

SENATE PRIVACY, DIGITAL TECHNOLOGIES, AND CONSUMER PROTECTION COMMITTEE  
Senator Christopher Cabaldon, Chair  
2025-2026 Regular Session

AB 2575 (Ortega)  
Version: June 18, 2026  
Hearing Date: June 29, 2026  
Fiscal: Yes  
Urgency: No  
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**SUBJECT**

Health care services: artificial intelligence

**DIGEST**

This bill places a series of obligations and restrictions on health facilities, clinics, physicians' offices, and offices of a group practice that use or deploy a "clinical decision support system" (CDSS) for patient care. The bill precludes asserting a defense that the failure of a health care worker to override an output of a CDSS alleged to have caused harm absolves the defendant from such liability.

**EXECUTIVE SUMMARY**

The introduction and rapid development of generative AI (GenAI) systems have proven transformative across many fields, with healthcare standing out as one of the most profoundly impacted sectors. From accelerating drug discovery and streamlining clinical documentation to enabling early disease detection and personalizing treatment plans, GenAI holds extraordinary promise for improving patient outcomes and reducing the burden on overstretched medical systems. Relevant here, AI-powered automated decision systems (ADS) have emerged as popular tools in the healthcare industry and in the broader market. However, these innovations have not come without serious concerns. From a safety perspective, the stakes are high; a miscalibrated or hallucinating AI model that provides inaccurate medical advice could delay critical care, recommend contraindicated treatments, or fail to recognize a life-threatening emergency, with potentially fatal consequences. As the technology continues to evolve at pace, regulators, clinicians, and developers face the urgent challenge of ensuring that the benefits of AI in healthcare are realized without compromising the trust, security, and well-being of patients or interfering with the work of health care professionals.

The bill places guardrails around the deployment of CDSS, ADS and other GenAI systems used to inform clinical decisionmaking. The bill is sponsored by the California Nurses Association and the California Federation of Labor Unions and supported by

various labor and consumer organizations. It is opposed by various industry and healthcare associations, including the California Hospital Association and the California Chamber of Commerce. The bill passed out of the Senate Health Committee on an 8 to 2 vote and the Senate Labor, Public Employment, and Retirement Committee on a vote of 4 to 1.

### **PROPOSED CHANGES TO THE LAW**

Existing law:

- 1) Provides that every person is responsible, not only for the result of their willful acts, but also for an injury occasioned to another by the person's want of ordinary care or skill in the management of their property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon themselves. (Civ. Code § 1714(a).)
- 2) Establishes the California Department of Public Health (CDPH) which licenses and regulates health facilities and clinics. (Health & Saf. Code §§ 1200 et seq. and §1250 et seq.)
- 3) Defines "clinic" as an organized outpatient health facility that provides direct medical, surgical, dental, optometric, or podiatric advice, services, or treatment to patients who remain less than 24 hours, and that may also provide diagnostic or therapeutic services to patients in the home as an incident to care provided at the clinic facility. (Health & Saf. Code § 1200.)
- 4) Defines "health facility" to mean a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer, including, but not limited to, hospitals, nursing facilities, and hospice facilities. (Health & Saf. Code § 1250.)
- 5) Requires the California Department of Technology (CDT) to conduct a comprehensive inventory of all high-risk ADS that have been proposed for use, development, or procurement by, or are being used, developed, or procured by, any state agency. It defines the relevant terms:
  - a) "Automated decision system" means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons. "Automated decision system" does not include a spam email filter, firewall, antivirus

software, identity and access management tools, calculator, database, dataset, or other compilation of data.

- b) “High-risk automated decision system” means an ADS that is used to assist or replace human discretionary decisions that have a legal or similarly significant effect, including decisions that materially impact access to, or approval for, housing or accommodations, education, employment, credit, health care, and criminal justice. (Gov. Code § 11546.45.5.)

