![BBS — Board of Behavioral Sciences logo]

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: SB 579 **VERSION:** **AMENDED MARCH 26, 2025**

AUTHOR: **PADILLA** **SPONSOR:**
- **CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS (CAMFT)**
- **CALIFORNIA PSYCHOLOGICAL ASSOCIATION (CPA)**

STAFF RECOMMENDED POSITION: **SUPPORT**

SUBJECT: **MENTAL HEALTH AND ARTIFICIAL INTELLIGENCE WORKING GROUP**

Summary: This bill would require the State Government Operations Agency to appoint a mental health and artificial intelligence working group by July 1, 2026, to examine the role of artificial intelligence in mental health treatment.

Existing Law:

1) Establishes the Government Operations Agency as one of the agencies of state government. (Government Code (GC) §12800)

2) Establishes the state departments that comprise the Government Operations Agency, including the Department of General Services, the Department of Technology, and the Office of Data and Innovation. (GC §12803.2)

3) Defines "artificial intelligence" as an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. (GC §11546.45.5)

This Bill:

1) Requires the Secretary of the Government Operations Agency to appoint a mental health and artificial intelligence (AI) working group by July 1, 2026. The working group is tasked with evaluating the following (GC §12817):

   a) The role of AI in improving mental health outcomes, ensuring ethical standards, promoting innovation, and addressing concerns regarding AI in mental health settings.

b) Current and emerging AI technologies that have potential to improve mental health diagnosis, treatment, monitoring, and care, including AI driven therapeutic tools, virtual assistants, diagnostics, and predictive models.

c) Potential risks associated with AI to mental health, including automated systems, privacy concerns, or unintended consequences; AI chatbots, and other AI intended to promote mental health or impersonate a mental health professional.

2) Prescribes that the 15-member working group consist of the following (GC §12817):

a) Four behavioral health professionals selected in consultation with mental health provider professional organizations. At least one must work in specialty mental health services serving those with serious mental illness, serious emotional disturbance, or substance abuse disorder.

b) Three AI and technology experts.

c) Two persons with a background in patient advocacy.

d) Two experts in ethics and law.

e) One representative of a public health agency.

f) The State Chief Information Officer, or a designee.

g) The Director of Health Care Services, or a designee.

h) The chief information officers of three other state agencies or departments.

i) One member of the Senate and one member of the Assembly.

3) Requires the working group to take input from a broad range of stakeholders and conduct at least three public meetings to incorporate feedback. (GC §12817)

4) Requires the working group to report to the Legislature by July 1, 2028 on the potential uses, risks, and benefits of using AI technology in mental health treatment by state government and California-based businesses, including the following (GC §12817):

a) Best practices and recommendations for policy around facilitating beneficial uses and mitigating potential risks.

b) A framework for training mental health professionals to enhance their understanding of AI tools and how to incorporate them into their practice.

5) Requires the working group to issue a follow-up report to the Legislature by January 1, 2030, on the implementation of the working group's recommendations, the status of the training framework, and how it has been incorporated into practice. (GC §12817)

6) Subjects the working group to the Bagley-Keene Open Meeting Act. (GC §12817)

7) Sunsets the working group on January 1, 2031. (GC §12817)

Comment:

1) Author's Intent. In their factsheet for the bill, the author's office relays a desire to ensure proper guardrails are in place so that AI is incorporated into mental health treatment in a thoughtful and safe way. They state the following:

"AI technology is becoming rapidly more innovative and used in several different mental health spaces to provide diagnosis and treatment. To provide safeguards, adequate resources, and accurate support, it is important for experts to properly understand the impact and unknown consequences of AI and mental health. California has the opportunity to take initiative on a growing international concern and lead the discussion on the future of AI technology and health."

2) Related Legislation. AB 489 (Bonta) would prohibit a person or entity who develops an artificial intelligence system from having that system represent or imply that it is a licensed health care provider by using prohibited terms, letters, or phrases. It provides that violations are subject to the jurisdiction of the applicable licensing board.

3) Staff Recommended Position. Staff recommends that the Board consider taking a support position on this bill.

4) Support and Opposition

Support:
- California Association of Marriage and Family Therapists (CAMFT) (Sponsor)
- California Psychological Association (CPA) (Sponsor)

Opposition:
- None at this time.

5) History
03/26/25	Read second time and amended. Re-referred to Com. on APPR.
03/25/25	From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (March 25).
03/07/25	Set for hearing March 25.
03/05/25	Referred to Com. on G.O.

02/21/25   From printer. May be acted upon on or after March 23.
02/20/25   Introduced. Read first time. To Com. on RLS. for assignment. To print.

SENATE BILL   No. 579

Introduced by Senator Padilla

February 20, 2025

An act to add *and repeal* Section 12817 to the Government Code, relating to artificial intelligence.

legislative counsel's digest

SB 579, as amended, Padilla. Mental health and artificial intelligence working group.

