

# Immigration and Customs Enforcement – Memorandum of Understanding

## Oregon Nurses Association and Legacy Health System

(Proposed by ONA 1/7/2026)

The Oregon Nurses Association (hereafter "Association") and Legacy Health System and its subsidiary Medical Centers (hereafter "Employer") hereby enter into the following Memorandum of Understanding (MOU).

### **Section 1. Compliance with State and Federal Law**

The Employer will require that any Law Enforcement Officer or Agents (including but not limited to ICE officers, federal immigration agents, Department of Homeland Security (DHS) agents, and other Federal agents) (hereafter "LE") comply with legal requirements before they are allowed to question, search or seize the person or property of any patient, visitor, or employee. This includes LE in the facility to detain, or LE accompanying a detainee who requires medical care.

### **Section 2. Protection of Patient Private Space**

Employer shall ensure that patient private space is maintained and protected. Private Space shall be defined as any location where patient information is shared and where patient care is taking place, including hallway beds and waiting rooms. This includes, but is not limited to, all patient care areas, including settings such as procedural units, Ambulatory areas, the Emergency Department, and others. Protection of patient private space is essential for protection of health information as required under Section 6 below.

- a. Any designated Private Space shall only be accessible to LE by judicial warrant and or other legal authority that has been validated as required by this MOU.
- b. Caregivers are authorized to request LE to step away from Private Space for any patient care.
- c. Caregivers shall not be retaliated against for acting within their scope of practice and ANA Code of Ethics to protect patients, visitors, and employees who are detained, in custody, or being interviewed by federal agents. This includes enforcing Private Space, as provided in this policy.
- d. The Employer and Association will jointly create written policy establishing certain tasks and assessments that healthcare providers perform where it would be inappropriate for law enforcement to be present. This includes assessments that discuss personal or Protected Health Information (PHI).

- e. Except as authorized in this policy, LE must be performing legitimate duties and must be escorted by Security at all times.

### **Section 3      Credentials Verification.**

In order to protect patients and staff, and support legal review, Employer shall institute the following Credential Verification process.

- a. Employer shall implement a lawful credential verification process in order to identify law enforcement presence.
- b. Any time an individual is on Employer property in their official capacity as law enforcement, they must be met by a Security officer.
- c. Security shall verify law enforcement credentials, record the date, time, agent name, and badge number in a centralized log.
- d. If LE has an individual in custody who is, or is intended to be, a patient at the facility, the MRN of the patient shall be noticed in the centralized log. The agency and badge number of the LE shall also be noted in the patient chart.
- e. Security shall also contact the charge nurse on the patient's unit and identify the LE officer.

### **Section 4      Documentation Requirements for Individuals in Custody.**

- a) Where a patient is in custody of LE, the care team shall be notified that the patient is in custody.
- b) The custodial LE and responsible security officer shall be identified personally to the care team.
- c) Where a patient is in the custody of a LE, a member of the care team shall obtain and chart the following:
  - i) circumstances of the arrest:
  - ii) who brought the patient in (including badge number),
  - iii) the stated reason for the visit, and
  - iv) observed behavior of the patient and agents in both the ED and inpatient settings.
  - v) Documenting should include the conditions of arrest, use of force, and any harm experienced while in custody.
- d) Any discharge or interruption of care at LE's insistence shall be documented as such and reviewed by Risk Management and Compliance.
- e) Internal reporting mechanisms as follows:
  - (1) Form submission for any interactions or concerns relating to LE presence or interactions.
  - (2) Submitted concerns shall be sent to ONA and bargaining unit chair when submitted by staff.
  - (3) Submitted concerns shall be reviewed by LMC under Section 6 below.

## **Section 5      Patient Education**

- a) Employer shall develop and provide to all patients who present to the ED or are otherwise admitted with the following:
  - a) Patient education materials, including preservation of their own medical decision making,
  - b) “Know Your Rights” materials that has been approved by the Association and
  - c) Access to social support resources such as immigration and legal resources.
- b) Provision of this Know Your Rights material and other patient education materials that the nurse reasonably believes is necessary to educate the patient shall not be considered legal advice and shall not be the basis for any disciplinary action.
- c) Bargaining unit members’ sharing of information with each other as coworkers relating to interaction with LE shall be considered protected activity and not be a basis for discipline.
- d) Employer shall direct Social Work and Chaplaincy to take the lead on connecting detained patients with appropriate resources and family contact, within legal and safety constraints.
- e) The Employer shall uphold all aspects of the nursing profession, including nursing licenses, Health Insurance Portability and Accountability Act (HIPAA), and the American Nurses Association (ANA) code of ethics, including:
  - a) Provision 2: A nurse’s primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.
  - b) Provision 9: Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.
  - c) Provision 3: Trust and Advocacy The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.
- f) The Employer will post in each room and hallway setting information about patient rights regarding immigration status in English, Spanish, Chinese, Hindi, Bengali, Portuguese, Russian, Amharic, Somali, Ukrainian Vietnamese and Arabic.
- g) The Employer will ensure that patients always have access to an interpreter or translation services without interference.
- h) Employer will facilitate and support caregiver ability to contact patient families and/or medical decision-makers for clarification of medical history, assistance in evaluation of changes from baseline, and comprehensive care plan development.
- i) Employer will facilitate patients and their family members to contact each other as well as immigration advocates or legal representatives. LE may not deny such requests except where tangible security risk is created and validated by the Medical Director.

