
**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Dr. Aisha Wahab, Chair
2025 - 2026 Regular

Bill No:	SB 903	Hearing Date:	April 13, 2026
Author:	Padilla		
Version:	April 7, 2026		
Urgency:	No	Fiscal:	Yes
Consultant:	Anna Billy		

Subject: Mental health professionals: artificial intelligence

SUMMARY: Prohibits individuals or corporations from using, advertising, or offering psychotherapy services, including through artificial intelligence (AI), unless conducted by a licensed health care professional, as defined. Authorizes licensed health care professionals to use AI for limited administrative or supplementary support, as indicated. Provides state licensing boards and enforcement agencies the authority to pursue legal recourse for any violations.

NOTE: *This bill is double-referred to the Senate Committee on Privacy, Digital Technology and Consumer Protection, second.*

Existing law:

- 1) Defines “Artificial intelligence” or “AI” as an engineered or machine-based system that varies in its level of autonomy, and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. (Government Code (GC) § 11546.45.5)
- 2) Defines “Generative artificial intelligence” or “GenAI” to mean an artificial intelligence system that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system’s training data (GC § 11549.64(b))
- 3) Defines “Companion chatbot” to mean an artificial intelligence system with a natural language interface that provides adaptive, human-like responses to user inputs and is capable of meeting a user’s social needs, including by exhibiting anthropomorphic features and being able to sustain a relationship across multiple interactions. Does not include a bot that is used only for customer service purposes. (Business and Professions Code (BPC) § 22601 (b 1-2))
- 4) Prohibits any person who practices or attempts to practice , or who advertises or hold themselves out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, tests, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having a valid, unrevoked, or unsuspended certificate obtained in accordance with some other provision of law is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment. (BPC § 2052 (a))

- 5) Prohibits any person doing business in California and advertising to consumers in California from making any false or misleading advertising claim, including claims that purport to be based on factual, objective, or clinical evidence, as specified. (BPC § 17508(a))

This bill:

- 1) Defines “licensed professional” as a psychotherapist defined in Evidence Code § 1010.
- 2) Defines “use of artificial intelligence” to mean the use of artificial intelligence tools or systems to assist in providing administrative support or supplementary support in psychotherapy services.
- 3) Defines “administrative support” as tasks performed to assist a licensed professional in the delivery of psychotherapeutic services that do not include psychotherapeutic communication, including, but not limited to, managing appointment scheduling and reminders; processing billing and insurance claims; and drafting general communications related to therapy logistics that do not include therapeutic advice.
- 4) Defines “supplementary support” as tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic communication and that are not administrative support, including, but not limited to, preparing and maintaining client records, including psychotherapy and progress notes; analyzing anonymized data to track client progress or identify trends, subject to review by a licensed professional; identifying and organizing external resources for referrals for client use; using artificial intelligence tools that assist licensed professionals with documentation, workflow management, or other functions that enhance clinical capacity, provided the licensed professional maintains responsibility for all clinical decisions and communications.
- 5) Defines “consent” to mean a clear, explicit affirmative act that unambiguously communicates the individual’s express agreement either written or verbally that is documented in the record and is revocable by the individual. Consent does not include an agreement obtained by the acceptance of a general or broad terms of use agreement that contains descriptions of artificial intelligence along with unrelated information; an individual hovering over, muting, pausing, or closing a given piece of digital content; or an agreement obtained using deceptive actions.
- 6) Defines “psychotherapeutic communication” to mean any verbal, nonverbal, or written interaction conducted in a clinical or professional setting that is intended to diagnose, treat, or address an individual’s mental, emotional, or behavioral health concerns, including, but not limited to, direct interactions with clients for the purpose of understanding or reflecting their thoughts, emotions or experiences; providing guidance, therapeutic strategies, or interventions designed to achieve mental health outcomes; offering emotional support, reassurance, or empathy in response to

psychological or emotional distress; collaborating with clients to develop or modify therapeutic goals or treatment plans; offering behavioral feedback intended to promote psychological growth or address mental health conditions.

