

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 2575

VERSION: AMENDED APRIL 23, 2026

AUTHOR: ORTEGA

SPONSOR:

- CALIFORNIA NURSES ASSOCIATION
- CALIFORNIA FEDERATION OF LABOR UNIONS, AFL-CIO

RECOMMENDED POSITION: NONE

SUBJECT: HEALTH CARE SERVICES: ARTIFICIAL INTELLIGENCE

Summary: This bill sets guardrails for health care workers using clinical decision support systems in health care settings by doing the following:

- Prevents developers from avoiding liability by claiming that a health care worker's failure to override an output absolves them from liability.
- Requires that each health care provider or person using a clinical decision support system provided by their employer receives a written notice explaining how the system works, its limits, and its data.
- Protects health care workers from employer retaliation or discrimination based on their override or reliance on the output of a clinical decision system.

Existing Law:

- 1) Provides that a defendant who developed, modified, or used artificial intelligence (AI) may not assert or use in a defense in an action against them alleging harm that the AI autonomously caused harm to the plaintiff. (Civil Code (CC) §1714.46)
- 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)

This Bill:

- 1) Provides that a defendant who developed, modified, selected, or deployed a clinical decision support system cannot, in an action against them alleging harm, use as a defense or assert that the failure of a licensed health care professional or worker to

override an output of the system is a superseding cause severing their liability for harm. (CC §1714.48)

- 2) Requires a health facility, clinic, physician's office, or group practice office that uses a clinical decision support system for patient care must provide written notice of specified information to a licensed health care professional or other person using it or viewing its outputs, including the following (HSC §1339.76):
 - Details including developer and description of output;
 - Intended use, including intended patient population, intended users, and intended decisionmaker role;
 - Cautioned out-of-scope use, including risks and limitations;
 - List of inputs and description of how outputs are generated;
 - Development details including the training set, demographic representativeness, and known biases;
 - Relevance of the training data to the deployed setting;
 - Notice that a worker providing direct patient care may override the output if, in their independent professional judgement acting within their scope of practice, the override is necessary to meet the applicable standard of care or comply with applicable law.
- 3) Requires this disclosure to be provided as follows (HSC §1339.76):
 - To a new licensed health care professional or other person upon hire, onboarding, or credentialing, if they will likely use it.
 - At least 90 days before a new clinical decision support system is first deployed.
 - At least 90 days before a material change in the clinical decision support system's use, function, intended users, intended patient population, or decision-making role.
 - By providing an annual updated inventory of all clinical decision support systems currently in use for patient care.
- 4) Sets specified penalties for failure to make this disclosure and also deems a violation as unfair competition. (HSC §1339.76)
- 5) Provides that it is the public policy of the state that a worker providing direct patient care be free to use their professional judgement to make assessments and decisions within their scope of practice as appropriate for their patients. (Labor Code (LC) §2821)
- 6) Provides that an employer must not retaliate or discriminate against a worker providing direct patient care based solely on the worker's override of or reliance on the output of a clinical decision support system. However, this does not affect a worker's duty to meet the applicable standard of care, acting within their scope of

practice, or exercising independent professional judgement in providing direct patient care. (LC §2821)

- 7) Provides that a worker who is subject to retaliation or discrimination for the above has the right to file a complaint against their employer with the Labor Commissioner. (LC §2821)

Comment:

- 1) **Author's Intent.** In the fact sheet for the bill, the author's office states the following:

“Healthcare workers are being forced to utilize AI tools by their employers. They cannot and should not be forced to set aside their own professional judgement to follow the recommendations of these AI models, nor should they be held liable for any AI errors when exercising their professional judgement to either follow or override the AI model. Above all, a healthcare worker should be fully free to follow their responsibility to keep their patients healthy and safe.”

- 2) **Policy and Advocacy Committee Discussion.** The Policy and Advocacy Committee discussed this bill at its April 17, 2026 meeting. It opted not to recommend a position to the Board. During the discussion, it was noted that the anti-retaliation language in the bill, while meant to protect employees, may go too far, shielding employees for any professional accountability and placing it all on the employer.

Since that discussion, the bill has been amended. LC §2821(b) now states that an employer may not retaliate or discriminate against a worker based solely on their override of or reliance on the output of a clinical decision support system. However, it also states that this does not affect the worker's duty to meet the applicable standard of care, act within their scope of practice, or exercise independent professional judgment.

