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## Guidance | May 2026

# Recommendations For Hospitals and Healthcare Service Providers Interacting with Federal Immigration Officers

*Issued by the Massachusetts Department of Public Health*

## I. Background

On January 29, 2026, Governor Maura Healey issued [Executive Order 650: Protecting Access to Essential Services and Keeping Massachusetts Communities Safe](#) (“Executive Order No. 650”). Among other things, Executive Order No. 650 directs the Executive Office of Health and Human Services to work with public and private entities engaged in providing healthcare services to the public (“Entities”) to ensure they have guidance and policies in place for:

- Staff interacting with Federal Immigration Officers; and
- Requiring a Judicial Warrant or Judicial Order for entry into nonpublic areas.

This memorandum provides a framework for Entities to develop or refresh their own policies on these topics.

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## II. Recommendations and Guidance

Under this guidance and in accordance with Executive Order No. 650, the term “Federal Immigration Officers” includes any agent of federal Immigration and Customs Enforcement, federal Customs and Border Protection or any similar federal law enforcement agency tasked with immigration enforcement or working with a federal law enforcement agency tasked with immigration enforcement.

### A. Guidance for Staff Interacting with Federal Immigration Officers

As stated in Executive Order No. 650, tactics currently being used by Federal Immigration Officers “are undermining public safety and creating immense fear” within Massachusetts

communities. Employees, staff, and/or providers may interact with Federal Immigration Officers conducting enforcement activities in or around an Entity's facility. For instance, Federal Immigration Officers may request information from staff about other individuals (like patients) or the staff themselves, accompany a detained person receiving treatment, or station themselves in a public area in or near an Entity's facility. As set forth in Section 4 (i) of the Executive Order, Entities are encouraged to have policies in place for interacting with Federal Immigration Officers and outlining administrative escalation procedures. To assist Entities in developing those policies, the Executive Office of Health and Human Services (EHS) recommends the following:

- i. *Direct Engagement*: Staff are encouraged to remain calm when engaging with Federal Immigration Officers. Staff should never attempt to physically interfere with Federal Immigration Officers; nor should they directly challenge Federal Immigration Officers. Staff should feel empowered to excuse themselves and/or seek assistance from a supervisor/manager or administrator on call (as set forth in established escalation protocols) in the event they feel unsafe engaging with Federal Immigration Officers.
- ii. *Establish Escalation Pathways*: Entities are encouraged to have established escalation and communication pathways for staff to follow in the event Federal Immigration Officers arrive on site. One example of an escalation pathway is for staff to report the presence of or requests from Federal Immigration Officers to designated supervisors/managers or administrators on call, who may then be expected to notify counsel. Escalation pathways may include references for supervisors/administrators, as well. See, for example, 2025 National Detention Standards ([2025 National Detention Standards](#)). Generally, local and state police cannot intervene in federal immigration enforcement efforts, including violations of a state Executive Order. If staff observe what they believe to be a violation of EO 650, they should report it here: <http://www.mass.gov/fedmisconduct>. If anyone is in imminent danger or in need of immediate assistance, they should call 911.
- iii. *Prioritize Patient Safety and Services*: Staff should follow the applicable standards of practice in their designated fields and prioritize the specific needs of their patients, including when those patients are already in custody and accompanied by Federal Immigration Officers. Staff and/or providers should not allow Federal Immigration Officers to influence their professional judgment, provision of services, or health care/treatment decisions. If staff feel as though Federal Immigration Officers are obstructing or interfering with, or attempting to obstruct or interfere with, the provision of professional services or clinical care, they should immediately notify leadership/administration for further handling as outlined below.

- iv. If a Federal Immigration Officer accompanies a detained person to the Entity for care/treatment or otherwise targets a person already receiving care/treatment, staff should promptly write down the specific needs, interventions, services and care/treatment requirements for the person. This documentation will be available in the event Federal Immigration Officers attempt to interfere with or direct the provision of professional services or medical treatment (including, but not limited to: patient hygiene, medication administration, use of restraints, dietary needs, educational requirements, etc.)
- v. Protected Health Information: Detainees are entitled to discuss protected health information with staff outside of the earshot of Federal Immigration Officers. If staff feel as though Federal Immigration Officers are obstructing or interfering with, or attempting to obstruct or interfere with, protected health information protections or staff's efforts to obtain protected health information to provide clinical care, staff should immediately notify leadership/administration for further handling as outlined below and follow escalation procedures.
- vi. Documentation of Interactions: Staff should document details regarding interactions with Federal Immigration Officers, including requests made, any lack of compliance or obstruction with instructions/requests, and what steps were taken to elevate the issue to leadership/management. The Entity's guidance should advise staff to record details such as the time and date of the situation they witnessed, the number of Federal Immigration Officers and any identifying features (such as name, badge number, and agency), and exactly what transpired.
- vii. Administrators/supervisors/managers should also memorialize interactions with Federal Immigration Officers and the impact on the provision of services and safety impacts (after any immediate issues have been addressed).
- viii. Establish Job Aid and Approved Language: Entities are encouraged to develop checklists and approved language for staff to use when responding to requests from Federal Immigration Officers. These checklists should include the escalation pathways available to staff, with clear instructions about who staff should contact if Federal Immigration Officers are on site or making requests.

