

## CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

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**BILL NUMBER: AB 1979**

**VERSION: AMENDED APRIL 23, 2026**

**AUTHOR: BONTA**

**SPONSOR: CALIFORNIA NURSES ASSOCIATION**

**RECOMMENDED POSITION: NONE**

**SUBJECT: HEALTH CARE SERVICES: ARTIFICIAL INTELLIGENCE**

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**Summary:** This bill requires health facilities and medical offices to make sure no clinical decision is based solely on the output of a clinical decision support system and requires them to ensure licensed healthcare professionals utilizing these systems exercise independent professional judgement. It also bans the use of AI to direct, guide, or instruct unlicensed personnel in performing any functions that require a professional license.

### **Existing Law:**

- 1) Establishes the Confidentiality of Medical Information Act and specifies that a business that offers software or hardware to consumers that is designed to maintain medical information in order to make it available to an individual or health care provider to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition, is subject to the Act's requirements. Such a business must maintain the same confidentiality standards as a health care provider. (Civil Code (CC) §§56, 56.06)
- 2) Provides that a health facility, clinic, physician's office, or group practice office that uses generative AI to generate written or verbal patient communications regarding patient clinical information must include a disclaimer that the communication was generated by AI, and instructions on how a patient may contact a human provider or employee. (Health and Safety Code (HSC) §1339.75)
- 3) Defines 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 input how to generate outputs that can influence physical or virtual environments. (HSC §1339.75)
- 4) Defines a health facility as a place that is organized, maintained and operated for diagnosis, care, prevention, and treatment of physical or mental, for which they are admitted for a 24 hour stay or longer. (HSC §§1250, 1339.75)

### **This Bill:**

- 1) Provides that a business offering a healthcare chatbot to a consumer in order to manage their healthcare information, or to diagnose, treat, or manage their medical condition is a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. (CC §56.06(f))
- 2) Requires a health facility, physician office, or group practice office to make sure no clinical decision is based solely on the output of a clinical decision support system. When reviewing and approving a clinical decision based on the output of such a system, it must also ensure that a licensed health care professional exercises independent professional judgement. (HSC §1339.77(a)(1) and (2))
- 3) Defines a clinical decision as including the following (HSC §1339.77(a)(3)):
  - Assessment of patient condition;
  - Education of a patient/family concerning their health care problems;
  - Post discharge care;
  - Communication between licensees regarding patient handoff; and
  - Other documentation and communication that requires a licensee’s professional expertise related to a patient’s health.
- 4) Prohibits a health facility, physician office, or group practice from using or deploying a tool, system or device that uses AI to direct, guide, supervise, or instruct an unlicensed person to perform a function requiring a professional license. (HSC §1339.77(b))
- 5) Specifies that using AI for documentation and communication that does not involve professional judgement, such as automated message to inform patients of updates to their health records, is not prohibited. (HSC §1339.77(d))
- 6) Specifies the penalties that apply for violations, including that a licensing board may pursue an injunction or restraining order for unlicensed practice. (HSC §1339.77(c))

### **Comment:**

- 1) **Support and Opposition.** The bill analysis for the Assembly Health Committee dated April 3, 2026 states the following:

*“According to the author, AI is rapidly integrating into our health care system and reshaping our personal experience with health care. While this technology holds a lot of promise, there is no question that without careful consideration of the potential perpetuation of biases, risks to patient safety, and challenges of clinical workers knowing what to question and what to trust, the deployment of AI in health care can do more harm than good. The author notes that a 2023 study found that, while carefully crafted AI could slightly improve diagnostic accuracy*

*for certain disorders, in cases where clinicians were provided AI support using a systematically biased model, diagnostic accuracy dropped substantially to 62% (from 73%). This also demonstrates that having a human-in-the-loop is not a panacea for all the challenges that AI can present. Providing health care requires compassion, empathy, and real-world judgment that cannot be captured in patterns and algorithms. Technology should assist human clinicians, not replace them. As AI deploys into health care settings, it is also reaching consumers directly through applications like Copilot and ChatGPT offering to connect directly to personal medical records. The author concludes that voluntary commitments to protect this sensitive information are not enough, we must ensure any entity accessing medical records for managing health is abiding by the law.”*