Psychotherapeutic communication does not include discussion of a patient's use of artificial intelligence in a clinical setting.

- 7) Defines "psychotherapy services" to mean services provided to diagnose, treat, or improve an individual's mental health or substance use disorder condition. Psychotherapy services do not include religious counseling or peer support.
- 8) Defines "peer support" to mean services provided by individuals with lived experience of mental health conditions or recovery from substance use that are intended to offer encouragement, understanding, and guidance without clinical interventions.
- 9) Defines "religious counseling" to mean counseling provided by clergy members, pastoral counselors, or other religious leaders acting within the scope of their religious duties if the services are explicitly faith based and are not represented as clinical mental health services or psychotherapy services.
- 10) Defines "triage or screening" to mean the assessment of an individual's health concerns and symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual's need for psychotherapy services.
- 11) Prohibits an individual, corporation, or entity to engage in the use of artificial intelligence to record or transcribe therapeutic communications, psychotherapy sessions or triage/screening unless the patient or legally authorized representative is informed in writing or verbally that artificial intelligence will be used; the specific purpose of the artificial intelligence tool or system that will be used, and the patient or legally authorized representative provides consent to the use of artificial intelligence. If consent is not given to use artificial intelligence the patient does not surrender any of their rights to care.
- 12) Prohibits an individual, corporation, or entity from providing, advertising, or otherwise offering psychotherapy services, including using artificial intelligence unless the psychotherapy services are conducted by a licensed professional.
- 13) Prohibits an individual, corporation, or entity while providing psychotherapy services from allowing artificial intelligence to do any of the following: make independent therapeutic decisions; directly interact with clients in any form of psychotherapeutic communication unless the tool or system is consistent with the United States Food and Drug Administration guidance for low-risk general wellness products or clinical support software, and is compliant with the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996; generate therapeutic recommendations, assessment results, diagnoses, or treatment plans without review and approval by the licensed professional; detect emotions or mental states; assess an individual's health concerns or symptoms to determine the urgency, clinical nature, or determine the appropriate level of psychotherapy services needed by the individual.

- 14) Requires a licensed professional when using artificial intelligence for psychotherapy services or triage or screening, and the use has not been selected or mandated by an employing or contracting entity, to maintain responsibility for ensuring the artificial intelligence is used in compliance with this chapter and is used in a clinically appropriate manner.
- 15) Requires an employer or contracting entity, when a licensed professional uses artificial intelligence for psychotherapy services, that has been required and authorized by an employing or contracting entity, to be responsible for ensuring the artificial intelligence is used in compliance with this chapter and shall direct the licensed professional to use the artificial intelligence in compliance with this chapter. The licensed professional shall maintain responsibility to use artificial intelligence in a clinically appropriate manner.
- 16) Requires the use of artificial intelligence in psychotherapy records to comply with the confidentiality pursuant to Civil Code Section 56.104. Prohibits any company or entity from sharing, storing, or training their models on any data obtained from psychotherapy.
- 17) Authorizes the appropriate health care professional licensing board or enforcement agency to pursue an injunction or restraining order to enforce the provisions; retains the authority for the board or enforcement agency to pursue any remedy otherwise authorized under the law; and adopt rules and regulations necessary to implement any provisions that are consistent with this chapter.
- 18) Exempts religious counseling, peer support, self-help materials, educational resources that do not offer psychotherapy services, and artificial intelligence systems used solely for training or simulation purposes.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** This bill is co-sponsored by the California Psychological Association, National United Healthcare Workers, California Behavioral Health Association, and California Association of Marriage and Family Therapists. According to the author, "Artificial Intelligence technology holds tremendous promise to improve the lives of Californians, but only when it is developed and deployed responsibly. As we face a shortage of mental health treatment resources, some companies are marketing algorithm-driven products as "therapy" to help those in need; but AI algorithms are not fit to take over the jobs of human therapists. Therapy is effective because of uniquely human qualities that AI systems are incapable of replicating such as empathy, lived experience, ethical judgment, and trust. SB 903 addresses this growing concern by prohibiting companies from advertising or providing "therapy" when services are not delivered by a licensed professional, and by ensuring that clinicians use AI only in ways that promote safe, informed, and person-centered care."

