

# 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.