This bill:

- 1) Defines the relevant terms, including:
  - a) “Clinical decision support system” (CDSS) to mean an automated decision system or generative artificial intelligence system whose outputs produce a prediction, classification, recommendation, evaluation, or analysis that is used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.
  - b) “Automated decision system” (ADS) means a computational process derived from machine learning, statistical modeling, data analytics, or AI that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons, except as provided.
- 2) Provides that, in an action against a defendant who developed, modified, selected, or deployed a CDSS that is alleged to have caused harm to the plaintiff, it shall not be a defense, and the defendant may not assert, that the failure of a licensed health care professional or other health care worker to override an output of the CDSS is a superseding cause severing the defendant’s liability for the alleged harm. This does not preclude other affirmative defenses or relevant evidence regarding comparative fault.
- 3) Requires, on or before July 1, 2027, a health facility, clinic, physician’s office, or office of a group practice that uses or deploys a CDSS for patient care to make available, upon request from a licensed health care professional or other person using, or viewing outputs from, a CDSS, an inventory of all CDSS currently in use or deployed for patient care. This list shall be updated at least annually.
- 4) Requires a health facility, clinic, physician’s office, or office of a group practice that uses or deploys a CDSS for patient care to make available, upon request from a licensed health care professional or other person using, or viewing outputs from, a CDSS, specified information about the CDSS, including:
  - a) A summary of the CDSS, including developer and description of the output produced by the system.

- b) Intended use of the CDSS, including intended patient population, intended users, and intended role in supporting clinical decisionmaking.
  - c) Cautioned out-of-scope use of the CDSS, including known risks and limitations.
  - d) Summary of how the CDSS generates outputs.
  - e) Summary of the training set or clinical research underlying recommendations, including demographic representativeness and known biases based on protected characteristics.
  - f) Summary of the validation process.
  - g) Summary of qualitative measures of performance.
  - h) A link to the Certified Health IT Product List produced by the Office of the National Coordinator for Health Information Technology at the United States Department of Health and Human Services.
- 5) Requires a health facility, clinic, physician's office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall notify a licensed health care professional or other person whose duties include using a clinical decision support system or viewing outputs from a clinical decision support system, upon hire and annually, of their right to request the inventory of all clinical decision support systems currently in use or deployed for patient care.
  - 6) Provides that violations are subject to existing enforcement mechanisms within the Health and Safety Code.
  - 7) Provides that the preceding does not apply to the use of a CDSS for documentation, communication, or other administrative tasks that do not involve the application of professional judgment by a licensed health care professional.
  - 8) Declares it the public policy of the State of California that a worker providing direct patient care be free to use their professional judgment to make assessments and decisions within their scope of practice as appropriate for their patients.
  - 9) Prohibits an employer from retaliating or discriminating against a worker providing direct patient care using their professional judgment to make an assessment or decision within their appropriate scope of practice based solely on the worker's override of, or reliance on, the output of a CDSS. A worker may file a complaint with the Labor Commissioner against an employer in violation hereof.
  - 10) Clarifies that the preceding provision does not affect a worker's duty to meet the applicable standard of care, act within their scope of practice, or exercise independent professional judgment in providing direct patient care.

## COMMENTS

### 1. Regulating GenAI usage in the provision of healthcare

Concerns have been raised when licensed professionals incorporate AI into their own work. While certain AI systems may be trained on legitimate medical sources and provide real benefits to patients, unlike licensed healthcare providers who undergo years of rigorous training, AI systems alone lack the nuanced clinical judgment needed to properly assess symptoms, consider individual patient history, and account for complex interactions between conditions. When these systems present themselves as medical authorities or simply offer health advice, users may receive inaccurate diagnoses, inappropriate treatment recommendations, or dangerous advice about medication interactions.

A recent study conducted at Stanford found that “AI therapy chatbots may not only lack effectiveness compared to human therapists but could also contribute to harmful stigma and dangerous responses.”<sup>1</sup> These systems are especially concerning when used by certain vulnerable groups that may be more likely to trust authoritative-sounding medical advice, especially those with limited healthcare access or health or technology literacy.

Referenced above, the California Attorney General released a legal advisory to “provide guidance to healthcare providers, insurers, vendors, investors, and other healthcare entities that develop, sell, and use artificial intelligence (AI) and other automated decision systems about their obligations under California law, including under the state’s consumer protection, civil rights, competition, and data privacy laws.” The advisory states:

AI systems are already widespread within healthcare. As of May 2024, the federal Food and Drug Administration (FDA) had authorized for medical use 981 artificial intelligence or machine learning software devices, and counting. These and other AI systems are being used to guide medical diagnosis and treatment decisions. Hospitals and insurers routinely use non-FDA-approved AI systems for tasks such as appointment scheduling, medical risk assessment, and bill processing.