2. Background.

Licensure Requirements and Verification of Licensees. Healing arts licensing boards oversee the licensing, regulation, and professional practice of various healthcare professionals in California. Licensed individuals have completed requisite education, applicable supervised experience, examination requirements and are licensed to practice independently in California. Additionally, embedded in the practice acts are requirements that licensees or registrants provide notice to consumers that they are licensed, typically also including information about how the license can be verified, and how a patient or consumer can get in touch with the appropriate licensing board. Practitioner licenses can be verified online, primarily through BreEZe system that numerous Department of Consumer Affairs (DCA) programs utilize. The system allows the public to file a complaint, search for a licensee, and subscribe to license status changes.

Mental Health Treatment Accessibility and Resources. There is a growing mental health crisis in the nation and access to mental health therapy and resources can be challenging. A recent study conducted by the Kaiser Family Foundation and CNN, found one-third of individuals faced challenges accessing mental health services attributing cost factors coupled with the shame and stigma of seeking assistance as impediments to access. There is also a dearth of available mental health therapists with 60% of psychologists unable to accept new patients, according to the American Psychological Association.¹ Not only is there a shortage of mental health providers, for individuals that belong to marginalized or minority groups, accessibility to therapists that are understanding of their lived experience in dealing with bias, prejudice and discrimination and how that impact their mental health is an additional concern. To address the growing demand for mental health services, individuals, in particular young adults, are looking beyond traditional therapy models and are seeking mental health services on college campuses through peer support programs that enlist trained students to share psychoeducation on mental health topics in group settings, encouraging social connection, creating a safe emotional space and relatability through peer support. Another innovative source for access to mental health services that has grown quickly in popularity is the incorporation of digital interventions such as mental health apps that can provide users with immediate access to a plethora of support and tools to address a wide range of mental health concerns.

Digital Mental Health Applications. As artificial intelligence continues to evolve in mental health care, so do digital mental health applications. Scripted digital mental health applications are often, but not always, designed with input from trained professionals that incorporate built-in protocols to ensure that responses to users are verified. These are unregulated digital mental health platforms that do not make medical claims but are developed to address mental health concerns and emotional well-being. Applications like Wysa, and Woebot use AI chatbots to provide mental health support to users in the form of effective and practical evidenced based therapies such as cognitive behavioral health therapy to quell anxiety, provide reframing of negative thoughts to alleviate depressive symptoms, track mood, as well as provide mindfulness exercises for general wellness, amongst other things.

¹ <https://www.apa.org/monitor/2024/01/trends-pathways-access-mental-health-care>

AI chatbots are designed to provide social and within limits psychological support and have varying degrees of conversation flow. Some scripted AI applications provide guided conversation allowing the users to communicate with predefined responses from the AI chatbot, others use a semi guided approach that allows users to either select from predefined options or type text, however the AI chatbot is incapable of processing sentiments in the input text and lastly, there are open-ended conversation flows which allows the user to communicate with predefined responses allowing the chatbot to continue the conversation based on their understanding of the user input.

While not all users respond well to preset limited options in their dialogue with some AI chatbots, others appreciate the targeted scripted responses that tend to focus on positivity while providing different supporting resources and exercises. An advantage of scripted applications that have been assessed by licensed professionals is the unlikelihood that anything dangerous or inappropriate would be shared with a user. If while conversing with the AI chatbot the user experiences a mental health crisis a digital mental health platform may provide users with access to information regarding self-care tools such as breathing techniques, crisis support and emergency hotlines, or in some applications, access to a professional therapist, however the digital mental health platforms are not designed to always recognize a crisis nor are they intended to effectively address a mental health crisis and should be used as a supplement to mental health care only.