Before the most recent amendments, opponents of the bill argued that the bill is too broad, prohibiting AI-assistance in activities like patient assessment and clinical documentation, even under supervision. In many cases, such tools are already in use, and overregulating them would discourage their use, eliminate their utility, and undermine efficiency gains. It is unknown if the most recent amendments affected their position.

**2) Comparison with SB 903.** While this bill casts a broad net to regulate the use of AI in the practice of all healing arts professions, SB 903 is also attempting to regulate its use for psychotherapy services only.

- **AB 1979:** Requires health facilities and medical offices to make sure no clinical decision is based solely on the output of a clinical decision support system and requires them to ensure licensed healthcare professionals utilizing these systems exercise independent professional judgement. It also prohibits the use of AI to direct, guide, or instruct unlicensed personnel in performing any functions that require a professional license.
- **SB 903:** Specifically focuses on the use of AI in delivering psychotherapy services:
  - It prohibits an individual, corporation or entity from providing, advertising, or offering psychotherapy services (including via AI) unless the services are conducted by a licensed professional.
  - It allows licensed professionals offering therapy to use AI for administrative or supplementary support.
  - It prohibits any psychotherapeutic communications or psychotherapy sessions from being recorded or transcribed unless specific consent requirements are met.

- It prohibits anyone from using AI to make independent therapeutic decisions, generate therapeutic recommendations or diagnoses, detect emotions or mental states, or assess symptom urgency.

Staff had concerns that previous versions of this bill were overly broad and may overlap and have compatibility issues with SB 903, which allows some professional use of AI in psychotherapy with client consent. However, the most recent amendments appear to address these concerns. For example, previous versions of AB 1979 banned the use of AI to replace “professional judgement” of a licensee, without specifically defining what professional judgement entailed. The most recent amendments instead permit the use of AI but do not allow it to be the sole basis of a clinical decision and require employers to ensure their licensees are exercising independent professional judgement when reviewing AI output for their clinical decisions. The Board should discuss whether any compatibility concerns remain.

### 3) Related Legislation.

The Board is considering the following AI-related legislation this year:

- **AB 1988 (Pellerin)** seeks to improve safety protocols for chatbots by requiring them to use a graduated response warning system that includes a 20-minute crisis interruption pause when a user is expressing intent or desire to harm themselves or others.
- **AB 2575 (Ortega)** establishes protections and accountability for the use of artificial intelligence and clinical decision support tools in health care by preventing developers from escaping liability, requiring plain-language disclosures for providers, and safeguarding workers’ professional judgment from employer restrictions or retaliation.
- **SB 903 (Padilla)** establishes laws for the use of artificial intelligence (AI) in therapy and psychotherapy.
- **SB 1146 (Gonzalez)** requires an advertisement for a health-related product or service that uses an image, audio, or video of a natural person representing themselves to be or identifiably depicting a person as a health care provider, that is generated or substantially altered by artificial intelligence (AI), to include a clear disclosure stating that AI was used and that the person is not a health care provider.

**4) Recommended Position.** At its April 7, 2026 meeting, the Policy and Advocacy Committee opted not to recommend a position to the Board.