AI tools have the potential to help improve patient and population health, increase health equity, reduce administrative burdens, and facilitate appropriate information sharing. At the same time, AI risks causing

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<sup>1</sup> Sarah Wells, *Exploring the Dangers of AI in Mental Health Care* (June 11, 2025) Stanford University Human-Centered Artificial Intelligence, <https://hai.stanford.edu/news/exploring-the-dangers-of-ai-in-mental-health-care>. All internet citations are current as of June 23, 2026.

discrimination, denials of needed care and other misallocations of healthcare resources, and interference with patient autonomy and privacy. For example, AI models trained on data that reflect existing biases in healthcare delivery can exacerbate health inequity. Many patients are not aware of when and how AI systems are used in connection with their healthcare. Moreover, AI systems are novel and complex. Their inner workings are often not understood by the healthcare providers using AI, let alone patients receiving care.

Healthcare-related entities that develop, sell, or use AI systems must ensure that their systems comply with laws protecting consumers. This requires understanding how AI systems are trained, what information the systems consider, and how the systems generate output. Developers, researchers, providers, insurers, and related organizations should ensure that AI systems are tested, validated, and audited to ensure that their use is safe, ethical, and lawful, and reduces, rather than replicates or exaggerates, human error and biases. They should also be transparent with patients about whether patient information is being used to train AI and how providers are using AI to make decisions affecting health and healthcare.<sup>2</sup>

The author highlights the relevant concerns triggered when GenAI is incorporated into clinical decisionmaking:

While some AI models show promise for the future of healthcare, their errors still run rampant. At best, these errors can create a distracting barrage of false alarms and even flag basic bodily functions as emergencies, leading to unnecessary testing and treatments. At worst, failure can lead to fatal consequences for patients. We are already seeing AI errors playing out in healthcare. In one instance, a nurse was forced to take a blood sample after receiving an erroneous alert for sepsis, adding to a patient's bill. In another instance, a nurse on a call-in advice line followed a protocol suggested by an algorithm and diagnosed the patient with a benign diagnosis, when the patient actually had pneumonia, acute respiratory failure, and renal failure and died several days later. Generative AI is also prone to errors such as "hallucinations" or even deceptive behavior.

If data used to train AI is biased, the tool's outputs will be similarly biased. One algorithm assigned Black patients a lower likelihood of adverse health outcomes than equally at-risk white patients because the tool used "healthcare costs" as a proxy for "health needs." Because the

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<sup>2</sup> See fn. 3.

system historically spent less money on treating Black patients, the AI model codified this discrimination.<sup>3</sup>

A recent study that systematically reviewed relevant research on the increasing role GenAI is playing in the healthcare world highlights the technology's potential but also the critical role of regulatory oversight and the consensus principle that GenAI should enhance but not replace the decisionmaking of licensed professionals:

ChatGPT's role in summarizing guidelines and assisting in treatment planning within these domains highlights its value in the healthcare sector. However, its limitations must be addressed before broader clinical adoption. Key areas requiring improvement include GenAI transparency, domain-specific training, and stronger GenAI-human collaboration to enhance decision accuracy. Some researchers advocate the integration of ChatGPT as a supplementary tool in clinical workflows, while others emphasize the necessity of regulatory oversight to mitigate the risks related to bias, misinformation, and ethical concerns. The consensus across these studies is that ChatGPT's capabilities should be rigorously validated and carefully implemented to enhance, rather than replace, human expertise in medical and clinical decision-making.<sup>4</sup>

## 2. Regulating deployment of CDSS

To respond to these concerns, the bill imposes a number of guardrails around the use of this technology by health facilities, clinics, physicians' offices, and other group practices.

### a. *Transparency obligations*

First, the bill imposes a number of obligations on such entities that use or deploy a CDSS for patient care. "Clinical decision support system" means an ADS or GenAI system whose outputs produce a prediction, classification, recommendation,