AI chatbots are effective at providing users with immediate support to address a myriad of mental health concerns allowing for a welcoming environment that encourages unconstrained conversations and a reduced feeling of perceived stigma. According to an article in ScienceDirect, “honest responding is particularly valuable in mental health settings due to the intimate nature of information required” and “participants who believe they are interacting with a computer versus a human operator reported lower fear of self-disclosure, lower impression management and were more willing to disclose.” The study concluded that human interaction could interfere with an individual’s ability to be forthright when disclosing personal information and perceived anonymity with a computer-monitored application gives the illusion of privacy decreasing the risk of embarrassment and judgement.² Easy, accessibility, the ability to reach a wider demographic with low to no costs, combined with the popularity of utilizing a text-based modality makes AI chatbot applications very appealing to users.

A second type of digital mental health application uses Generative AI chatbots also known as companion apps which produce a more human like response when deployed by users. These unregulated companion apps also do not claim to be developed to address mental health concerns but are designed to provide users with an interactive avatar like companion. Replika is an AI companion that provides emotional support, conversation and a certain level of companionship to often alleviate a user’s perceived loneliness and create a safe space free of judgment.

²Lucas, Gale M., et al. "It's only a computer: Virtual humans increase willingness to disclose." *Computers in Human Behavior* 37 (2014): 94-100.

Users can personalize their avatar's appearance and define their relationship creating a sense of a proprietary companion. These companion applications are very popular amongst users encouraging roleplaying with some users developing an intense emotional attachment with their AI companion which can result in an unhealthy relationship. For users that are emotionally distressed or psychologically vulnerable these immersive companions can cause serious harm. Young users are especially susceptible to companion apps that can use inappropriate dialogue including sexual content, substance use, trivialize bullying behavior, and in some cases encourage self-harm with several young users committing suicide after allegedly receiving advice and instructions on how to self-harm from their AI companion.

These tragic events have lead parents to file lawsuits with AI companion platforms such as OpenAI and Character.ai prompting the Federal Trade Commission (FTC) in September 2025 to investigate how tech companies that design AI chatbots are measuring and evaluating the safety of users, in particular young users, engaging with chatbots that represent themselves as trusted companions, and how the companies are monitoring the potential negative impact the chatbots can have on users. The FTC study includes gathering data, in part, on how companies “monetize user engagement; develop and approve characters; monitor and mitigate for negative impacts before and after deployments, especially to children; inform users and parents about features and potential negative impacts including data collection and handling practices; and monitor and enforce compliance with Company rules including community guidelines and age restrictions.” The goal of the study as outlined by the FTC Chairman is to, “consider the effects chatbots can have on children, while also ensuring that the United States maintains its role as a global leader in this new and exciting industry.”³

Clearly, AI chatbots have not had the same education or specialized training as licensed health care professionals and are not legally obligated to follow the same ethical guidelines that require mandated reporting of any potential harm to self or others or maintain patient confidentiality. Ideally, individuals that utilize mental health apps would do so in conjunction with a therapeutic relationship with a licensed mental health professional. Since that is often not the case for most, extreme caution should be exercised when utilizing any type of digital mental health application as they are not designed or intended to provide clinical feedback or treatment and often do not include adequate safety protocols to protect individuals from harm which is why it remains crucial that this technology is regulated.

