

STATE OF NEW YORK

10494

IN SENATE

May 15, 2026

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to requiring certain healthcare facilities to establish patient rights and healthcare facility obligations relating to civil immigration enforcement

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Short title. This act shall be known and may be cited as
2 the "safe access to care act".

3 § 2. The public health law is amended by adding a new section 2803-c-3
4 to read as follows:

5 § 2803-c-3. Patient rights and healthcare facility obligations; immi-
6 gration enforcement. 1. Definitions. For the purposes of this section:

7 (a) "Civil immigration enforcement" means any and all efforts to
8 investigate, enforce, or assist in the investigation or enforcement of
9 any federal civil immigration law, including but not limited to the
10 apprehension, arrest, detention, or removal of any person on the basis
11 of immigration status.

12 (b) "Judicial warrant or judicial order" means an arrest warrant,
13 search warrant, or other judicial order issued by a judge or magistrate
14 of the judicial branch of a state or federal court specifically author-
15 izing the described action at the described location.

16 (c) "Healthcare facility" means a hospital, diagnostic and treatment
17 center, residential healthcare facility, nursing home, clinic, federally
18 qualified health center, ambulatory surgery center, birthing center,
19 community mental health center, or any other facility licensed pursuant
20 to this article or article thirty-one or thirty-three of this chapter.
21 The term "healthcare facility" includes both publicly and privately
22 owned or operated facilities.

23 (d) "Nonpublic area" means any area of a healthcare facility where
24 patients receive care, treatment, or services, or where patients'
25 protected health information is discussed, stored, or accessible,
26 including but not limited to patient rooms, examination rooms, treatment
27 areas, surgical suites, emergency departments, labor and delivery areas,

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 psychiatric units, intensive care units, waiting areas for patients
2 undergoing active intake, pharmacy dispensing areas, and records storage
3 areas. Facilities shall designate nonpublic areas through mapping,
4 signage, key or badge entry systems, or a combination thereof, consist-
5 ent with guidance issued by the department pursuant to subdivision seven
6 of this section.

7 2. Patient rights and facility obligations. (a) Every healthcare
8 facility shall adopt and make public a statement of patient rights of
9 the patients who are receiving care in such facilities and healthcare
10 facility obligations with regards to immigration enforcement and shall
11 treat such patients in accordance with the provisions of such statement.
12 Each healthcare facility shall conspicuously post such statement of
13 patient rights and healthcare facility obligations and communicate such
14 rights and obligations to each patient at or prior to the time of admis-
15 sion or provision of services, whichever is earlier, or to the patient's
16 personal representative upon appointment, and to each member of the
17 healthcare facility's staff.

18 (b) A healthcare facility which is required to adopt a statement of
19 rights and responsibilities pursuant to section twenty-eight hundred
20 three-c of this article shall include the patient rights and facility
21 obligations established pursuant to this section in the statement of
22 rights and responsibilities required pursuant to section twenty-eight
23 hundred three-c of this article.

24 (c) Such statement of patient rights and healthcare facility obli-
25 gations shall include, but not be limited to, the following:

26 (i) Every patient shall have the right to receive care and treatment
27 in a healthcare facility free from unlawful interference by civil immi-
28 gration enforcement agents;

29 (ii) Every patient shall have the right to have their protected health
30 information, including their immigration status, national origin, and
31 place of birth, kept confidential and not disclosed to any civil immi-
32 gration enforcement agent except as required by a valid judicial warrant
33 or judicial order, or as otherwise required by state or federal law;

34 (iii) Every patient shall have the right to be informed of the health-
35 care facility's policies with respect to civil immigration enforcement,
36 including the right to know that the healthcare facility will not volun-
37 tarily allow access to the patient's person, health information, or
38 treatment area by civil immigration enforcement agents absent a valid
39 judicial warrant or judicial order;

40 (iv) Every patient who arrives at or is transported to a healthcare
41 facility while in the custody of civil immigration enforcement agents
42 shall be afforded the same rights to care, treatment, and informed
43 consent as any other patient. The fact of civil immigration detention
44 shall not diminish, condition, or restrict any right set forth in this
45 section or any other provision of this chapter. Such patients shall be
46 informed of their rights in a language they understand, independently of
47 any communications that pass through their custodians; and

48 (v) Every patient shall have the right to receive information about
49 their rights under this section in the patient's primary language,
50 consistent with the language access requirements of this chapter.