## 5) Support and Opposition.

### Support:

California Nurses Association (sponsor)  
California Labor Federation, AFL-CIO  
California Peer Watch  
Consumer Watchdog

### Opposition:

Adventist Health  
America's Physician Groups  
American Telemedicine Association, Ata Action  
California Association of Health Plans  
California Chamber of Commerce  
California Medical Association (CMA)  
California Radiological Society  
Civil Justice Association of California (CJAC)  
Connected Health Initiative  
Epic  
Kaiser Permanente  
Lake Elsinore Chamber of Commerce  
Menifee Valley Chamber of Commerce  
Murietta/Wildomar Chamber of Commerce  
Southwest California Legislative Council  
TechNet  
Temecula Chamber of Commerce

## 6) History.

04/27/26 Re-referred to Com. on APPR.  
04/23/26 Read second time and amended.  
04/22/26 From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 11. Noes 4.) (April 21).  
04/17/26 In committee: Hearing postponed by committee.  
04/13/26 Re-referred to Com. on P. & C.P.  
04/09/26 Read second time and amended.  
04/08/26 From committee: Amend, and do pass as amended and re-refer to Com. on P. & C.P. (Ayes 12. Noes 3.) (April 7).  
03/23/26 Re-referred to Com. on HEALTH.  
03/19/26 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.  
03/17/26 Re-referred to Com. on HEALTH.  
03/16/26 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.  
03/16/26 Referred to Coms. on HEALTH and P. & C.P.  
02/14/26 From printer. May be heard in committee March 16.  
02/13/26 Read first time. To print.

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AMENDED IN ASSEMBLY APRIL 23, 2026

AMENDED IN ASSEMBLY APRIL 9, 2026

AMENDED IN ASSEMBLY MARCH 19, 2026

AMENDED IN ASSEMBLY MARCH 16, 2026

california legislature—2025–26 regular session

**ASSEMBLY BILL**

**No. 1979**

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**Introduced by Assembly Member Bonta**

February 13, 2026

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An act to amend ~~Section~~ *Sections 56.05 and 56.06* of the Civil Code, and to add Section 1339.77 to the Health and Safety Code, relating to health care services.

**legislative counsel's digest**

AB 1979, as amended, Bonta. Health care services: artificial intelligence.

(1) The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. ~~The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical~~

~~condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law deems a business that offers a mental health digital service or reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a provider of health care subject to the requirements of the CMIA.~~

~~The bill would clarify that "manage the individual's information" includes the ability to query their medical history, summarize doctor's notes, or organize lab results. additionally deem a business that offers a healthcare chatbot, as defined, to a consumer for the above-described purposes to be a provider of health care subject to the requirements of the CMIA.~~

(2) Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law generally makes a violation of these provisions a crime. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified.

~~This bill would prohibit require a health facility, clinic, physician's office, or office or a group practice from using or deploying a tool, system, or device that includes artificial intelligence to replace the use of professional judgment by a licensed health care professional, as specified, and would prohibit the use of artificial intelligence to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license. to ensure that no clinical decision, as specified, is based solely on the output of a clinical decision support system, as defined, and that a licensed health care professional exercises independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system.~~ The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not prohibit the use of artificial

intelligence for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 56.05 of the Civil Code is amended to  
2 read:  
3     56.05. For purposes of this part:  
4     (a) “Artificial intelligence” has the same meaning as that term  
5 is defined in Section 1339.75 of the Health and Safety Code.  
6     ~~(a)~~  
7     (b) “Authorization” means permission granted in accordance  
8 with Section 56.11 or 56.21 for the disclosure of medical  
9 information.  
10    ~~(b)~~  
11    (c) “Authorized recipient” means a person who is authorized to  
12 receive medical information pursuant to Section 56.10 or 56.20.  
13    ~~(c)~~  
14    (d) “Confidential communications request” means a request by  
15 a subscriber or enrollee that health care service plan  
16 communications containing medical information be communicated  
17 to them at a specific mail or email address or specific telephone  
18 number, as designated by the subscriber or enrollee.  
19    ~~(d)~~  
20    (e) “Contractor” means a person or entity that is a medical group,  
21 independent practice association, pharmaceutical benefits manager,  
22 or a medical service organization and is not a health care service  
23 plan or provider of health care. “Contractor” does not include  
24 insurance institutions as defined in subdivision (k) of Section  
25 791.02 of the Insurance Code or pharmaceutical benefits managers

1 licensed pursuant to the Knox-Keene Health Care Service Plan  
2 Act of 1975 (Chapter 2.2 (commencing with Section 1340) of  
3 Division 2 of the Health and Safety Code).

