made to current enrollees solely for  
3 the purpose of describing if, and the extent to which, a product or  
4 service, or payment for a product or service, is provided by a  
5 provider, contractor, or plan or included in a plan of benefits of a  
6 Knox-Keene licensed health plan to which the enrollees already  
7 subscribe; or communications made to plan enrollees describing  
8 the availability of more cost-effective pharmaceuticals.

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

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

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

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

35 (j) "Medical information" means any individually identifiable  
36 information, in electronic or physical form, in possession of or  
37 derived from a provider of health care, health care service plan,  
38 pharmaceutical company, or contractor regarding a patient's  
39 medical history, mental health application information,  
40 reproductive or sexual health application information, immigration

1 status, including current and prior immigration status, place of  
2 birth, mental or physical condition, or treatment. “Individually  
3 identifiable” means that the medical information includes or  
4 contains any element of personal identifying information sufficient  
5 to allow identification of the individual, such as the patient’s name,  
6 address, electronic mail address, telephone number, or social  
7 security number, or other information that, alone or in combination  
8 with other publicly available information, reveals the identity of  
9 the individual.

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

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

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

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

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

35 (p) “Provider of health care” means a person licensed or certified  
36 pursuant to Division 2 (commencing with Section 500) of the  
37 Business and Professions Code; a person licensed pursuant to the  
38 Osteopathic Initiative Act or the Chiropractic Initiative Act; a  
39 person certified pursuant to Division 2.5 (commencing with Section  
40 1797) of the Health and Safety Code; or a clinic, health dispensary,

1 or health facility licensed pursuant to Division 2 (commencing  
2 with Section 1200) of the Health and Safety Code. “Provider of  
3 health care” does not include insurance institutions as defined in  
4 subdivision (k) of Section 791.02 of the Insurance Code.

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

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

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

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

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

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

38 56.10. (a) A provider of health care, health care service plan,  
39 or contractor shall not disclose medical information regarding a  
40 patient of the provider of health care or an enrollee or subscriber

1 of a health care service plan without first obtaining an  
2 authorization, except as provided in subdivision (b) or (c).

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

6 (1) A court order.

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

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

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

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

23 ~~(6) A search warrant lawfully issued and signed by a judge,~~  
24 ~~including a magistrate judge, valid search warrant issued by a~~  
25 ~~judicial officer, including a magistrate, to a governmental law~~  
26 ~~enforcement agency.~~

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

30 (8) A medical examiner, forensic pathologist, or coroner, when  
31 requested in the course of an investigation by a medical examiner,  
32 forensic pathologist, or coroner's office for the purpose of  
33 identifying the decedent or locating next of kin, or when  
34 investigating deaths that may involve public health concerns, organ  
35 or tissue donation, child abuse, elder abuse, suicides, poisonings,  
36 accidents, sudden infant deaths, suspicious deaths, unknown deaths,  
37 or criminal deaths, or upon notification of, or investigation of,  
38 imminent deaths that may involve organ or tissue donation pursuant  
39 to Section 7151.15 of the Health and Safety Code, or when  
40 otherwise authorized by the decedent's representative. Medical



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

11 (9) When otherwise specifically required by law.

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

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

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

1 for health care services rendered by that provider of health care or  
2 health care service plan to the patient.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

39 (16) The information may be disclosed to a third party for  
40 purposes of encoding, encrypting, or otherwise anonymizing data.

1 However, no information so disclosed shall be further disclosed  
2 by the recipient in a way that would violate this part, including the  
3 unauthorized manipulation of coded or encrypted medical  
4 information that reveals individually identifiable medical  
5 information.

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

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

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

1 (20) The information may be disclosed as described in Section  
2 56.103.

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

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

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

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

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

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

33 (22) Information may be disclosed pursuant to subdivision (a)  
34 of Section 15633.5 of the Welfare and Institutions Code by a person  
35 required to make a report pursuant to Section 15630 of the Welfare  
36 and Institutions Code, provided that the disclosure under  
37 subdivision (a) of Section 15633.5 concerns a report made by that  
38 person. Covered entities, as they are defined in Section 160.103  
39 of Title 45 of the Code of Federal Regulations, shall comply with  
40 the requirements of the federal Health Insurance Portability and

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

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

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

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

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

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

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

39 (1) "Medical examiner, forensic pathologist, or coroner" means  
40 a coroner or deputy coroner, as described in subdivision (c) of

1 Section 830.35 of the Penal Code, or a licensed physician who  
 2 currently performs official autopsies on behalf of a county  
 3 coroner’s office or a medical examiner’s office, whether as a  
 4 government employee or under contract to that office.

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

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

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

15 (C) A license to engage in the practice of marriage and family  
 16 therapy issued pursuant to Chapter 13 (commencing with Section  
 17 4980) of Division 2 of the Business and Professions Code.

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

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

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

28  
 29  
 30

CHAPTER 1.5. PATIENT ACCESS AND PROTECTION

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

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



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

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

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

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

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

31 1249.2. For purposes of this chapter, “health care provider  
32 entity” includes all of the following:

- 33 (a) Health facilities as defined in Section 1250.
- 34 (b) Clinics as defined in Section 1200 and 1200.1, a clinic  
35 licensed pursuant to Section 1204, and a clinic exempt from  
36 licensure pursuant to subdivisions (b) and (h) of Section 1206.
- 37 (c) A physician organization as defined in subdivision (p) of  
38 Section 127500.2.
- 39 (d) Providers as defined in subdivision (q) of Section 127500.2.

1 (e) Integrated health care delivery systems as defined in Section  
2 1182.14 of the Labor Code.

3 1249.3. This chapter shall apply to all health care provider  
4 entities that meet any of the following criteria:

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

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

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

11 (d) All other health care provider entities.

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

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

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

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

36 *SEC. 4. No reimbursement is required by this act pursuant to*  
37 *Section 6 of Article XIII B of the California Constitution for certain*  
38 *costs that may be incurred by a local agency or school district*  
39 *because, in that regard, this act creates a new crime or infraction,*  
40 *eliminates a crime or infraction, or changes the penalty for a crime*

1 *or infraction, within the meaning of Section 17556 of the*  
2 *Government Code, or changes the definition of a crime within the*  
3 *meaning of Section 6 of Article XIII B of the California*  
4 *Constitution.*

5 *However, if the Commission on State Mandates determines that*  
6 *this act contains other costs mandated by the state, reimbursement*  
7 *to local agencies and school districts for those costs shall be made*  
8 *pursuant to Part 7 (commencing with Section 17500) of Division*  
9 *4 of Title 2 of the Government Code.*

10 SEC. 5. 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 to  
15 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.