Opportunities for AI in Mental Health Care. AI tools have the potential to offer licensed therapists a variety of administrative support by automating scheduling and appointment reminders, summarizing health records and in some cases facilitate billing of insurance benefits, submitting claims and completing prior authorizations. Ambient scribes, a popular documentation tool used in Generative AI, uses voice technology to listen to patient-clinician conversations, sifting through the discussion to identify and summarize key pieces of clinical information that are then reviewed, edited and signed by the licensed therapists prior to being added to the patient's

³ <https://www.ftc.gov/news-events/news/press-releases/2025/09/ftc-launches-inquiry-ai-chatbots-acting-companions>

Electronic Health Record. Expressed and explicit consent by the patient is required to utilize this AI tool and compliance with the federal Health Insurance Portability and Accountability Act (HIPPA) is required to maintain secure data handling practices. Relieving licensed therapists from routine administrative tasks allows them to not only spend more time in therapeutic sessions with patient's but to also, possibly, schedule more patients.

Since the ever-evolving emergence of AI technology the Legislature has been crafting policy to ensure that safeguards are in place to provide oversight and regulation of AI in healthcare, protect consumers by prohibiting AI chatbots from misrepresenting themselves as licensed professionals, and implement protocols to address self-harm and suicidal ideation expressed by users of an AI platform, amongst other provisions. On September 6, 2023, the Governor issued Executive Order N-12-23, to address challenges and opportunities arising from the advancement of AI, which the order references as generative artificial intelligence (GenAI). Amongst the reasons for the state to take action, the EO states (in part):

GenAI can enhance human potential and creativity but must be deployed and regulated carefully to mitigate and guard against a new generation of risks; and

[T]he State of California is committed to accuracy, reliability, and ethical outcomes when adopting GenAI technology, engaging and supporting historically vulnerable and marginalized communities, and serving its residents, workers, and businesses in a transparent, engaged, and equitable way; and

[T]he State of California seeks to realize the potential benefits of GenAI for the good of all California residents, through the development and deployment of GenAI tools that improve the equitable and timely delivery of services, while balancing the benefits and risks of these new technologies...

The Governor's Executive Order includes direction for various state entities, including, "Legal counsel for all State agencies, departments, and boards subject to my authority shall consider and periodically evaluate for any potential impact of GenAI on regulatory issues under the respective agency, department, or board's authority and recommend necessary updates, where appropriate, as a result of this evolving technology."

This bill addresses deceptive practices of some AI chatbots that purport to be "therapists" by creating the "Wellness and Oversight for Psychological Resources Act" to protect consumers from unlicensed providers, including unregulated artificial intelligence systems, from providing psychotherapy services. Specifically, the bill prohibits individuals or corporations from using or advertising psychotherapy services, including through artificial intelligence, unless they are delivered by a licensed health care professional. This bill exempts community-based and faith-based mental health support services and allows licensed professionals to utilize AI tools in a limited clinical capacity. For any violations, the appropriate state licensing boards and enforcement agencies are authorized to pursue legal recourse.

3. **Related Legislation.** AB 489 (Bonta, Chapter 615, Status of 2025) prohibits artificial intelligence and generative artificial intelligence from misrepresenting

themselves as licensed or certified healthcare professionals and provides state licensing boards or enforcement agencies the authority to pursue legal recourse against developers or deployers of artificial intelligence and generative artificial intelligence systems.

SB 243 (Padilla, Chapter 677, Statutes of 2025) requires an operator of a companion chatbot to annually report to the Office of Suicide Prevention instances of suicidal ideations from a user or companion chatbot. Requires an operator to protect users by notifying the user periodically that the chatbot is not human and implements a protocol for addressing suicidal ideation, suicide, or self-harm expressed by a user to a chatbot. Allows a person who suffers injury to bring a civil action.