51 3. Facility access policies. Each healthcare facility shall adopt and
52 implement a written immigration enforcement access policy that includes,
53 at a minimum:

54 (a) Designation of one or more healthcare facility contact persons,
55 such as an administrator, security director, or legal counsel, to be

1 immediately notified of the presence of, or any request from, a civil
2 immigration enforcement agent at the healthcare facility;

3 (b) Procedures to verify the identity and authority of any person
4 claiming to be a civil immigration enforcement agent;

5 (c) Procedures to verify the validity, scope, and specificity of any
6 judicial warrant or judicial order presented by a civil immigration
7 enforcement agent, including whether such warrant or order was issued by
8 a judicial officer, whether it specifically identifies the healthcare
9 facility or person subject to the authorized action, and whether it
10 authorizes access to nonpublic areas of the healthcare facility;

11 (d) A clear requirement that civil immigration enforcement agents not
12 accompanying patients who arrive in detention shall be denied entrance
13 to the nonpublic areas of the healthcare facility, to any patient, and
14 to any patient data or healthcare facility records, in the absence of a
15 valid judicial warrant or judicial order specifically authorizing such
16 access;

17 (e) Procedures for healthcare facility personnel to, to the extent
18 possible, have at least one witness present and to document in writing
19 every interaction with civil immigration enforcement agents, including
20 the date, time, nature of the request, identity and credentials of the
21 agent, and the healthcare facility's response;

22 (f) Procedures for the immediate referral of any civil immigration
23 enforcement access request to the designated healthcare facility contact
24 person, and to the healthcare facility's legal counsel when available;

25 (g) Procedures for monitoring, documenting, and controlling visitor
26 access to nonpublic areas of the healthcare facility consistent with
27 this section; and

28 (h) A plan for notifying the department and the office of the attorney
29 general of any civil immigration enforcement action taken at the health-
30 care facility within forty-eight hours of its occurrence.

31 4. Prohibition on voluntary disclosure and access. (a) No healthcare
32 facility, and no employee, contractor, agent, or volunteer of a health-
33 care facility, shall voluntarily:

34 (i) Disclose to any civil immigration enforcement agent the immi-
35 gration status, national origin, place of birth, or any other protected
36 health information of any patient; or

37 (ii) Grant a civil immigration enforcement agent access to nonpublic
38 areas of the healthcare facility, to any patient, or to any healthcare
39 facility records for the purpose of immigration enforcement, except as
40 required by a valid judicial warrant or judicial order or as otherwise
41 required by state or federal law.

42 (b) Nothing in this subdivision shall be construed to prohibit a
43 healthcare facility from cooperating with law enforcement in connection
44 with a non-immigration criminal investigation or from complying with any
45 other lawful requirement of state or federal law.

46 5. Detained patients. (a) Patients who arrive at a healthcare facility
47 while in the custody of civil immigration enforcement agents shall be
48 afforded the same standard of care and the same rights as any other
49 patient presenting to the healthcare facility, including:

50 (i) The right to receive necessary medical care, treatment, and emer-
51 gency services without delay attributable to their custodial status;

52 (ii) The right to provide informed consent for or to refuse treatment,
53 independently of any consent or direction provided by their custodians;

54 (iii) The right to confidential communication with their treating
55 providers, which shall not be monitored by civil immigration enforcement

1 agents absent a valid judicial order specifically authorizing such moni-
2 toring;

3 (iv) The right to have their protected health information kept confi-
4 dential, consistent with the requirements of this subdivision;

5 (v) The right to mental health screening and services on the same
6 basis as any other patient;

7 (vi) The right to telephone access, which shall not be monitored by
8 civil immigration enforcement agents absent a valid judicial order
9 specifically authorizing such monitoring, or when otherwise authorized
10 by state or federal law;

11 (vii) The right to private conversations with family, emergency
12 contacts, and legal representation, which shall not be monitored by
13 civil immigration enforcement agents absent a valid judicial order
14 specifically authorizing such monitoring, or when otherwise authorized
15 by state or federal law; and

16 (viii) The right to visitation, which shall not be monitored by civil
17 immigration enforcement agents absent a valid judicial order specif-
18 ically authorizing such monitoring, or when otherwise authorized by
19 state or federal law.

