Board of Behavioral Sciences

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 1979 **VERSION:** AMENDED JULY 2, 2026

AUTHOR: BONTA **SPONSOR:** CALIFORNIA NURSES ASSOCIATION

CURRENT POSITION: SUPPORT

SUBJECT: HEALTH CARE SERVICES: ARTIFICIAL INTELLIGENCE

Summary: This bill requires health facilities, clinics, or group practices to take reasonable steps to ensure licensed healthcare professionals acting in their scope of practice retain their ability to exercise independent professional judgement when their care of a patient is informed by the output of a clinical decision support system. It also bans the use of AI to direct, guide, supervise, or instruct unlicensed personnel in performing any clinical functions that require a professional license, or from allowing AI to independently perform clinical functions that by law require a 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 illness, for which they are admitted for a 24 hour stay or longer. (HSC §§1250, 1339.75)

This Bill:

1) Defines a "health care chatbot" as a generative AI system with a natural language interface that does all of the following (CC §56.05(i)):

- Provides adaptive, human-like responses to user inputs.
- Is marketed as facilitating or supporting health services to a consumer.
- Uses health care chatbot information to facilitate or support health services to a consumer.

2) Defines "health care chatbot information" as information about a consumer's physical or mental health or wellness that the consumer provides to a chatbot either directly or by allowing access to the information, or that is collected, generated, or inferred by a chatbot. (CC §56.05(i))

3) 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))

4) Requires a health facility, clinic, physician's office, or group practice to take reasonable steps to ensure a licensed health care professional, acting in their scope of practice, retains the ability to exercise independent professional judgement when caring for a patient, whenever that care is informed by the output of a clinical decision support system. (HSC §1339.77(a))

5) Prohibits a health facility, clinic, physician office, or group practice from using or deploying a tool, system or device that includes AI to (HSC §1339.77(b)):

- Direct, guide, supervise, or instruct an unlicensed person to perform any clinical function requiring a professional license; or
- Independently perform any clinical function that is required by law to be performed by a person with a professional license.

The above does not prohibit the use or deployment of such a tool or device by a trainee as part of a supervised course of study or training program while working toward licensure.

6) Specifies that using automated decision systems for documentation and communication that does not involve professional judgement, such as automated message to inform patients of updates to their health records, generating reminders,

or assisting patients to find information they are requesting, is not prohibited. (HSC §1339.77(d))

7) Specifies the penalties that apply for violations for licensed health facilities, licensed clinics, and physicians. Additionally provides that in cases where there are violations for practicing health care without a license, the appropriate licensing board may pursue an injunction or restraining order. (HSC §1339.77(c))

Comment:

1) Support and Opposition. The bill analysis for the Senate Health Committee dated June 29, 2026 states the following:

> *According to the author, AI is rapidly integrating into our health care system and reshaping our own personal experience with health care. While this technology can hold 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. 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. 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.*

Opponents of the bill argue that the bill is too rigid, constraining rapidly evolving tools that are already in use in clinical operation and have been widely used for years. They also note the bill fails to distinguish between AI that informs clinical decisions, and those that replace them.

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

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, 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 recent amendments instead permit the use of AI but require employers to take reasonable steps to ensure their licensees retain their ability to exercise independent professional judgement when patient care is informed by the output of an AI system. The Board should discuss whether any compatibility concerns remain.

3) **Current Position.** At its May 8, 2026 meeting, the Board took a "support" position on this bill.

   Since that time, moderately significant amendments have been made to the bill, including:

   - Deletes the requirement for health facilities and offices to ensure no clinical decision is based solely on the output of a clinical decision support system.

   - Modifies the language requiring that a licensee exercises independent professional judgement when reviewing and approving AI clinical decisions, to instead require that employers take reasonable steps to ensure that a licensee, acting within their scope of practice, retains the ability to exercise independent professional judgement when their patient care is informed by AI output.

   - Adds language clarifying that pre-licensed trainees working toward licensure are not prohibited from using an AI tool or system as part of a supervised course of study.

   - Makes minor technical changes to the definitions of "health care chatbot" and "health care chatbot information."