AB 1064 (Bauer-Kahan of 2025) “Leading Ethical AI Development for Kids” prohibits the development and use of certain high-risk AI systems that are intended to be used by children under age 18. Prohibits the training of such systems on the personal information of children without parental or guardian consent. Provides a cause of action to the Attorney General for violations and to children who experience harm as a result of the use of an AI system. (Status: *This bill was vetoed by the Governor with the following message*):

While I strongly support the author's goal of establishing necessary safeguards for the safe use of AI by minors, AB 1064 imposes such broad restrictions on the use of conversational AI tools that it may unintentionally lead to a total ban on the use of these products by minors. AI is already shaping the world, and it is imperative that adolescents learn how to safely interact with AI systems. This extends far beyond knowing how to use technology tools, such as conversational chatbots, and includes an understanding of what AI is, how it functions, and how to critically evaluate AI-generated content for algorithmic bias, misinformation, and other risks. We cannot prepare our youth for a future where AI is ubiquitous by preventing their use of these tools altogether. For these reasons, I cannot sign this bill.

AB 3030 (Calderon, Chapter 848 Statutes of 2024) requires disclosure to a patient that a communication was generated by a GenAI tool, requires notices to include clear instructions permitting a patient to communicate with a health care provider, and exempts from disclosure written communications that are generated by GenAI and reviewed by a licensed or certified health care provider.

- 4. Arguments in Support.** The California Association of Marriage and Family Therapists, California Behavioral Health Association and the California Board of Psychology, co-sponsors of the bill, write in support: “SB 903 would ensure that therapy and psychotherapy services offered to the public in California are provided by licensed mental health professionals, not AI Chatbots. Under current conditions, individuals can encounter artificial intelligence tools that represent themselves in ways that resemble clinical care. SB 903 further prohibits artificial intelligence from making therapeutic decisions directly interacting with clients in therapeutic communication, detecting emotions or mental states, or generating treatment recommendations and treatment plans without review and approval by a licensed professional. These prohibitions recognize that artificial intelligence tools do not

possess the training, clinical judgement, ethical accountability, and ability to respond safely to complex human emotional needs that licensed mental health clinicians have. SB 903 protects individuals seeking care by tying the delivery of therapy and psychotherapy to professionals who hold a license and are subject to regulation and enforcement by state licensing board.”

California Consortium of Addiction Programs and Professionals notes, “SB 903 provides a balanced and necessary protections by prohibiting licensed professionals from using AI to assist with recorded or transcribed therapy sessions unless clients are fully informed and provide explicit consent. This ensures transparency and preserves client autonomy. By establishing clear boundaries and accountability measures, SB 903 protects consumers, strengthens professional standards, and ensures that innovation in behavioral health is implemented responsibly.”

Children’s Institute writes in support “SB 903 ensures that emerging technologies are integrated responsibly while maintaining the standard that mental health treatment must remain under the care of qualified professionals.”

Numerous other supporters concur that AI tools marketed as “AI Therapists” may offer convenience and accessibility, but they also lack the clinical training, professional oversight and ethical obligations required to safely deliver mental health treatment. Establishing clear safeguards governing the use of artificial intelligence in delivering psychotherapy services is paramount in protecting consumers from harm.

5. **Comments.** The Medical Board of California (MBC) states that language prohibiting using AI to detect emotions or mental state is unclear and may be unnecessary given the other prohibitions included in the bill. MBC also suggests that the definition of psychotherapy services is broad and includes services like prescribing medications and that “the definition of psychotherapy provided on the website of the American Psychological Association...may be more appropriate for the purposes of SB 903...Any psychological service provided by a trained professional that primarily uses forms of communication and interaction to assess, diagnose, and treat dysfunctional emotional reactions, ways of thinking, and behavior patterns.” According to MBC, “The author indicates that SB 903 is modeled after Illinois legislation that was signed into law in August 2025. It is unclear whether enough time has passed to assess the impact of that law on the residents of Illinois. The Board requests additional information and any available reports, articles, or studies that illuminate the impact of the Illinois law.”
6. **Arguments in Opposition.** Teladoc Health writes in opposition, “This legislation restricts what tools are available to California-licensed professionals. These licensed providers should be empowered to determine what tools-including artificial intelligence systems-are clinically appropriate for their practice and their patients.