4 ~~(e)~~

5 (f) “Enrollee” has the same meaning as that term is defined in  
6 Section 1345 of the Health and Safety Code.

7 ~~(f)~~

8 (g) “Expiration date or event” means a specified date or an  
9 occurrence relating to the individual to whom the medical  
10 information pertains or the purpose of the use or disclosure, after  
11 which the provider of health care, health care service plan,  
12 pharmaceutical company, or contractor is no longer authorized to  
13 disclose the medical information.

14 (h) “Generative artificial intelligence” has the same meaning  
15 as that term is defined in Section 1339.75 of the Health and Safety  
16 Code.

17 (i) “Healthcare chatbot” means a generative artificial  
18 intelligence system with a natural language interface that provides  
19 adaptive, human-like responses to user inputs, collects healthcare  
20 chatbot information from a consumer, is marketed as facilitating  
21 mental or physical health services to a consumer, and uses the  
22 information to facilitate mental or physical health services to a  
23 consumer.

24 (j) “Healthcare chatbot information” means information related  
25 to a consumer’s physical or mental health or wellness that is  
26 provided to, inferred by, or generated by a healthcare chatbot.

27 ~~(g)~~

28 (k) “Health care service plan” means an entity regulated pursuant  
29 to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter  
30 2.2 (commencing with Section 1340) of Division 2 of the Health  
31 and Safety Code).

32 ~~(h)~~

33 (l) “Licensed health care professional” means a person licensed  
34 or certified pursuant to Division 2 (commencing with Section 500)  
35 of the Business and Professions Code, the Osteopathic Initiative  
36 Act or the Chiropractic Initiative Act, or Division 2.5 (commencing  
37 with Section 1797) of the Health and Safety Code.

38 ~~(i)~~

1 (m) “Marketing” means to make a communication about a  
2 product or service that encourages recipients of the communication  
3 to purchase or use the product or service.

4 “Marketing” does not include any of the following:

5 (1) Communications made orally or in writing for which the  
6 communicator does not receive direct or indirect remuneration,  
7 including, but not limited to, gifts, fees, payments, subsidies, or  
8 other economic benefits, from a third party for making the  
9 communication.

10 (2) Communications made to current enrollees solely for the  
11 purpose of describing a provider’s participation in an existing  
12 health care provider network or health plan network of a  
13 Knox-Keene licensed health plan to which the enrollees already  
14 subscribe; communications made to current enrollees solely for  
15 the purpose of describing if, and the extent to which, a product or  
16 service, or payment for a product or service, is provided by a  
17 provider, contractor, or plan or included in a plan of benefits of a  
18 Knox-Keene licensed health plan to which the enrollees already  
19 subscribe; or communications made to plan enrollees describing  
20 the availability of more cost-effective pharmaceuticals.

21 (3) Communications that are tailored to the circumstances of a  
22 particular individual to educate or advise the individual about  
23 treatment options, and otherwise maintain the individual’s  
24 adherence to a prescribed course of medical treatment, as provided  
25 in Section 1399.901 of the Health and Safety Code, for a chronic  
26 and seriously debilitating or life-threatening condition as defined  
27 in subdivisions ~~(d)~~ and ~~(e)~~ (e) and (f) of Section 1367.21 of the  
28 Health and Safety Code, if the health care provider, contractor, or  
29 health plan receives direct or indirect remuneration, including, but  
30 not limited to, gifts, fees, payments, subsidies, or other economic  
31 benefits, from a third party for making the communication, if all  
32 of the following apply:

33 (A) The individual receiving the communication is notified in  
34 the communication in typeface no smaller than 14-point type of  
35 the fact that the provider, contractor, or health plan has been  
36 remunerated and the source of the remuneration.