Examples of "Approved Language" for staff may include:

- "I am not authorized to discuss specific individuals or to speak with you about this client/patient. I am going to contact my supervisor who will discuss this further with you";

- “I am not permitted to discuss/disclose private information to you. I am going to contact my supervisor who will discuss this further with you.”

Entities also should take care to train people at other points in the escalation pathway—such as supervisors, managers, or administrators—on how to interact with Federal Immigration Officers.

### **III. Requiring Judicial Warrant or Judicial Order for Entry into Nonpublic Areas**

Executive Order No. 650 defines “Judicial Warrants and Judicial Orders” as those issued by a judge or magistrate sitting in a judicial branch of state or federal government authorizing an arrest. Unlike an arrest pursuant to a Judicial Warrant or Judicial Order, a “Civil Arrest” is not authorized by a judge or magistrate and is not for the sole or primary purpose of preparing the person subject to such arrest for criminal prosecution for an alleged violation of state or federal criminal law.

Entities have a right to demand that Federal Immigration Officers (like all law enforcement officers) present a valid Judicial Warrant or Judicial Court Order to enter nonpublic parts of their facilities or access private information about patients or staff. To assert this right, Entities should consider the following:

- i. *Designate Nonpublic Spaces:* Entities should designate public and nonpublic areas within their facility. Nonpublic areas are closed to the public; they are typically used by people who work in the facility, individuals receiving and providing services in the facilities, and those needed to accompany them. Some examples of nonpublic spaces in a healthcare setting may include clinical exam rooms and private offices where care/services are provided or where staff, providers, patients, and clients have exclusive access. Entities may choose to establish other nonpublic areas to provide safe spaces for staff, providers, patients, and clients to access.

Public areas are typically separated from the nonpublic areas by a door or other barrier; they are accessible to members of the general public. Some examples of public areas in a healthcare setting may include (depending on the setting) public lobbies, public restrooms, elevators, main corridors through buildings, and main entrances to a building.

Entities should clearly designate areas as public or nonpublic spaces and may enact policies establishing requirements for patients and/or visitors in said areas. For example, a waiting area at a healthcare facility can be open to the public or

can be limited to patients and those accompanying them, and there can be a posted policy requiring all visitors, including immigration and other law enforcement officials, to sign in.

- ii. Signs: Facilities are encouraged to utilize signage to designate nonpublic areas and spaces within the facility. All nonpublic areas should include signage designating the area as nonpublic/private/clinical areas.
- iii. Access: Under the established escalation protocols, staff should report the presence of or requests from Federal Immigration Officers to designated supervisors/managers or administrators on call. The designated supervisors/managers or administrators should permit Federal Immigration Officers access to areas that are considered public to the same extent as members of the general public. They also should comply with the terms of a valid Judicial Warrant or Judicial Order presented by a Federal Immigration Officer. If Federal Immigration Officers request access to nonpublic areas of the facility without a valid Judicial Warrant or Judicial Order, when there is no immediate health or safety threat, designated supervisors/managers or administrators should ask the officer not to access the nonpublic areas and follow any other steps in the escalation pathway (such as notifying counsel). In circumstances where the individual/patient is already in custody and accompanied to the facility by Federal Immigration Officers, those Officers are permitted to access nonpublic areas related to the individual in custody. Federal Immigration Officers are not permitted to enter unrelated nonpublic areas or interfere with management of other individuals within the facility.
- iv. Written Policies: Entities are encouraged to prepare written policies that identify which areas of the facility are open to the general public (e.g., a lobby or waiting area) and which areas are open only to clients/patients and staff (e.g., treatment rooms), including policies restricting visitors. A written policy should also advise staff, supervisors, managers, and administrators about how to interact with Federal Immigration Officers and how to identify a valid Judicial Warrant or Judicial Order.

A. Trainings on Policies to Promote Safety in Health Care Facilities

Entities are encouraged to conduct trainings on any policies, procedures or guidelines existing or established in response to these recommendations to support safety within the facility and in the provision of services for all residents of Massachusetts, regardless of national origin or immigration status. Point of service reminders to staff on escalation pathways are often best practice here.

B. Additional Resources for Entities

- [Massachusetts Attorney General Guidance: Information for Massachusetts Healthcare Providers Regarding Immigration Enforcement and Access to Care and Assistance Programs](#)
- [Information on Health & Social Services on Mass.gov](#)
- [Information on Immigration Status from the Massachusetts Health Connector](#)

C. Human Resources/Labor/Union Issues

Staff are encouraged to raise any personal employment concerns with their human resources team. Staff are encouraged to raise any personal labor concerns with their union representatives. These personal issues may include staff questions regarding identification requirements and/or recommendations regarding carrying and/or producing passports and staff are encouraged to seek additional resources if personal issues exist.