New Requirements for Health Care Providers Under SB 81 (Civil Code 56.10)

To: Management, administrators, legal counsel and personnel of health care providers, health care service plans, or contractors subject to the Confidentiality of Medical Information Act

The Office of the Attorney General is issuing this bulletin to provide notice to health care providers, health care service plans, and contractors (referred to herein as "covered entities") of new legal obligations required by Senate Bill 81 (SB 81), which took effect on **September 20, 2025**. SB 81 amends the Confidentiality of Medical Information Act (CMIA) (Civil Code Section 56.10) and the Health and Safety Code to (1) restrict covered entities from sharing information on the immigration status of patients, and (2) require health care provider entities to designate non-public areas of health facilities where access for immigration enforcement purposes is limited.

SB 81's New Restrictions on Sharing Medical Information (effective September 20, 2025)

SB 81 amends the CMIA (Civil Code Section 56.10) to impose the following requirements regarding sharing of medical information:

1. Definition of Medical Information: Specifies that place of birth, current or prior immigration status and other individually identifying information on immigration status constitutes "medical information" when the information is collected or known by a health care provider, health care service plan, pharmaceutical company, or contractor. (Civ. Code. § 56.05, subd. (j).) Such individually identifying information on immigration status is entitled to the full protection of the CMIA. (*See id*.)

2. Disclosure of Medical Information for Immigration Enforcement: Prohibits covered entities from disclosing any medical information for immigration enforcement purposes, except to the extent disclosure is required by subdivision (b) or permitted by subdivision (c) of Section 56.10, or expressly authorized by a patient, enrollee or subscriber. (Civ. Code, § 56.10, subd. (f).)[1]

3. Court Orders: Limits the types of court orders that compel covered entities to disclose information. Covered entities must disclose medical information when compelled by a court order issued by a federal or California state court. (Civ. Code, § 56.10, subd. (b)(1)(A).) SB 81 prohibits health care providers, service plans, and contractors from complying with court orders issued by any other court, unless a California court has ordered, pursuant to Civil Code section 2029.300, that the foreign court order from another state be followed. (Civ. Code, § 56.10, subd. (b)(1)(B).)[2]

1 "Immigration enforcement," as used here, "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." (Health & Saf. Code. § 24253.)

2 California Code of Civil Procedure section 2029.200(a) defines "foreign" to mean either a state court in a state other than California or a court in a foreign nation.

4. Search Warrants: Clarifies the types of search warrants that compel covered entities to disclose medical information. Health care providers, health care service plans, and contractors must disclose medical information when compelled by a valid search warrant issued by a judicial officer, including a magistrate to a governmental law enforcement agency. SB 81 specifies that search warrants from other states are valid only if they (a) do not violate California Penal Code section 13778.2, which limits cooperation with investigations into lawful abortions;[3] and (b) constitute either a foreign penal action or are based on another state's law so long as that law does not interfere with California law. (Civ. Code, § 56.10, subd. (b)(6).)

Remedies/Penalties for Violations of the CMIA: As a reminder, existing law provides the following remedies for violations of the CMIA:

- Criminal Penalties: Violations of the CMIA that result in economic loss or personal injury to a patient are punishable as a misdemeanor. (Civ. Code, § 56.36, subd. (a).)

- Civil Penalties: A person or entity that knowingly discloses, obtains or uses medical information in violation of CMIA are subject to a range of civil penalties. (Civ. Code. § 56.36, subd. (c).)

- Private Right of Action: A patient may sue a person or entity "who has negligently released confidential information or records concerning him or her in violation" of CMIA. (Civ. Code, § 56.36, subd. (b).) Patients who experience economic loss or personal injury from unlawful disclosure of their medical information may recover compensatory damages, punitive damages up to $3,000, attorney's fees up to $1,000 and the costs of litigation. (Civ. Code, § 56.35.)