37 (B) The individual is provided the opportunity to opt out of  
38 receiving future remunerated communications.

39 (C) The communication contains instructions in typeface no  
40 smaller than 14-point type describing how the individual can opt

1 out of receiving further communications by calling a toll-free  
2 number of the health care provider, contractor, or health plan  
3 making the remunerated communications. Further communication  
4 shall not be made to an individual who has opted out after 30  
5 calendar days from the date the individual makes the opt-out  
6 request.

7 ~~(j)~~

8 *(n)* (1) “Medical information” means any individually  
9 identifiable information, in electronic or physical form, in  
10 possession of or derived from a provider of health care, health care  
11 service plan, pharmaceutical company, or contractor regarding a  
12 patient’s medical history, mental health application information,  
13 reproductive or sexual health application information, mental or  
14 physical condition, or treatment. “Individually identifiable” means  
15 that the medical information includes or contains any element of  
16 personal identifying information sufficient to allow identification  
17 of the individual, such as the patient’s name, address, electronic  
18 mail address, telephone number, or social security number, or other  
19 information that, alone or in combination with other publicly  
20 available information, reveals the identity of the individual.

21 (2) If individually identifying information regarding immigration  
22 status, including current and prior immigration status, or place of  
23 birth, is known or collected in electronic or physical form by a  
24 provider of health care, health care service plan, pharmaceutical  
25 company, or contractor regarding a patient’s medical history, it  
26 shall be treated as medical information, as defined in paragraph  
27 (1).

28 ~~(k)~~

29 *(o)* “Mental health application information” means information  
30 related to a consumer’s inferred or diagnosed mental health or  
31 substance use disorder, as defined in Section 1374.72 of the Health  
32 and Safety Code, collected by a mental health digital service.

33 ~~*(l)* “Mental health digital service” means a mobile-based  
34 application or internet website that collects mental health  
35 application information from a consumer, markets itself as  
36 facilitating mental health services to a consumer, and uses the  
37 information to facilitate mental health services to a consumer.~~

38 *(p)* “Mental health digital service” means a mobile-based  
39 application or internet website that collects mental health  
40 application information from a consumer, markets itself as

1 *facilitating mental health services to a consumer; and uses the*  
2 *information to facilitate mental health services to a consumer.*

3 ~~(m)~~

4 (q) “Patient” means a natural person, whether or not still living,  
5 who received health care services from a provider of health care  
6 and to whom medical information pertains.

7 ~~(n)~~

8 (r) “Pharmaceutical company” means a company or business,  
9 or an agent or representative thereof, that manufactures, sells, or  
10 distributes pharmaceuticals, medications, or prescription drugs.  
11 “Pharmaceutical company” does not include a pharmaceutical  
12 benefits manager, as included in subdivision ~~(e)~~; (e), or a provider  
13 of health care.

14 ~~(o)~~

15 (s) “Protected individual” means any adult covered by the  
16 subscriber’s health care service plan or a minor who can consent  
17 to a health care service without the consent of a parent or legal  
18 guardian, pursuant to state or federal law. “Protected individual”  
19 does not include an individual that lacks the capacity to give  
20 informed consent for health care pursuant to Section 813 of the  
21 Probate Code.

22 ~~(p)~~

23 (t) “Provider of health care” means a person licensed or certified  
24 pursuant to Division 2 (commencing with Section 500) of the  
25 Business and Professions Code; a person licensed pursuant to the  
26 Osteopathic Initiative Act or the Chiropractic Initiative Act; a  
27 person certified pursuant to Division 2.5 (commencing with Section  
28 1797) of the Health and Safety Code; or a clinic, health dispensary,  
29 or health facility licensed pursuant to Division 2 (commencing  
30 with Section 1200) of the Health and Safety Code. “Provider of  
31 health care” does not include insurance institutions as defined in  
32 subdivision (k) of Section 791.02 of the Insurance Code.