4) **Support and Opposition.**

   Support:
   California Nurses Association (sponsor)
   Board of Behavioral Sciences
   California Federation of Labor Unions
   Consumer Watchdog
   National Union of Healthcare Workers
   TechEquity Action

   Opposition:
   Advanced Medical Technology Association (unless amended)
   Adventist Health
   America's Physician Groups (unless amended)
   American Telemedicine Association (unless amended)
   Anaheim Chamber of Commerce (unless amended)

Biocom California (unless amended)
California Association of Health Plans (unless amended)
California Chamber of Commerce (unless amended)
California Dental Association
California Hospital Association (unless amended)
California Radiological Society (unless amended)
Civil Justice Association of California (unless amended)
Connected Health Initiative
Epic
Glendale Chamber of Commerce
Greater Conejo Valley Chamber of Commerce
Kaiser Permanente (unless amended)
Los Angeles Area Chamber of Commerce
Oceanside Chamber of Commerce
Orange County Business Council
Pasadena Chamber of Commerce and Civic Association
San Diego Regional Chamber of Commerce
San Gabriel Valley Economic Partnership
Santa Monica Chamber of Commerce
Scripps Health (unless amended)
Technet
The Greater Coachella Valley Chamber of Commerce
Tri-County Chamber Alliance

5) History.

07/02/26 Read second time and amended. Re-referred to Com. on APPR.
07/02/26 From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (July 1).
06/22/26 From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.
06/17/26 Read second time and amended. Re-referred to Com. on HEALTH.
06/16/26 From committee: Amend, and do pass as amended and re-refer to Com. on HEALTH. (Ayes 7. Noes 2.) (June 15).
06/03/26 Referred to Coms. on P., D.T., & C.P. and HEALTH.
05/21/26 In Senate. Read first time. To Com. on RLS. for assignment.
05/21/26 Read third time. Passed. Ordered to the Senate. (Ayes 48. Noes 15. Page 5213.)
05/18/26 Read second time. Ordered to third reading.
05/14/26 From committee: Do pass. (Ayes 11. Noes 4.) (May 14).
05/14/26 Joint Rule 62(a), file notice suspended. (Page 5030.)
05/13/26 In committee: Set, first hearing. Referred to APPR. suspense file.
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.

AMENDED IN SENATE JULY 2, 2026

AMENDED IN SENATE JUNE 22, 2026

AMENDED IN SENATE JUNE 17, 2026

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

Introduced by Assembly Member Bonta

February 13, 2026

An act to amend 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. 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 additionally deem a business that offers a health care 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 require a health facility, clinic, physician's office, or office ~~or~~ *of* a group practice to *take reasonable steps 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, acting within their scope of practice, retains the ability to exercise independent professional judgment ~~when reviewing and approving a clinical decision that is based on~~ *in their care of a patient whenever that care is informed by* the output of a clinical decision support ~~system.~~ *system, as defined.* 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 apply to the use of automated decision systems 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:

SECTION 1. Section 56.05 of the Civil Code is amended to read:

56.05. For purposes of this part:

(a) "Artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

(b) "Authorization" means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.

(c) "Authorized recipient" means a person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.

(d) "Confidential communications request" means a request by a subscriber or enrollee that health care service plan communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the subscriber or enrollee.

(e) "Contractor" means a person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. "Contractor" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

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

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

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

(i) "Health care chatbot" means a generative artificial intelligence system with a natural language interface that does all of the following:

(1) Provides adaptive, human-like responses to user inputs.

(2) Is marketed as facilitating or supporting health services to a consumer.

(3) (A) Uses health care chatbot information to facilitate or support health service to a consumer.

(B) For purposes of this paragraph, "health care chatbot information" means information related to a consumer's physical or mental health or wellness that a consumer provides to a chatbot, either directly or by allowing access to that information, or is collected, generated, or inferred by a chatbot.

(j) "Health care service plan" means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(k) "Licensed health care professional" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(*l*) "Marketing" means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

"Marketing" does not include any of the following:

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

(2) Communications made to current enrollees solely for the purpose of describing a provider's participation in an existing health care provider network or health plan network of a Knox-Keene licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or

service, or payment for a product or service, is provided by a provider, contractor, or plan or included in a plan of benefits of a Knox-Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost-effective pharmaceuticals.