20 (b) Civil detention status shall constitute neither a basis for prior-
21 itizing nor for delaying admission, triage, or treatment decisions. No
22 healthcare facility shall transfer, discharge, or otherwise remove a
23 detained patient from care as a consequence of requests by civil immi-
24 gration enforcement agents, except as otherwise lawfully required.

25 6. Staff training. (a) Each healthcare facility shall provide regular
26 training to all employees, contractors, and relevant volunteers on:

27 (i) The healthcare facility's immigration enforcement access policy
28 and patient rights and healthcare facility obligations under this
29 section;

30 (ii) How to respond to a request for access to the healthcare facili-
31 ty, a patient, or healthcare facility records by a civil immigration
32 enforcement agent, including the right and obligation to decline access
33 in the absence of a valid judicial warrant or judicial order;

34 (iii) How to verify the identity and authority of civil immigration
35 enforcement agents and the validity and scope of any warrant or order
36 presented;

37 (iv) Documentation procedures for immigration enforcement encounters;

38 (v) The rights of patients who arrive in civil immigration detention;
39 and

40 (vi) The health impacts of immigration enforcement on patients and
41 communities, and best practices for trauma-informed care in that
42 context.

43 (b) Training shall be provided to new employees upon hire, annually
44 thereafter, and whenever the healthcare facility's immigration enforce-
45 ment access policy is materially updated. Training records shall be
46 maintained and made available to the department upon request.

47 7. Model guidance. (a) Within one hundred eighty days of the effective
48 date of this section, the commissioner shall take the following actions
49 to create model guidance, modeled on the emergency preparedness compli-
50 ance framework established by the Centers for Medicare and Medicaid
51 Services and implemented in this state through the DHDC DAL 17-10
52 compliance process, to provide guidance to healthcare facilities for
53 developing patient rights and healthcare facility obligations, state-
54 ments, policies and any other requirements pursuant to this section:

55 (i) Issue model immigration enforcement access policies for each major
56 category of healthcare facility covered by this section, in consultation

1 with the attorney general, relevant healthcare associations, labor
2 unions representing healthcare workers, immigrant advocacy organiza-
3 tions, and the state's hospital accreditation bodies;

4 (ii) Publish model staff training curricula addressing civil immi-
5 gration enforcement scenarios, including role-specific guidance for
6 security personnel, nursing staff, administrative staff, and clinical
7 leadership;

8 (iii) Publish model patient-facing materials describing patient rights
9 under this section, in English and the ten most common non-English
10 languages spoken by individuals with limited-English proficiency in New
11 York state;

12 (iv) Develop and publish model signage suitable for posting at facili-
13 ty entrances providing notice to civil immigration enforcement agents of
14 the requirements of this section; and

15 (v) Establish a reporting mechanism through the health commerce system
16 or an equivalent secure platform by which facilities shall notify the
17 department of civil immigration enforcement actions occurring at the
18 healthcare facility within forty-eight hours, and through which the
19 department shall compile and annually report to the governor and legis-
20 lature on such actions statewide.

21 (b) The department shall disseminate model guidance to all healthcare
22 facilities through the health commerce system. Facilities shall confirm
23 receipt and compliance within forty-five days of dissemination. The
24 commissioner shall update model guidance as necessary to reflect changes
25 in federal law or enforcement practice.

26 8. Compliance timeline. Each healthcare facility shall adopt and
27 implement a written immigration enforcement access policy consistent
28 with the requirements of this section within ninety days of the effec-
29 tive date of this section or within forty-five days of the department's
30 publication of model guidance pursuant to subdivision seven of this
31 section, whichever is earlier.

