



April 17, 2026

The Honorable Ash Kalra
Chair, Assembly Judiciary Committee
1020 N Street, Room 104
Sacramento, CA 95814

SUBJECT: AB 1854 (Krell) — Oppose Unless Amended

Dear Assemblymember Kalra:

Hospitals are deeply committed to protecting patient privacy and safeguarding the confidentiality of personal health information. Every day, patients place their trust in hospitals — often during their most vulnerable moments — and hospitals take these responsibilities seriously. This is especially true for sensitive services such as reproductive and gender-affirming care, where privacy is essential to patient safety, dignity, and access to treatment.

Despite hospitals' deep commitment to protecting sensitive patient information, Assembly Bill (AB) 1854 (Krell, D- Sacramento) would significantly alter how hospitals must respond to requests for information related to health care activities. AB 1854 would prohibit a hospital or other entity from responding to a "civil, criminal, or regulatory inquiry, investigation, subpoena, or summons for information regarding legally protected health care activity" unless the requesting party provides a specified affidavit, the hospital notifies the California attorney general and the affected patients, and the hospital waits 30 days before responding.

While the California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, understands the intent of AB 1854, the bill as drafted is overly broad and presents significant operational challenges, as described below.

- **Overly broad definition of covered services:** The bill applies to "legally protected health care activity," defined in Penal Code Section 1549.15 to include reproductive and gender-affirming services. In practice, this encompasses a wide range of routine care, such as prenatal visits, childbirth, hysterectomies, vasectomies, and commonly prescribed medications (many unrelated to gender dysphoria). It also includes psychotherapy, even though hospitals do not have visibility into the specific topics discussed between a therapist and patient. *Example: A hospital that does not provide abortion or gender-affirming care could still be required to obtain an affidavit, notify the attorney general and patient, and wait 30 days before responding to a basic request — such as a family member asking which room a maternity patient is in.*

- **Applies to undefined and overly broad “inquiries”:** The bill extends beyond formal subpoenas or investigations to any “civil, criminal, or regulatory inquiry,” a term that is not defined and could include routine emails, letters, or phone calls from state agencies and departments, health plans, and others as part of standard, necessary communication. *Example: A simple request from a health plan, physician’s office, or family member could trigger complex legal requirements, creating uncertainty and disrupting standard hospital communication workflows.*
- **Overly burdensome notification requirements:** Each time a hospital receives an inquiry concerning “legally protected health care”—for example, a routine insurance inquiry related to a maternity patient’s billing—the hospital would be required to notify every health care worker involved in that patient’s care. Because modern care is delivered by large, multidisciplinary teams, this obligation could encompass a substantial number of individuals, creating significant administrative burden and operational inefficiency.

For these reasons, CHA must oppose AB 1854, unless amended, and we appreciate the ongoing engagement with the author’s office and bill sponsors to address these concerns.

Sincerely,



Vanessa Gonzalez
Vice President, State Advocacy

cc: The Honorable Maggy Krell
The Honorable Members of the Assembly Judiciary Committee
Tom Clark, Counsel, Assembly Judiciary Committee
Liz Enea, Consultant, Assembly Republican Caucus