- 3) **Related Legislation.**

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

- **AB 1979 (Bonta)** 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.
- **AB 1988 (Pellerin)** seeks to improve safety protocols for chatbots by requiring them to use a graduated response warning system that includes a crisis

interruption pause when a user is expressing intent or desire to harm themselves or others.

- **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) Support and Opposition.

Support:

California Federation of Labor Unions, AFL-CIO (Co-Sponsor)
California Nurses Association (Co-Sponsor)
American Federation of State, County and Municipal Employees, Afl-cio
California Alliance for Retired Americans
California Democratic Party Rural Caucus
California Faculty Association
California Pan - Ethnic Health Network
California School Employees Association
Cft- a Union of Educators & Classified Professionals, Aft, Afl-cio
Consumer Watchdog
Health Access California
Oakland Privacy
TechEquity Action

Opposition:

Advanced Medical Technology Association (ADVAMED)
Adventist Health
America's Physician Groups
Biocom
California Chamber of Commerce
California Hospital Association
California Life Sciences
California Medical Association (CMA)
California Radiological Society
California Society of Pathologists
Civil Justice Association of California (CJAC)
Connected Health Initiative
Lake Elsinor Chamber of Commerce
Menefee Valley Chamber of Commerce
Ochin, INC.

Southwest California Legislative Council
TechNet
Temecula Chamber of Commerce
Wildomar Chamber of Commerce

5) 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 9. Noes 4.) (April 21).
04/13/26 Re-referred to Com. on P. & C.P.
04/09/26 From committee chair, with author's amendments: Amend, and re-
refer to Com. on P. & C.P. Read second time and amended.
04/09/26 From committee: Do pass and re-refer to Com. on P. & C.P. (Ayes
5. Noes 2.) (April 8). Re-referred to Com. on P. & C.P.
04/08/26 From committee: Do pass and re-refer to Com. on L. & E. (Ayes 11.
Noes 1.) (April 7). Re-referred to Com. on L. & E.
03/26/26 (Pending re-refer to Com. on L. & E.)
03/26/26 Assembly Rule 56 suspended.
03/19/26 Re-referred to Com. on HEALTH.
03/18/26 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, L. & E. and P. & C.P.
02/21/26 From printer. May be heard in committee March 23.
02/20/26 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 18, 2026

california legislature—2025–26 regular session

ASSEMBLY BILL

No. 2575

Introduced by Assembly Member Ortega

February 20, 2026

An act to add Section 1714.48 to the Civil Code, to add Section 1339.76 to the Health and Safety Code, and to add Article 2.7 (commencing with Section 2820) to Chapter 2 of Division 3 of the Labor Code, relating to health care services.

legislative counsel's digest

AB 2575, as amended, Ortega. Health care services: artificial intelligence.

(1) 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, the Medical Practice Act, establishes the Medical Board of California for the licensing, regulation, and discipline of physicians and surgeons. 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.

This bill would require a health facility, clinic, physician's office, or office of a group practice that uses or deploys a ~~covered tool~~, *clinical decision support system*, as defined, for patient care to provide written notice of required information to any licensed health care professional or other person using a ~~covered tool~~ *clinical decision support system* or viewing outputs from a ~~covered tool~~ *clinical decision support system*. The bill would require, among other things, the disclosure to include a notice that a worker providing direct patient care is ~~permitted~~ *authorized* to override the output of a ~~covered tool~~ *clinical decision support system* if, in the judgment of the worker acting ~~in~~ *within* their scope of practice, an override is ~~appropriate for the patient, or as necessary to comply with applicable law, including civil rights law.~~ *necessary to meet the applicable standard of care or comply with applicable law*. The bill would specify the required time and manner the disclosure is to be provided pursuant to these provisions. 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.

(2) Existing law charges the Labor Commissioner with enforcement of various labor laws, including investigation of employee complaints.

This bill would declare it is the policy of the state 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 and that it is public policy of the state that a worker should not be penalized for relying in good faith on technology that the licensed health care professional's employer has selected or approved for their use in patient care.~~ *patients*. The bill would prohibit an employer from ~~using or deploying technology to replace or eliminate a worker's use of professional judgment in patient care and would prohibit an employer from~~ retaliating or discriminating against a worker providing patient care, as specified. The bill would authorize a worker who is subject to retaliation or discrimination in violation of these provisions to file a complaint with the Labor Commissioner against an employer.