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<sup>3</sup> See Lisa Bannon, *When AI Overrides the Nurses Caring for You* (June 15, 2023) The Wall Street Journal, [https://www.wsj.com/health/healthcare/ai-medical-diagnosis-nurses-f881b0fe?gaa\\_at=eafs&gaa\\_n=AWetsqcKOLP3NZ-RzgoKpm1\\_gs49wWKDDWeKXCanO\\_8SaLYweq0wyp0oNYLeKesi738%3D&gaa\\_ts=69a87c13&gaa\\_sig=MeVvYeqSbA3AjLrhQMzYXC80XBQM\\_0OfwIXjqWBXxiX1c0n4nClINnk0gYKKMpYbWBG7jVbyRhGbMxcKdUaMXQ%3D%3D](https://www.wsj.com/health/healthcare/ai-medical-diagnosis-nurses-f881b0fe?gaa_at=eafs&gaa_n=AWetsqcKOLP3NZ-RzgoKpm1_gs49wWKDDWeKXCanO_8SaLYweq0wyp0oNYLeKesi738%3D&gaa_ts=69a87c13&gaa_sig=MeVvYeqSbA3AjLrhQMzYXC80XBQM_0OfwIXjqWBXxiX1c0n4nClINnk0gYKKMpYbWBG7jVbyRhGbMxcKdUaMXQ%3D%3D); Beatrice Nolan, *The latest version of ChatGPT told a TaskRabbit worker it was visually impaired to get help solving a CAPTCHA, OpenAI test shows* (March 16, 2023) Business Insider, <https://www.businessinsider.com/gpt4-openai-chatgpt-taskrabbit-tricked-solve-captcha-test-2023-3>; *What are AI hallucinations?*, IBM, <https://www.ibm.com/think/topics/ai-hallucinations>; Ziad Obermeyer, et al., *Dissecting racial bias in an algorithm used to manage the health of populations* (October 25, 2019) Science, <https://www.science.org/doi/10.1126/science.aax2342>.

<sup>4</sup> Mousa Albashrawi, *Generative AI for decision-making: A multidisciplinary perspective* (August 2025) Journal of Innovation & Knowledge, Vol. 10, Issue 4, <https://doi.org/10.1016/j.jik.2025.100751>.

evaluation, or analysis that is used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care. These entities are required to make available to a requesting health care professional or other person using or viewing the outputs of a CDSS an inventory of all CDSS in use or deployed for patient care, which shall be updated annually, and to make available specified information about the CDSS. This includes information about the intended and unintended uses of the system, details on how the CDSS operates, and summaries of the training sets or clinical research underlying the CDSS's recommendations. These entities must also inform health care workers using CDSS of these rights, as provided.

The California Nurses Association, a co-sponsor of the bill, stresses the need for such transparency:

Health care entities often provide little or no information about when AI tools are used, how they generate outputs, what data they rely upon, or what limitations they carry. Without this information, nurses cannot fully evaluate the reliability of automated recommendations that appear in clinical workflows. Patients likewise receive limited insight into technologies that may affect their treatment plans, discharge decisions, or access to services. Existing federal guidance has already demonstrated that developers can disclose key information about algorithm design, training data, and system limitations through standardized documentation such as “model cards.” Recent proposals to roll back these federal transparency guidelines further underscore the need for California to establish clear, enforceable disclosure standards when AI tools influence patient care.

Writing in opposition, a coalition of health care associations, including the California Hospital Association, argues that thorough vetting is already incorporated into the process and that deployed systems are properly monitored:

Governance is central for hospitals looking to use any new tool, device, or system. Contrary to what the opposition asserts, before any AI tool is deployed, it undergoes an extensive review process. This includes input via multidisciplinary committees from the health care workers who will use it, standardized privacy and security assessments, and review of AI registries. No AI platform is continued for use in patient care without a thorough assessment and ongoing monitoring for effectiveness and safety. Despite these existing safeguards, AB 2575 would impose additional requirements that increase health care costs without any correlating benefit to the patients or workers who provide the care.

*b. Protecting professional judgment when incorporating CDSS*

Next, the bill addresses concerns from health care workers that deployment of CDSS may override their professional judgment and that their decision to exercise their own judgment in overriding an output of a CDSS might subject them to adverse treatment in the workplace. As to the existing legal liabilities relevant here, the Attorney General has emphasized that delegating clinical decisionmaking is unlawful and advises healthcare providers to be careful in incorporating this technology:

California's professional licensing laws provide additional standards to which licensed medical professionals must adhere. (Bus. & Prof. Code, Division 2 (commencing with Section 500).) Only human physicians (and other medical professionals) are licensed to practice medicine in California; California law does not allow delegation of the practice of medicine to AI. Licensed physicians may violate conflict of interest law if they or their family member have a financial interest in AI services and must disclose any financial conflict when consulting with AI organizations. (Lab. Code, § 139.3, subs. (a), (e).) Furthermore, using AI or other automated decision tools to make decisions about patients' medical treatment, or to override licensed care providers' determinations about what a patient's medical needs are, may violate California's ban on the practice of medicine by corporations and other "artificial legal entities" (Bus. & Prof. Code, § 2400 et seq.), in addition to constituting an "unlawful" or "unfair" business practice under the Unfair Competition Law.