**Section 6      HIPAA Protections and Preservation of Patient Confidentiality.**

- a) The Employer will not violate HIPAA or disclose any other care related information to Agents except as specifically required by Federal or State law.
- b) Employer will reaffirm in writing to all employees and patients that patients in ICE or other custody are still protected by HIPAA
- c) Where a patient is in custody of LE, nurses shall have no obligation to provide information to LE. All requests for disclosure of information by LE shall follow the following process:
  - i. The request should go to the Security Liasson
  - ii. The request should identify the information requested and one or more the allowable enumerated reasons for the need for the requested information under 45 CFR Sec. 164.512(k)(5).
  - iii. The security officer shall approve or deny the request and obtain the requested information from the clinical care team.
  - iv. The provision of the information to LE and the reason shall be placed in the patient EMR
- d) No additional PHI shall be provided to LE other than as provided in this policy.
- e) The Employer will hold Security accountable to their own policies and all terms of this agreement.

**Section 7      The Emergency Medical Treatment and Labor Act (EMTALA)**

- a. The Employer will ensure that EMTALA will be upheld and enforced, without interference from Agents.
  - i. Medical procedures in progress cannot be stopped at the request of law enforcement
  - ii. A full medical exam as required by either a patient's presentation or medical needs must be administered
  - iii. Nurses and medical teams must be permitted to do a full assessment.

**Section 8      Limits on LE Presence to Prevent Unlawful Disclosures of PHI**

- a) Employer shall adopt and enforce limits on LE presence in non-public areas.
- b) Set reasonable limits on the number of LE's at bedside and in clinical areas.
- c) Prohibit roaming in non-public spaces except for specific, documented reasons.
- d) Require LE's, including ICE, to step out for sensitive exams and interviews when clinically appropriate, consistent with how Employer treats other in-custody patients.

- e) Require use of Policy 700.27 forms and documentation for all disclosures, with Legal/Compliance oversight.
- f) Where LE accesses or receives PHI that is not authorized under Section 4, the circumstances of that disclosure shall be submitted by care team members through an agreed on reporting platform. Employer shall forward any such report to the Oregon Department of Justice, U.S. Department of Human Services, and the Oregon Health Authority, as well as HIPAA compliance processes.

## **Section 9      Joint Labor Management Committee**

- a)      There shall be convened an LMC that shall include five bargaining unit bedside nurses, as well as providers, Security, Compliance, Legal, and members of Employer leadership.
- b)      This LMC shall have responsibility for standardizing in-custody patient practices across agencies and developing ongoing training that reflects both the law and nurses' experience and are consistent with this MOU.
- c)      The LMC shall be authorized to update current those guidelines to reflect best practices used by other institutions.

## **Section 10     Protections for Employees and No retaliation**

- a) Employee Support
  - 1. Employer shall provide Forty (40) hours paid time off per fiscal year to address immigration or citizenship matters for themselves or members of their family in their immediate household. This includes, but is not limited to, attending meetings with immigration or criminal defense attorneys, state or federal criminal court proceedings, deportation hearings, attending to matters directly related to tribal membership or enrollment, or other events bearing on the subject individual's legal resident, immigration, or citizenship status.to deal with immigration related legal matters due to immigration status.
  - 2. Employer shall protect provision of employee's identification and other personal information from disclosure to Agents except as required by law.
  - 3. The Employer shall provide notifications facility wide in real time when any Federal LE are present at that facility

b) Non-Retaliation

- A. Employer affirms that nurses who raise HIPAA, patient-safety, or ethical concerns about ICE encounters will not be subject to discipline or negative performance actions for doing so.
- B. Encourage nurses to use an agreed-on compliance reporting system.
- C. The Employer will not interfere with any Union activity related to educating healthcare staff on how to interact with federal agents related to immigration enforcement or how to protect patients, visitors, and co-workers.

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Oregon Nurses Association

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Legacy Health System

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