(3) Existing law provides that everyone is responsible not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person. Existing law prohibits a defendant who developed, modified, or used artificial intelligence, as defined, from asserting a defense that the artificial intelligence autonomously caused the harm to the plaintiff.

This bill would prohibit a defendant who developed, modified, ~~or used artificial intelligence or~~ *selected, or deployed* a clinical decision support system, ~~as those terms are defined,~~ *system* that is alleged to have harmed the plaintiff from asserting a defense that the failure of a licensed health care professional or other health care worker to override an output of the ~~artificial intelligence or~~ clinical decision support system is a superseding cause severing the defendant’s liability for the alleged harm.

(4) 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 1714.48 is added to the Civil Code, to
2 read:

3 1714.48. (a) For purposes of this section, the following
4 definitions shall apply:

5 (1) “Artificial intelligence” means an engineered or
6 machine-based system that varies in its level of autonomy and that
7 can, for explicit or implicit objectives, infer from the input it
8 receives how to generate outputs that can influence physical or
9 virtual environments.

10 ~~(2) “Clinical decision support system” means a computerized~~
11 ~~system or tool that does both of the following:~~

12 ~~(A) Supports decisionmaking related to patient care based on~~
13 ~~algorithms, or models, based in clinical practice guidelines or that~~
14 ~~derive relationships from training data, including algorithms or~~
15 ~~models that are developed using unsupervised learning models.~~

16 ~~(B) Produces an output that results in a prediction, classification,~~
17 ~~recommendation, evaluation, or analysis.~~

18 (2) (A) “Automated decision system” means a computational
19 process derived from machine learning, statistical modeling, data
20 analytics, or artificial intelligence that issues simplified output,
21 including a score, classification, or recommendation, that is used

1 to assist or replace human discretionary decisionmaking and
 2 materially impacts natural persons.

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

6 (3) “Clinical decision support system” means an automated
 7 decision system or generative artificial intelligence system whose
 8 outputs are used to inform clinical decisionmaking with respect
 9 to the provision, timing, or course of patient care.

10 (4) “Generative artificial intelligence” has the same meaning
 11 as defined in Section 1339.75 of the Healthy and Safety Code.

12 (b) In an action against a defendant who developed, modified,
 13 selected, or deployed ~~artificial intelligence~~ or a clinical decision
 14 support system that is alleged to have caused harm to the plaintiff,
 15 it shall not be a defense, and the defendant may not assert, that the
 16 failure of a licensed health care professional or other health care
 17 worker to override an output of the ~~artificial intelligence~~ or clinical
 18 decision support system is a superseding cause severing the
 19 defendant’s liability for the alleged harm.

20 (c) This section does not limit or preclude a defendant from
 21 presenting either of the following:

22 (1) Any other affirmative defense, including evidence relevant
 23 to causation or foreseeability.

24 (2) Other evidence relevant to the comparative fault of any other
 25 person or entity.

26 SEC. 2. Section 1339.76 is added to the Health and Safety
 27 Code, to read:

28 1339.76. (a) A health facility, clinic, physician’s office, or
 29 office of a group practice that uses or deploys a ~~covered tool~~
 30 *clinical decision support system* for patient care shall provide
 31 written notice of required information, described in subdivision
 32 (b), to any licensed health care professional or other person using
 33 a ~~covered tool~~ *clinical decision support system* or viewing outputs
 34 from a ~~covered tool~~ *clinical decision support system*.

35 (b) Required information under subdivision (a) shall include all
 36 of the following:

37 (1) Details on the ~~covered tool, including developer, funding~~
 38 ~~source, any foundation model used,~~ *clinical decision support*
 39 *system, including developer* and description of output.