As stated by the author:

Healthcare workers face a double bind when in an AI-integrated environment. A healthcare worker may bear liability or face retaliation from patients even though they had limited control over the erroneous output of an automated system. Simultaneously, employers may be pressuring or forcing their workers to follow the output of these systems. Healthcare workers should be encouraged to use their professional judgement not only to make clinical decisions but also to determine whether to consult or use AI.

The bill makes clear that an employer cannot retaliate or discriminate against a worker based solely on the worker's override of, or reliance on, the output of a CDSS, when the worker is using their professional judgment to make an assessment or decision within their appropriate scope of practice. The bill ensures that this does not implicate existing professional duties to meet the appropriate standard of care, act within their scope of practice, or exercise independent professional judgment, as provided.

The author explains:

To prevent workers from being placed in the aforementioned double bind, AB 2575 encourages them to follow their judgment by preventing healthcare employers from retaliating against employees who follow or override an AI tool's output. Should a healthcare employer retaliate against them, it would violate the Labor Code and be subject to penalties issued by the Division of Labor Standards Enforcement.

The coalition in opposition contends:

AB 2575 would undermine patient-centric policies and procedures and conflict with medical staff rules and regulations by protecting any worker who provides direct patient care from reprimand or discipline. Section 2821 would essentially create a new protected class of workers, allowing them to make independent, subjective decisions about patient care without oversight or accountability, so long as those decisions fall within their scope of practice.

This would effectively give any worker who provides care unfettered authority – even when the subjective judgment causes patient harm, so long as the worker was acting within their scope. If a patient were to suffer harm – or even if harm is averted after a clinician “overrides” a tool’s output, the health facility would be unable to take corrective action, as doing so would be considered retaliation under the Labor Code.

*c. Preventing liability shields when CDSS cause harm*

The bill also responds to concerns that a developer or deployer of a CDSS may attempt to deflect liability based on the failure of a licensed health care professional or other health care worker to override an output of a CDSS. The bill forecloses such a defense in a civil action. It provides that in an action against a defendant who developed, modified, selected, or deployed a CDSS that is alleged to have caused harm to the plaintiff, it shall not be a defense, and the defendant may not assert, that the failure of a licensed health care professional or other health care worker to override an output of the CDSS is a superseding cause severing the defendant’s liability for the alleged harm. In other words, when a CDSS output causes harm to a patient, the developer or deployer cannot claim that a health care worker should have overridden the output and therefore the developer or deployer cannot be held responsible. This ensures proper accountability when developing and deploying these systems.

This builds on a recent bill, AB 316 (Krell, Ch. 672, Stats. 2025), which makes clear that a defendant who developed, modified, or used AI that is alleged to have caused a harm

to a plaintiff, cannot assert as a defense that the AI autonomously caused the harm to the plaintiff.

The California Labor Federation, a co-sponsor of the bill, explains:

AB 2575 establishes fair accountability for harm caused by AI. Developers, modifiers, or deployers of algorithmic systems may argue that a clinician's failure to override an AI output is a superseding cause that invalidates or shifts their liability. This legal defense leads to black-and-white rulings in which these developers or deployers would bear none of the liability regardless of the context of a situation – allowing entities to design and implement these systems without regard for safety and reliability. AB 2575 will prohibit developers and deployers from using this superseding cause argument while allowing them to provide other defenses and evidence.

### 3. Stakeholder positions

According to the author:

Healthcare workers are facing new challenges as AI is integrated into their workplaces. They are pressured by employers to defer to AI systems that may be opaque, erroneous, or systemically biased. They face an added risk of professional and legal blame when they follow algorithmic recommendations that fail. AB 2575 preserves healthcare workers' ability to follow their professional judgment by prohibiting employer retaliation when a worker overrides or follows a recommendation. AB 2575 requires transparency for AI tools so that providers understand how they work and what the risks are. Overall, AB 2575 requires that AI tools are used to support clinical judgement – not replace it, ensuring that human expertise and patient safety remain the focus of California's healthcare system.

The California Nurses Association highlights the need for the bill:

California currently lacks clear guardrails governing the use of artificial intelligence in health care settings. Hospitals and clinics now use AI tools in electronic health records, clinical decision-support systems, remote monitoring platforms, staffing management software, and administrative workflows. These systems generate patient acuity scores, treatment recommendations, discharge planning prompts, insurance determinations, and nurse workload assignments. As hospitals and other health care entities expand their adoption of these tools, they increasingly shape both clinical decision-making and working conditions. Yet state law provides few standards to ensure transparency, protect professional

judgment, or establish accountability when these technologies contribute to harmful outcomes.