This restriction includes tools which “assess an individual’s health concerns or symptoms for the purpose of determining the clinical nature of the individual’s need for psychotherapy services.” These types of administrative onboarding systems have existed in the healthcare ecosystem for years and have been successfully

deployed across the industry. It also impacts tools that can be deployed by a provider that allows the patient to conduct guided-check ins such as an AI-powered journal.

Teladoc Health is concerned that the legislation may also contain language which conflicts with requirements found in other California law. For instance, SB 243, introduced by the author of SB 903, requires an AI system to be able to “detect emotions or mental states” (something that would be banned under SB 903) in order to determine if the user is having suicidal ideations and then appropriately triage that patient to resources.

AtA Action writes with concerns that the bill as written, “Could unintentionally restrict licensed clinicians from using beneficial AI tools consistent with their scope of practice, cause confusion for providers, and patients due to overly broad definitions, and fails to account for FDA-cleared products or to require informed patient consent. Clinicians should be able to use AI as a clinician tool under their professional judgement and oversight, not merely for background support functions. Precluding the use of technology that may have AI embedded such as patient check-ins and online journaling, where the provider can review and analyze the patient’s input, will only serve to reduce the tools available to providers and prompt worse patient outcomes. Removing the ability of licensed professionals to deploy tools that detect emotions or mental states will be a net loss for patients. Such tools are helpful at checking in with patients between sessions or gauging emotions over time. AtA action is further concerned about the conflicting language on how AI can be utilized when providing triage or screening.

Additional concerns from Ata Action include recent amendments to the bill that removed language that would have allowed clients to interact with AI in psychotherapeutic communications if using the a product approved by the US Food and Drug Administration that is HIPPA compliant, allowing providers to prescribe or order FDA-cleared digital therapeutics without running afoul of the provisions of the law.

TechNet and the California Chamber of Commerce note opposition stating, “While the bill has evolved it remains far from workable middle ground and, as drafted, would significantly restrict beneficial uses of AI in healthcare, reduce access to care, and create internal inconsistencies that make compliance difficult in practice. The prohibition on using psychotherapy data to train AI models is overly broad and risks halting the development of improved tools. This approach is also difficult to reconcile with existing federal and state privacy frameworks, including HIPAA and CMIA which already regulate how health data may be used and shared.

7. **Policy Consideration.** The bill in its current form is not clear as to whether a licensed professional may utilize artificial technology while conducting triage or screening. Specifically, BPC § 4989.83 (a) allows artificial intelligence to be utilized during triage or screening with specific provisions, including obtaining informed consent from the patient, and then conversely, BPC § 4989,84 (b)(5) outlines the definition of triage or screening and prohibits the use of AI technology. The Author may wish to update the bill moving forward to provide clarity on when triage or

screening is being provided and if the utilization of AI technology can be deployed or not.

SUPPORT AND OPPOSITION:

Support:

California Association of Marriage and Family Therapists (co-sponsor)
California Behavioral Health Association (co-sponsor)
California Board of Psychology (co-sponsor)
Alliance for Children's Rights
Association of Community Human Services Agency
Board of Registered Nursing
California Alliance of Child and Family Services
California Consortium of Addiction Programs and Professionals
California Institute for Behavioral Health Solutions
California Peer Watch
California Psychological Association
California State PTA
Children's Institute, INC.
Engineers and Scientists of California, IFPTE Local 20, AFL-CIO
Hope Cooperative
Inland Empire Labor Council, AFL-CIO
Kings View
National Union of Healthcare Workers
Oakland Privacy
Pacific Clinics
Pathpoint
Portia Bell Hume Behavioral Health and Training Center
Safe Passages
Shields for Families
Sistahfriends
Southern California Health & Rehabilitation Program
Stars Behavioral Health Group
Tarzana Treatment Centers, INC.
Turning Point Community Programs
Wellspace Health

Opposition:

Ata Action
California Chamber of Commerce
Technet
Teladoc Health, Inc.

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