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

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

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

(C) The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the health care provider, contractor, or health plan making the remunerated communications. Further communication shall not be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.

(m) (1) "Medical information" means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental health application information, reproductive or sexual health application information, mental or physical condition, or treatment. "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification

of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual.

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

(n) "Mental health application information" means information related to a consumer's inferred or diagnosed mental health or substance use disorder, as defined in Section 1374.72 of the Health and Safety Code, collected by a mental health digital service.

(o) "Mental health digital service" means a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer.

(p) "Patient" means a natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.

(q) "Pharmaceutical company" means a company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals, medications, or prescription drugs. "Pharmaceutical company" does not include a pharmaceutical benefits manager, as included in subdivision (e), or a provider of health care.

(r) "Protected individual" means any adult covered by the subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. "Protected individual" does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

(s) "Provider of health care" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; a person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; a

person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; or a clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. "Provider of health care" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.

(t) "Reproductive or sexual health application information" means information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity.

(u) "Reproductive or sexual health digital service" means a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer.

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

(w) "Subscriber" has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

(x) "Immigration enforcement" means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person's presence in, entry or reentry to, or employment in, the United States.

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

56.06. (a) Any business organized for the purpose of maintaining medical information in order to make the information available to an individual or to 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 and treatment of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(b) Any 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, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

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

(d) Any business that offers a mental 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, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(e) Any business that offers a 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, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including, but not limited to, laws that specifically incorporate by reference the definitions of this part.

(f) Any business that offers a health care chatbot 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, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

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

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

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

~~1339.77. (a) (1) A health facility, clinic, physician's office, or office of a group practice shall ensure that no clinical decision is based solely on the output of a clinical decision support system.~~

~~(2)~~

1339.77. (a) A health facility, clinic, physician's office, or office of a group practice shall *take reasonable steps to* ensure that a licensed health care professional, acting within their scope of

practice, retains the ability to exercise independent professional judgment ~~when reviewing and approving a clinical decision that is based on~~ *in their care of a patient whenever that care is informed by* the output of a clinical decision support system.

~~(3) For purposes of this subdivision, "clinical decision" includes, but is not limited to, assessment of patient condition and education of a patient or their family concerning the patient's health care problems, including postdischarge care.~~

(b) *(1)* A health facility, clinic, physician's office, or office of a group practice shall not use or deploy a tool, system, or device that includes artificial intelligence to ~~direct,~~ *do any of the following:*

(A) Direct, guide, supervise, or instruct unlicensed personnel in their performance of any clinical function that is required by law to be performed by a person with a professional license.

(B) Independently perform any clinical function that is required by law to be performed by a person with a professional license.

(2) This subdivision does not prohibit the use or deployment of a tool, system, or device by a trainee as part of a supervised course of study or training program while working toward licensure.

(c) (1) A violation of this section by a licensed health facility is subject to the enforcement mechanisms described in ~~Article 4 (commencing with Section 1290) of Chapter 2.~~ *Sections 1280 and 1280.3.*

(2) A violation of this section by a licensed clinic is subject to the enforcement mechanisms described in ~~Article 4 (commencing with Section 1235) of Chapter 1.~~ *Section 1229.*

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

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

(4) To the extent that a violation of this section constitutes the practice of a health care profession without a license, the appropriate health care professional licensing board may pursue an injunction or restraining order to enforce this section, as authorized by Section 125.5 of the Business and Professions Code.

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

(d) This section does not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including, but not limited to, automated messages to inform patients of updates to their health records, generating reminders, or assisting patients to find information at their request.

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

(1) "Artificial intelligence" has the same meaning as defined in Section 1339.75.

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

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

(3) "Clinic" has the same meaning as defined in Section 1200.

(4) "Clinical decision support system" means an automated decision system or generative artificial intelligence system ~~whose outputs are~~ *that produces a prediction, classification, recommendation, evaluation, or analysis* used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

(5) "Generative artificial intelligence" has the same meaning as that term is defined in Section 1339.75.

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

(7) "Health facility" has the same meaning as defined in Section 1250.

(8) "Office of a group practice" has the same meaning as defined in Section 1339.75.

(9) "Physician's office" has the same meaning as defined in Section 1339.75.

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

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