- 1 (2) Intended use of the ~~covered tool~~, *clinical decision support*
- 2 *system*, including intended patient population, intended users, and
- 3 intended decisionmaking role.
- 4 (3) Cautioned out-of-scope use of the ~~covered tool~~, *clinical*
- 5 *decision support system*, including known risks and limitations.
- 6 (4) List of the inputs into the ~~covered tool~~. *clinical decision*
- 7 *support system*.
- 8 (5) Description of how the ~~covered tool~~ *clinical decision support*
- 9 *system* generates outputs.
- 10 (6) Development details of the ~~covered tool~~, *clinical decision*
- 11 *support system* including, but not limited to, all of the following:
- 12 (A) Description of the training set or clinical research underlying
- 13 recommendations, including demographic representativeness and
- 14 known biases based on protected characteristics.
- 15 (B) Description of the relevance of training data to deployed
- 16 setting.
- 17 (C) Process used to ensure fairness in development of the
- 18 intervention.
- 19 (7) Description of the validation process.
- 20 (8) Qualitative measures of performance.
- 21 (9) Description of ongoing maintenance of intervention
- 22 implementation and use.
- 23 (10) Description of updates and continued validation or fairness
- 24 assessment process.
- 25 ~~(11) Notice that health care entities and developers may be liable~~
- 26 ~~for harm that results from the use of artificial intelligence in patient~~
- 27 ~~care.~~
- 28 ~~(12)~~
- 29 ~~(11) Notice that a worker providing direct patient care is~~
- 30 ~~permitted to may~~ override the output of a ~~covered tool~~ *clinical*
- 31 *decision support system* if, in the *independent professional*
- 32 *judgment* of the worker acting ~~in~~ *within* their scope of practice,
- 33 ~~such as~~ *the* override is ~~appropriate for the patient, or as necessary~~
- 34 ~~to necessary to meet the applicable standard of care or comply~~
- 35 ~~with applicable law, including civil rights law.~~ *law*.
- 36 (c) ~~(1)~~ A disclosure made pursuant to this section shall be
- 37 provided consistent with all of the following:
- 38 ~~(A)~~
- 39 ~~(1)~~ To a new licensed health care professional or other person
- 40 upon hire, onboarding, or credentialing, if that individual will

1 likely use the ~~covered tool~~ *clinical decision support system* or view
2 outputs from the ~~covered tool~~. *clinical decision support system*.

3 ~~(B)~~

4 (2) At least 90 days before a new ~~covered tool~~ *clinical decision*
5 *support system* is first deployed for patient care.

6 ~~(C)~~

7 (3) At least 90 days before a material change in the use, function,
8 intended users, intended patient population, or decisionmaking
9 role of an existing ~~covered tool~~. *clinical decision support system*.

10 ~~(D)~~

11 (4) On or before February 1, 2028, and annually thereafter, by
12 providing an updated inventory of all ~~covered tools~~ *clinical*
13 *decision support systems* currently in use or deployed for patient
14 care.

15 ~~(2) The disclosure shall be provided in plain language to, and~~
16 ~~linked in the health record of, any patient whose care may be~~
17 ~~affected by the output of the covered tool or whose health~~
18 ~~information may be used as an input to the covered tool.~~

19 ~~(3) The disclosure shall be provided with ample time for the~~
20 ~~licensed health care professional or other person to review and~~
21 ~~make reasoned decisions based on their professional judgment on~~
22 ~~whether and how to use the covered tool.~~

23 (d) (1) A violation of this section by a licensed health facility
24 is subject to the enforcement mechanisms described in Article 4
25 (commencing with Section 1290) of Chapter 2.

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

29 (3) A violation of this section by a physician is subject to the
30 jurisdiction of the Medical Board of California or the Osteopathic
31 Medical Board of California, as appropriate.

32 (4) 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 (e) For purposes of this section, the following definitions shall
38 apply:

39 (1) “Artificial intelligence” has the same meaning as in Section
40 1339.75.

1 (2) (A) “Automated decision system” means a computational
2 process derived from machine learning, statistical modeling, data
3 analytics, or artificial intelligence that issues simplified output,
4 including a score, classification, or recommendation, that is used
5 to assist or replace human discretionary decisionmaking and
6 materially impacts natural persons.

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

10 ~~(2)~~

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

12 ~~(3) “Clinical decision support system” means a computerized
13 system or tool that does both of the following:~~

14 ~~(A) Supports decisionmaking related to patient care based on
15 algorithms, or models, based in clinical practice guidelines or that
16 derive relationships from training data, including such algorithms
17 or models that are developed using unsupervised learning models.~~

18 ~~(B) Produces an output that results in a prediction, classification,
19 recommendation, evaluation, or analysis.~~

20 ~~(4) “Covered tool” means a tool, system, or device that includes
21 artificial intelligence or a clinical decision support system.~~

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

26 (5) “Generative artificial intelligence” has the same meaning
27 as defined in Section 1339.75.

28 ~~(5)~~

29 (6) “Health facility” has the same meaning as defined in Section
30 1250.

31 ~~(6)~~

32 (7) “Office of a group practice” has the same meaning as defined
33 in Section 1339.75.

34 ~~(7) “Patient clinical information” has the same meaning as
35 defined in Section 1339.75.~~

36 (8) “Physician’s office” has the same meaning as defined in
37 Section 1339.75.

