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:

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

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

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

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

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

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

(d) "Nonpublic area" means any area of a healthcare facility where patients receive care, treatment, or services, or where patients' protected health information is discussed, stored, or accessible, including but not limited to patient rooms, examination rooms, treatment 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.

LBD15195-04-6

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

2. Patient rights and facility obligations. (a) Every healthcare facility shall adopt and make public a statement of patient rights of the patients who are receiving care in such facilities and healthcare facility obligations with regards to immigration enforcement and shall treat such patients in accordance with the provisions of such statement. Each healthcare facility shall conspicuously post such statement of patient rights and healthcare facility obligations and communicate such rights and obligations to each patient at or prior to the time of admission or provision of services, whichever is earlier, or to the patient's personal representative upon appointment, and to each member of the healthcare facility's staff.

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

(c) Such statement of patient rights and healthcare facility obligations shall include, but not be limited to, the following:

(i) Every patient shall have the right to receive care and treatment in a healthcare facility free from unlawful interference by civil immigration enforcement agents;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) The right to receive necessary medical care, treatment, and emergency services without delay attributable to their custodial status;

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

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

agents absent a valid judicial order specifically authorizing such monitoring;

(iv) The right to have their protected health information kept confidential, consistent with the requirements of this subdivision;

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

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

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

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

(b) Civil detention status shall constitute neither a basis for prioritizing nor for delaying admission, triage, or treatment decisions. No healthcare facility shall transfer, discharge, or otherwise remove a detained patient from care as a consequence of requests by civil immigration enforcement agents, except as otherwise lawfully required.

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

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

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

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

(iv) Documentation procedures for immigration enforcement encounters;

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

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

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

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

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

with the attorney general, relevant healthcare associations, labor unions representing healthcare workers, immigrant advocacy organizations, and the state's hospital accreditation bodies;

(ii) Publish model staff training curricula addressing civil immigration enforcement scenarios, including role-specific guidance for security personnel, nursing staff, administrative staff, and clinical leadership;

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

(iv) Develop and publish model signage suitable for posting at facility entrances providing notice to civil immigration enforcement agents of the requirements of this section; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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