32 9. Liability protections. No healthcare facility, and no employee,
33 contractor, agent, or volunteer acting in good faith in compliance with
34 this section, shall be subject to civil or criminal liability under any
35 provision of state law for declining to grant civil immigration enforce-
36 ment agents access to nonpublic areas of the healthcare facility, to
37 patients, or to healthcare facility records, in the absence of a valid
38 judicial warrant or judicial order. This section shall not affect any
39 obligation of a healthcare facility arising under federal law.

40 10. Enforcement. (a) The attorney general shall be authorized to
41 investigate and enforce violations of this section. The attorney general
42 may bring an action in the supreme court of the state of New York for
43 appropriate equitable and declaratory relief, including injunctive
44 relief and the imposition of civil penalties, against any healthcare
45 facility that fails to comply with the requirements of this section.

46 (b) In addition to enforcement by the attorney general, any individual
47 aggrieved by a violation of this section may bring a private cause of
48 action in the supreme court of the state of New York for appropriate
49 equitable and declaratory relief. An aggrieved individual may seek
50 reasonable attorney's fees and costs from the court upon a finding that
51 a violation of this section has occurred.

52 (c) The commissioner is authorized to enforce the requirements of this
53 section through the department's existing inspection and regulatory
54 authority under section twenty-eight hundred three of this article,
55 including the authority to assess penalties for non-compliance consist-
56 ent with that section. The department shall incorporate immigration

1 enforcement policy compliance into its routine facility inspection and
2 certification processes.

3 (d) No healthcare facility shall take adverse employment action
4 against any employee who in good faith declines to assist a civil immi-
5 gration enforcement agent in accessing a patient, patient information,
6 or nonpublic areas of the healthcare facility in the absence of a valid
7 judicial warrant or judicial order, reports a suspected violation of
8 this act, or cooperates in an investigation or enforcement action by the
9 attorney general or the department under this section.

10 § 3. Section 2832 of the public health law is amended by adding a new
11 subdivision 7 to read as follows:

12 7. (a) For purposes of this section, unlawful or non-judicially
13 authorized immigration enforcement actions at a healthcare facility, as
14 defined in section twenty-eight hundred three-c-three of this article,
15 shall constitute a workplace threat or hazard. Accordingly, each
16 healthcare facility's workplace violence prevention program and each
17 general healthcare facility's workplace safety and security assessment
18 and plan shall expressly address civil immigration enforcement scenar-
19 ios.

20 (b) Each healthcare facility's safety and security plan shall include,
21 at a minimum, procedures consistent with the requirements of section
22 twenty-eight hundred three-c-three of this article, including:

23 (i) The designation of responsible personnel to respond to immigration
24 enforcement access requests;

25 (ii) Physical security measures, including visitor monitoring and
26 access controls for nonpublic areas, addressing the risk of unauthorized
27 civil immigration enforcement entry; and

28 (iii) Staff training requirements addressing civil immigration
29 enforcement response, consistent with the training requirements of
30 subdivision six of section twenty-eight hundred three-c-three of this
31 article.

32 (c) Nothing in this subdivision shall diminish, supplant, or restrict
33 the rights, privileges, and remedies of any employee or collective
34 bargaining representative under applicable law, including the right of
35 labor organizations to negotiate over the terms and conditions of civil
36 immigration enforcement response training and procedures.

37 § 4. Severability. If any clause, sentence, paragraph, subdivision,
38 section, or part of this act shall be adjudged by any court of competent
39 jurisdiction to be invalid, such judgment shall not affect, impair, or
40 invalidate the remainder thereof, but shall be confined in its operation
41 to the clause, sentence, paragraph, subdivision, section, or part there-
42 of directly involved in the controversy in which such judgment shall
43 have been rendered.

44 § 5. This act shall take effect immediately; provided, however that
45 section three of this act shall take effect on the same date and in the
46 same manner as chapter 618 of the laws of 2025, takes effect.