SB 81's New Restrictions on Access to Nonpublic Areas of Health Care Facilities (effective November 4, 2025)

SB 81 also adds Chapter 2 of Division 20 to the Health & Safety Code, "Patient Access and Protection," to require health care provider entities[4] to designate non-public areas of health facilities where access for immigration enforcement purposes is limited. These new obligations apply to all health care provider entities that receive public funding. (Health & Saf. Code, § 24255.) The law encourages all other health care provider entities to adopt the law's requirements. (*Id.*)

Health care provider entities must comply with all new requirements under Chapter 2 of Division 20 within 45 days of September 20, 2025. (Health & Saf. Code, § 24256.) As a result, by **Tuesday, November 4, 2025:**

1. Designated Nonpublic Areas: Health care provider entities must designate areas where patients receive care or discuss protected health information as nonpublic. The law encourages facilities to designate areas as nonpublic through mapping, signage, key entry, policy or a combination thereof. (Health & Saf. Code, § 24251, subd. (a).)

3 As relevant to this legal alert, under Penal Code section 13778.2, "A state or local public agency, or any employee thereof acting in their official capacity, shall not cooperate with or provide information to any individual or agency or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency regarding an abortion that is lawful under the laws of this state and that is performed in this state." (Pen. Code, § 13778.2, subd. (b).)

4 The law defines "health care provider entity" as any of the following:
(a) Public and non-public licensed hospitals (Health & Saf. Code, § 24252, subd. (a).);
(b) Clinics, physician organizations and providers as defined by Section 127500.2 of the Health and Safety Code. (Health & Saf. Code, § 24252, subd. (b)-(d).);
(c) Integrated health care delivery systems as defined by Section 1182.14 of the Labor Code (Health & Saf. Code, § 24252, subd. (e).); or
(d) Other health care providers that "deliver or furnish services related to physical or mental health and wellness, education, or access to justice." (Health & Saf. Code, § 24252, subd. (f).)

2. Prohibitions on Access to Nonpublic Areas: Health care provider entities must not allow anyone from accessing nonpublic areas of a facility for immigration enforcement purposes, unless required by state or federal law, or unless the person has a valid judicial warrant or court order that specifically grants access to nonpublic areas of the facility. (Health & Saf. Code, § 24251, subd. (b).) Health care provider entities and their personnel shall, to the extent possible, have at least one personnel witness and document any denial of permission for access. (Health & Saf. Code, § 24251, subd. (c).)

    a. Exception: The law **does not** prohibit any person, including an immigration officer, from accessing nonpublic areas of a hospital to receive care for themselves or someone in their care; or

    b. Where an immigration enforcement officer accompanies a person in their lawful custody to access health care services or transportation and arrangement to health care provider entities. (Health & Saf. Code, § 24254.)

3. Notice to Management: Health care provider entity personnel must notify and escalate certain requests to health care provider entity management, administration, or legal counsel. (Health & Saf. Code, § 24250, subd. (b).) Personnel must:

    a. Immediately notify management, administration, or legal counsel of any request for access to a patient or site for immigration enforcement purposes. (Health & Saf. Code, § 24250, subd. (b)(1).)

    b. Immediately provide management, administration, or legal counsel with any request for review of documents, including requests made through a lawfully issued subpoena, warrant, or court order. (Health & Saf. Code, § 24250, subd. (b)(2).)

    c. Direct any request for access to a site, patient, or information about a patient for an immigration enforcement purpose to designated management, administrator, or legal counsel. (Health & Saf. Code. § 24250, subd. (b)(3).)

4. Information to Staff: Health care provider entities must inform staff and relevant volunteers on how to respond to requests to access sites or patients for immigration enforcement purposes. (Health & Saf. Code, § 24251, subd. (d).)

5. Procedures: Health care provider entities must, to the extent possible, establish or amend procedures for monitoring, documenting, and receiving visitors consistent with the requirements listed above. The law further encourages provider entities to post "notice to authorities" at facility entrances. (Health & Saf. Code, § 24250, subd. (a).)

Remedies/Penalties For Violations: As a reminder, existing law makes a willful violation of these provisions a crime. (Health & Saf. Code, § 131082 ["Every person charged with the performance of any duty under the laws of this state relating to the preservation of the public health, who willfully neglects or refuses to perform the same, is guilty of a misdemeanor."].)

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