38 SEC. 3. Article 2.7 (commencing with Section 2820) is added
39 to Chapter 2 of Division 3 of the Labor Code, to read:

1 likely use the ~~covered tool~~ *clinical decision support system* or view

2

3 2820. For the purposes of this article, the following definitions
4 shall apply:

5 (a) “Artificial intelligence” means an engineered or
6 machine-based system that varies in its level of autonomy and that
7 can, for explicit or implicit objectives, infer from the input it
8 receives how to generate outputs that can influence physical or
9 virtual environments.

10 ~~(b) “Clinical decision support system” means a computerized~~
11 ~~system or tool that does both of the following:~~

12 ~~(1) Supports decisionmaking related to patient care based on~~
13 ~~algorithms, or models, based in clinical practice guidelines or that~~
14 ~~derive relationships from training data, including such algorithms~~
15 ~~or models that are developed using unsupervised learning models.~~

16 ~~(2) Produces an output that results in a prediction, classification,~~
17 ~~recommendation, evaluation, or analysis.~~

18 ~~(c) “Technology” means scientific hardware or software,~~
19 ~~including artificial intelligence and clinical decision support~~
20 ~~systems, used to achieve a medical or nursing care objective at a~~
21 ~~health facility.~~

22 (b) (1) “Automated decision system” means a computational
23 process derived from machine learning, statistical modeling, data
24 analytics, or artificial intelligence that issues simplified output,
25 including a score, classification, or recommendation, that is used
26 to assist or replace human discretionary decisionmaking and
27 materially impacts natural persons.

28 (2) “Automated decision system” does not include a spam email
29 filter, firewall, antivirus software, identity and access management
30 tools, calculator, database, dataset, or other compilation of data.

31 (c) “Clinical decision support system” means an automated
32 decision system or generative artificial intelligence system whose
33 outputs are used to inform clinical decisionmaking with respect
34 to the provision, timing, or course of patient care.

35 (d) “Generative artificial intelligence” has the same meaning
36 as defined in Section 1339.75 of the Health and Safety Code.

37 2821. (a) It is the public policy of the State of California that
38 a worker providing direct patient care be free to use their
39 professional judgment to make assessments and decisions within
40 their scope of practice as appropriate for their patients.

1 ~~(b) It is the public policy of the State of California that a worker~~
2 ~~providing direct patient care should not be penalized for relying~~
3 ~~in good faith on technology that the licensed health care~~
4 ~~professional's employer has selected or approved for their use in~~
5 ~~patient care.~~

6 ~~(c) An employer shall not use or deploy technology to replace~~
7 ~~or limit a worker's use of professional judgment in patient care.~~

8 ~~(d)~~

9 ~~(b) (1) An employer shall not retaliate or discriminate against~~
10 ~~a worker providing direct patient care based on both of the~~
11 ~~following: solely on the worker's override of, or reliance on, the~~
12 ~~output of a clinical decision support system.~~

13 ~~(1) The worker's override of, or request to override, the output~~
14 ~~of technology if, in the judgment of the worker acting in their scope~~
15 ~~of practice, such an override is appropriate for the patient, or as~~
16 ~~necessary to comply with applicable law, including civil rights~~
17 ~~law.~~

18 ~~(2) The worker's compliance with the output of technology if~~
19 ~~the technology was provided or approved by the worker's employer~~
20 ~~for patient care.~~

21 ~~(2) This subdivision does not affect a worker's duty to meet the~~
22 ~~applicable standard of care, act within their scope of practice, or~~
23 ~~exercise independent professional judgment in providing direct~~
24 ~~patient care.~~

25 ~~(e)~~

26 ~~(c) A worker who is subject to retaliation or discrimination in~~
27 ~~violation of this article has the right under this article to file a~~
28 ~~complaint with the Labor Commissioner against an employer who~~
29 ~~retaliates or discriminates against the worker.~~

30 SEC. 4. No reimbursement is required by this act pursuant to
31 Section 6 of Article XIII B of the California Constitution because
32 the only costs that may be incurred by a local agency or school
33 district will be incurred because this act creates a new crime or
34 infraction, eliminates a crime or infraction, or changes the penalty
35 for a crime or infraction, within the meaning of Section 17556 of
36 the Government Code, or changes the definition of a crime within
37 the meaning of Section 6 of Article XIII B of the California
38 Constitution.

O