The large coalition in opposition, which includes Biocom and Stanford Health Care, argues the bill will disrupt the beneficial deployment of AI systems:

AB 2575 would deny the health care system the cost savings that AI clinical tools already deliver. Research shows that AI-enabled care coordination, predictive analytics, and CDSS are producing measurable reductions in health care costs. Disrupting or delaying these tools does not simply pause those savings; it restores the costs those tools were eliminating, at precisely the moment providers can least afford it.

According to an economic analysis by the National Bureau of Economic Research, broader adoption of AI across the health care system could reduce total spending by 5% to 10% – between \$200 billion and \$360 billion in annual savings – without reducing patients' access or the quality of care they receive. Researchers attributed these projected savings to AI's ability to help clinicians make better-informed decisions, deploy resources more efficiently, and reduce the volume of tests, procedures, and unnecessary interventions.

Similarly, AB 2575 would impose new compliance and liability obligations that would consume resources safety-net providers do not have. The cost of regulatory compliance is fixed, regardless of organizational size or financial condition, meaning it falls most heavily on those who can least afford it. For these providers, months-long delays in deploying beneficial tools translate into actual financial harm, worsening the damage already caused by federal funding cuts.

### **SUPPORT**

California Federation of Labor Unions, AFL-CIO (co-sponsor)

California Nurses Association (co-sponsor)

Alameda County Democratic Party

California Alliance for Retired Americans

California Faculty Association

California School Employees Association

Consumer Watchdog

Health Access California

Osteopathic Medical Board of California

Western Center on Law & Poverty, Inc.

## OPPOSITION

Advanced Medical Technology Association (ADVAMED)

Adventist Health

American Telemedicine Association, Ata Action

Ata Action

Biocom

California Association of Health Plans

California Chamber of Commerce

California Children's Hospital Association

California Dental Association

California Hospital Association

California Kidney Care Alliance

California Life Sciences

California Medical Association

California Medical Association (CMA)

California Podiatric Medical Association

California Radiological Society

California Society of Pathologists

Civil Justice Association of California (CJAC)

Connected Health Initiative

Cpca Advocates

Kaiser Permanente

Memorialcare Health System

Ochin, INC.

Planned Parenthood Affiliates of California

San Diego Regional Chamber of Commerce

Stanford Health Care

Sutter Health

Technet

United Hospital Association

University of California

## RELATED LEGISLATION

SB 503 (Weber Pierson, 2026) requires developers and deployers of AI systems to make reasonable efforts to identify AI systems used to support clinical decisionmaking or health care resource allocation that are known or have a reasonably foreseeable risk for biased impacts in the system's outputs resulting from use of the system in health programs or activities. It requires developers and deployers to make reasonable efforts to mitigate the risk for biased impacts. Deployers are required to regularly monitor these AI systems and take reasonable and proportionate steps to mitigate any bias that may occur. SB 503 is currently on the Assembly Floor Inactive File.

SB 903 (Padilla, 2026) establishes the Wellness and Oversight for Psychological Resources Act, regulating the use of AI by licensed professionals providing psychotherapy services, as defined. It, among other things, prohibits using AI for specified activities and requires notice and consent for certain authorized services. The bill also directly targets advertising or providing therapy unless conducted by a licensed professional, including through the use of AI. SB 903 is currently in the Assembly Privacy and Consumer Protection Committee.

AB 1979 (Bonta, 2026) subjects businesses offering “health care chatbots” to the California Medical Information Act (CMIA) and imposes guardrails around the use of ADS and other GenAI models in clinical decisionmaking. AB 1979 is currently in the Senate Health Committee.

AB 316 (Krell, Ch. 672, Stats. 2025) *See* Comment 2(c).

AB 489 (Bonta, Ch. 615, Stats. 2025) clarifies that provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, apply to an entity who develops or deploys AI or GenAI technology that uses such terms, letters, or phrases in its advertising or functionality, prohibits such usage, and subjects such developers and deployers to the same oversight and enforcement.

**PRIOR VOTES:**

Senate Labor, Public Employment, and Retirement Committee (Ayes 4, Noes 1)

Senate Health Committee (Ayes 8, Noes 2)

Assembly Floor (Ayes 48, Noes 15)

Assembly Appropriations Committee (Ayes 10, Noes 4)

Assembly Privacy and Consumer Protection Committee (Ayes 9, Noes 4)

Assembly Labor and Employment Committee (Ayes 5, Noes 2)

Assembly Health Committee (Ayes 11, Noes 1)

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