33 ~~(q)~~

34 (u) “Reproductive or sexual health application information”  
35 means information about a consumer’s reproductive health,  
36 menstrual cycle, fertility, pregnancy, pregnancy outcome, plans  
37 to conceive, or type of sexual activity collected by a reproductive  
38 or sexual health digital service, including, but not limited to,  
39 information from which one can infer someone’s pregnancy status,

1 menstrual cycle, fertility, hormone levels, birth control use, sexual  
2 activity, or gender identity.

3 ~~(t)~~

4 (v) “Reproductive or sexual health digital service” means a  
5 mobile-based application or internet website that collects  
6 reproductive or sexual health application information from a  
7 consumer, markets itself as facilitating reproductive or sexual  
8 health services to a consumer, and uses the information to facilitate  
9 reproductive or sexual health services to a consumer.

10 ~~(s)~~

11 (w) “Sensitive services” means all health care services related  
12 to mental or behavioral health, sexual and reproductive health,  
13 sexually transmitted infections, substance use disorder,  
14 gender-affirming care, and intimate partner violence, and includes  
15 services described in Sections 6924, 6925, 6926, 6927, 6928, 6929,  
16 and 6930 of the Family Code, and Sections 121020 and 124260  
17 of the Health and Safety Code, obtained by a patient at or above  
18 the minimum age specified for consenting to the service specified  
19 in the section.

20 ~~(t)~~

21 (x) “Subscriber” has the same meaning as that term is defined  
22 in Section 1345 of the Health and Safety Code.

23 ~~(u)~~

24 (y) “Immigration enforcement” means any and all efforts to  
25 investigate, enforce, or assist in the investigation or enforcement  
26 of any federal civil immigration law, and also includes any and all  
27 efforts to investigate, enforce, or assist in the investigation or  
28 enforcement of any federal criminal immigration law that penalizes  
29 a person’s presence in, entry or reentry to, or employment in, the  
30 United States.

31 ~~SECTION 1.~~

32 *SEC. 2.* Section 56.06 of the Civil Code is amended to read:

33 56.06. (a) Any business organized for the purpose of  
34 maintaining medical information in order to make the information  
35 available to an individual or to a provider of health care at the  
36 request of the individual or a provider of health care, for purposes  
37 of allowing the individual to manage the individual’s information,  
38 or for the diagnosis and treatment of the individual, shall be deemed  
39 to be a provider of health care subject to the requirements of this  
40 part. However, this section shall not be construed to make a

1 business specified in this subdivision a provider of health care for  
2 purposes of any law other than this part, including laws that  
3 specifically incorporate by reference the definitions of this part.

4 (b) ~~(1)~~—Any business that offers software or hardware to  
5 consumers, including a mobile application or other related device  
6 that is designed to maintain medical information in order to make  
7 the information available to an individual or a provider of health  
8 care at the request of the individual or a provider of health care,  
9 for purposes of allowing the individual to manage the individual’s  
10 information, or for the diagnosis, treatment, or management of a  
11 medical condition of the individual, shall be deemed to be a  
12 provider of health care subject to the requirements of this part.  
13 However, this section shall not be construed to make a business  
14 specified in this subdivision a provider of health care for purposes  
15 of any law other than this part, including laws that specifically  
16 incorporate by reference the definitions of this part.

17 ~~(2) For the purpose of this subdivision, “manage the individual’s~~  
18 ~~information” includes the ability to query their medical history,~~  
19 ~~summarize doctor’s notes, or organize lab results. The amendments~~  
20 ~~made to this subdivision by the act adding this subparagraph are~~  
21 ~~intended to clarify existing law.~~

22 (c) Any business that is licensed pursuant to Division 10  
23 (commencing with Section 26000) of the Business and Professions  
24 Code that is authorized to receive or receives identification cards  
25 issued pursuant to Section 11362.71 of the Health and Safety Code  
26 or information contained in a physician’s recommendation issued  
27 in accordance with Article 25 (commencing with Section 2525)  
28 of Chapter 5 of Division 2 of the Business and Professions Code  
29 shall be deemed to be a provider of health care subject to the  
30 requirements of this part. However, this section shall not be  
31 construed to make a business specified in this subdivision a  
32 provider of health care for purposes of any law other than this part,  
33 including laws that specifically incorporate by reference the  
34 definitions of this part.