Existing law establishes the Government Operations Agency, which consists of several state entities, including, ~~but not limited to,~~ *among others,* the State Personnel Board, the Department of General Services, and the Office of Administrative Law. Under existing law, the Government Operations Agency is under the direction of an executive officer known as the Secretary of Government Operations, who is appointed by, and holds office at the pleasure of, the Governor, subject to confirmation by the Senate.

This bill would require the secretary, by July 1, 2026, to appoint a mental health and artificial intelligence working group, as specified, that would evaluate certain issues to determine the role of artificial intelligence in mental health settings. The bill would require the working group to take input from various stakeholder groups, including health organizations and academic ~~institutions.~~ *institutions, and conduct at least 3 public meetings.* The bill would require the working group to produce a report of its findings to the Legislature by July 1, ~~2028.~~ *2028, and issue a followup report by January 1, 2030, as specified. The bill would repeal its provisions on July 1, 2031.*

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

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

1   SECTION 1. Section 12817 is added to the Government Code,
2 to read:
3   12817. (a) The Secretary of Government Operations shall
4 appoint a mental health and artificial intelligence working group
5 and designate the chairperson of that group on or before July 1,
6 2026, to evaluate all of the following:
7   (1) The role of artificial intelligence in improving mental health
8 outcomes, ensuring ethical standards, promoting innovation, and
9 addressing concerns regarding artificial intelligence in mental
10 health settings.
11   (2) The current and emerging artificial intelligence technologies
12 that have the potential to improve mental health diagnosis,
13 treatment, monitoring, and care. The evaluation shall include
14 artificial-intelligence-driven therapeutic tools, virtual assistants,
15 diagnostics, and predictive models.
16   (3) The potential risks associated with artificial intelligence to
17 mental health, including ~~reliance on~~ automated systems, privacy
18 concerns, or unintended ~~consequences on mental health treatment.~~
19 *consequences, and artificial intelligence chatbots, and other*
20 *artificial intelligence intended to promote mental health or*
21 *impersonate a mental health professional.*
22   (b) The working group shall consist of all of the following
23 participants:
24   (1) Four appointees who are ~~mental health professionals.~~
25 *behavioral health professionals selected in consultation with*
26 *mental health provider professional organizations, at least one of*
27 *whom works in specialty mental health services serving individuals*
28 *with serious mental illness, serious emotional disturbance, or*
29 *substance abuse disorder.*
30   (2) Three appointees who are artificial intelligence and
31 technology experts.
32   (3) Two appointees with a background in patient advocacy.
33   (4) Two appointees who are experts in ethics and law.
34   (5) One appointee representing a public health agency.
35   (6) The State Chief Information Officer, or their designee.

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1   (7) The Director of Health Care Services, or their designee.
2   (8) The chief information officers of three other state agencies,
3 departments, or commissions.
4   (9) One Member of the Senate, appointed by the Senate
5 Committee on Rules, and one Member of the Assembly, appointed
6 by the Speaker of the Assembly.
7   (c) (1) The working group shall take input from a broad range
8 of stakeholders with a diverse range of interests affected by state
9 policies governing emerging technologies, privacy, business, the
10 courts, the legal community, and state government.
11   (2) This input shall come from groups, including, but not limited
12 to, health organizations, academic institutions, technology
13 companies, and advocacy groups.
14   *(3) (A) The working group shall conduct at least three public*
15 *meetings to incorporate feedback from groups, including, but not*
16 *limited to, health organizations, academic institutions, technology*
17 *companies, and advocacy groups.*
18   *(B) A public meeting held pursuant to subparagraph (A) may*
19 *be held by teleconference, pursuant to the procedures required by*
20 *Section 11123, for the benefit of the public and the working group.*
21   (d) (1) *(A)* On or before July 1, 2028, the working group shall
22 report to the Legislature on the potential uses, risks, and benefits
23 of the use of artificial intelligence technology in mental health
24 treatment by state government and California-based businesses.
25   (2)
26   *(B)* This report shall include best practices and recommendations
27 for policy around facilitating the beneficial uses and mitigating
28 the potential risks surrounding artificial intelligence in mental
29 health treatment.
30   (3)
31   *(C)* The report shall include a framework for developing training
32 for mental health professionals to enhance their understanding of
33 artificial intelligence tools and how to incorporate them into their
34 practice effectively.
35   *(2) On or before January 1, 2030, the working group shall issue*
36 *a followup report to the Legislature on the implementation of the*
37 *working group's recommendations and the status of the framework*
38 *for developing training for mental health professionals and how*
39 *it has been incorporated into practice.*
40   (4)

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1   *(3)* A report submitted pursuant to this subdivision shall be
2 submitted in compliance with Section 9795.
3   (e) The members of the working group shall serve without
4 compensation, but shall be reimbursed for all necessary expenses
5 actually incurred in the performance of their duties.
6   *(f) The working group is subject to the Bagley-Keene Open*
7 *Meeting Act (Article 9 (commencing with Section 11120) of*
8 *Chapter 1 of Part 1).*
9   *(g) This section shall remain in effect only until January 1, 2031,*
10 *and as of that date is repealed.*

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