35 (d) Any business that offers a mental health digital service to a  
36 consumer for the purpose of allowing the individual to manage  
37 the individual’s information, or for the diagnosis, treatment, or  
38 management of a medical condition of the individual, shall be  
39 deemed to be a provider of health care subject to the requirements  
40 of this part. However, this section shall not be construed to make

1 a business specified in this subdivision a provider of health care  
 2 for purposes of any law other than this part, including laws that  
 3 specifically incorporate by reference the definitions of this part.

4 (e) Any business that offers a reproductive or sexual health  
 5 digital service to a consumer for the purpose of allowing the  
 6 individual to manage the individual’s information, or for the  
 7 diagnosis, treatment, or management of a medical condition of the  
 8 individual, shall be deemed to be a provider of health care subject  
 9 to the requirements of this part. However, this section shall not be  
 10 construed to make a business specified in this subdivision a  
 11 provider of health care for purposes of any law other than this part,  
 12 including, but not limited to, laws that specifically incorporate by  
 13 reference the definitions of this part.

14 (f) *Any business that offers a healthcare chatbot to a consumer*  
 15 *for the purpose of allowing the individual to manage the*  
 16 *individual’s information, or for the diagnosis, treatment, or*  
 17 *management of a medical condition of the individual, shall be*  
 18 *deemed to be a provider of health care subject to the requirements*  
 19 *of this part. However, this section shall not be construed to make*  
 20 *a business specified in this subdivision a provider of health care*  
 21 *for purposes of any law other than this part, including laws that*  
 22 *specifically incorporate by reference the definitions of this part.*

23 (f)

24 (g) Any business described in this section shall maintain the  
 25 same standards of confidentiality required of a provider of health  
 26 care with respect to medical information disclosed to the business.

27 (g)

28 (h) Any business described in this section is subject to the  
 29 penalties for improper use and disclosure of medical information  
 30 prescribed in this part.

31 ~~SEC. 2.~~

32 *SEC. 3.* Section 1339.77 is added to the Health and Safety  
 33 Code, to read:

34 1339.77. (a) (1) A health facility, clinic, physician’s office,  
 35 or office of a group practice shall ~~not use or deploy a tool, system,~~  
 36 ~~or device that includes artificial intelligence to replace the use of~~  
 37 ~~professional judgment by a licensed health care professional in~~  
 38 ~~carrying out their duties, including, but not limited to, assessment~~  
 39 ~~of patient condition, educating patients and their families~~  
 40 ~~concerning the patient’s health care problems, including~~

1 ~~postdischarge care, communication between licensed health care~~  
2 ~~professionals relating to the handoff of responsibility for a patient,~~  
3 ~~and other documentation and communication that requires applying~~  
4 ~~professional expertise to an individual patient's health.~~ *ensure that*  
5 *no clinical decision is based solely on the output of a clinical*  
6 *decision support system.*

7 (2) *A health facility, clinic, physician's office, or office of a*  
8 *group practice shall ensure that a licensed health care professional*  
9 *exercises independent professional judgment when reviewing and*  
10 *approving a clinical decision that is based on the output of a*  
11 *clinical decision support system.*

12 (3) *For purposes of this subdivision, "clinical decision"*  
13 *includes, but is not limited to, assessment of patient condition,*  
14 *education of a patient or their family concerning the patient's*  
15 *health care problems, including postdischarge care,*  
16 *communication between licensed health care professionals relating*  
17 *to the handoff of responsibility for a patient, and other*  
18 *documentation and communication that requires the application*  
19 *of a licensed health care professional's professional expertise to*  
20 *a patient's health.*

21 (b) *A health facility, clinic, physician's office, or office of a*  
22 *group practice shall not use or deploy a tool, system, or device*  
23 *that includes artificial intelligence to direct, guide, supervise, or*  
24 *instruct unlicensed personnel in performing any function that*  
25 *requires a professional license.*

26 (c) (1) *A violation of this section by a licensed health facility*  
27 *is subject to the enforcement mechanisms described in Article 4*  
28 *(commencing with Section 1290) of Chapter 2.*

29 (2) *A violation of this section by a licensed clinic is subject to*  
30 *the enforcement mechanisms described in Article 4 (commencing*  
31 *with Section 1235) of Chapter 1.*

32 (3) *A violation of this section constitutes "unfair competition"*  
33 *as defined in Section 17200 of the Business and Professions Code*  
34 *and is punishable as prescribed in Chapter 5 (commencing with*  
35 *Section 17200) of Part 2 of Division 7 of the Business and*  
36 *Professions Code.*

37 (4) *To the extent that a violation of this section constitutes the*  
38 *practice of a health care profession without a license, the*  
39 *appropriate health care professional licensing board may pursue*

1 an injunction or restraining order to enforce this section, as  
2 authorized by Section 125.5 of the Business and Professions Code.

3 (5) Nothing in this section limits the authority for a health care  
4 professional licensing board or enforcement agency to pursue any  
5 remedy otherwise authorized under the law.

6 (d) This section does not prohibit the use of artificial intelligence  
7 for documentation and communication that does not involve the  
8 application of professional judgment, including, but not limited  
9 to, automated messages to inform patients of updates to their health  
10 records.

11 (e) For purposes of this section, the following definitions apply:

12 (1) “Artificial intelligence” has the same meaning as defined in  
13 Section 1339.75.

14 (2) (A) *“Automated decision system” means a computational*  
15 *process derived from machine learning, statistical modeling, data*  
16 *analytics, or artificial intelligence that issues simplified output,*  
17 *including a score, classification, or recommendation, that is used*  
18 *to assist or replace human discretionary decisionmaking and*  
19 *materially impacts natural persons.*

20 (B) *“Automated decision system” does not include a spam email*  
21 *filter, firewall, antivirus software, identity and access management*  
22 *tools, calculator, database, dataset, or other compilation of data.*

23 ~~(2)~~

24 (3) “Clinic” has the same meaning as defined in Section 1200.

25 (4) *“Clinical decision support system” means an automated*  
26 *decision system or generative artificial intelligence system whose*  
27 *outputs are used to inform clinical decisionmaking with respect*  
28 *to the provision, timing, or course of patient care.*

29 (5) *“Generative artificial intelligence” has the same meaning*  
30 *as that term is defined in Section 1339.75.*

31 ~~(3)~~

32 (6) “Health care provider” means a person licensed or certified  
33 pursuant to Division 2 (commencing with Section 500) of the  
34 Business and Professions Code.

35 ~~(4)~~

36 (7) “Health facility” has the same meaning as defined in Section  
37 1250.

38 ~~(5)~~

39 (8) “Office of a group practice” has the same meaning as defined  
40 in Section 1339.75.

1     ~~(6)~~

2     (9) “Physician’s office” has the same meaning as defined in  
3 Section 1339.75.

4     ~~SEC. 3.~~

5     *SEC. 4.* No reimbursement is required by this act pursuant to  
6 Section 6 of Article XIII B of the California Constitution because  
7 the only costs that may be incurred by a local agency or school  
8 district will be incurred because this act creates a new crime or  
9 infraction, eliminates a crime or infraction, or changes the penalty  
10 for a crime or infraction, within the meaning of Section 17556 of  
11 the Government Code, or changes the definition of a crime within  
12 the meaning of Section 6 of Article XIII B of the California  
13 Constitution.

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