

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 2575

VERSION: AMENDED APRIL 9, 2026

AUTHOR: ORTEGA

SPONSOR:

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

STAFF RECOMMENDED POSITION: SUPPORT

SUBJECT: HEALTH CARE SERVICES: ARTIFICIAL INTELLIGENCE

Summary: This bill seeks to set guardrails for health care workers using artificial intelligence and 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 an artificial intelligence or clinical decision system provided by their employer receives a written notice explaining how the tool works, its limits, and its data.
- Protects health care worker's professional judgement by prohibiting employer from restricting it with artificial intelligence and banning retaliation for either overriding it or following its outputs.

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 an AI or 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 an AI or 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 at the time of use, including the following (HSC §1339.76):
 - Details including developer, funding source, 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 health care entities and developers may be liable for harm that results from its use in patient care;
 - Notice that a worker providing direct patient care is permitted to override the output if, in their judgement acting in their scope of practice, the override is appropriate for the patient or necessary to comply with the 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 covered tool is first deployed.
 - At least 90 days before a material change in the tool's use, function, intended users, intended patient population, or decision-making role.
 - By providing an annual updated inventory of all covered tools currently in use for patient care.
- 4) Requires the disclosure to be in plain language and linked to the health record of any patient whose care may be affected or whose health information may be used as an input. The disclosure must be provided with ample time for the licensed health care professional to review and make decisions on whether and how to use the tool based on their professional judgement. (HSC §1339.76)
- 5) Sets specified penalties for failure to make this disclosure and also deems a violation as unfair competition. (HSC §1339.76)

- 6) 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, and that they should not be penalized for relying in good faith on technology that their employer has approved for their use in patient care. (Labor Code (LC) §2821)
- 7) Provides that an employer shall not use or deploy technology, which includes artificial intelligence and clinical decision support systems, to replace or limit a worker's use of professional judgement in patient care. (LC §§2820(c), 2821)
- 8) Provides that an employer must not retaliate or discriminate against a worker providing direct patient care based on either (LC §2821):
 - The worker's override of, or request to override, the output of technology if in the worker's judgement acting in their scope of practice, an override is appropriate for the patient or necessary to comply with applicable law; or
 - The worker's compliance with the output of technology if it was provided or approved by their employer for patient care.

A worker who is subject to retaliation or discrimination due to the above has the right to file a complaint against their employer with the Labor Commissioner.

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) **Related Legislation.**

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

- **AB 1979 (Bonta)** prohibits health facilities and medical offices from using artificial intelligence tools for any tasks that replace the professional judgment of a licensed health care provider in carrying out their duties. It also bans the use of AI to direct or instruct unlicensed personnel in performing duties 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 20-minute

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.

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

4) Support and Opposition.

Support:

- California Nurses Association (Sponsor)
- California Labor Federation (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 Federation of Labor Unions, AFL-CIO
- California Federation of Teachers – a Union of Educators & Classified Professionals, AFT,
- AFL-CIO
- California Pan - Ethnic Health Network
- California School Employees Association
- Consumer Watchdog
- Engineers and Scientists of California, IFPTE Local 20, AFL-CIO
- Health Access California
- TechEquity Action
- Western Center on Law & Poverty, INC.

Opposition:

- Advanced Medical Technology Association
- Adventist Health
- America's Physician Groups
- American Telemedicine Association Action
- Association of California Life & Health Insurance Company
- Association of Dental Support Organizations
- Biocom

- Biocom California
- California Association of Health Facilities
- California Association of Health Plans
- California Chamber of Commerce
- California Hospital Association
- California Life Sciences
- California Medical Association
- California Primary Care Association Advocates
- California Radiological Society
- California Society of Pathologists
- Civil Justice Association of California
- Connected Health Initiative
- Kaiser Permanente
- Ochin
- Technet

5) History.

- 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.

Blank Page

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, as defined, for patient care to ~~disclose~~ *provide written notice of* required information to any licensed health care professional or other person using a covered tool or viewing outputs from a covered tool. The bill would require, among other things, the disclosure to include a notice that a worker providing direct patient care is permitted to override the output of a covered tool if, in the judgment of the worker acting in their scope of practice, an override is appropriate for the patient, or as necessary to comply with applicable law, including civil rights 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. 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 a clinical decision support system, as those terms are defined, 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 (b) In an action against a defendant who developed, modified,
19 selected, or deployed artificial intelligence or a clinical decision
20 support system that is alleged to have caused harm to the plaintiff,
21 it shall not be a defense, and the defendant may not assert, that the
22 failure of a licensed health care professional or other health care
23 worker to override an output of the artificial intelligence or clinical
24 decision support system is a superseding cause severing the
25 defendant’s liability for the alleged harm.

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

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

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

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

9 1339.76. (a) A health facility, clinic, physician’s office, or
10 office of a group practice that uses or deploys a covered tool for
11 patient care shall ~~disclose~~ *provide written notice of* required
12 information, described in subdivision (b), to any licensed health
13 care professional or other person using a covered tool or viewing
14 outputs from a covered tool.

15 (b) Required information under subdivision (a) shall include all
16 of the following:

17 (1) Details on the covered tool, including developer, funding
18 source, any foundation model used, and description of output.

19 (2) Intended use of the covered tool, including intended patient
20 population, intended users, and intended decisionmaking role.

21 (3) Cautioned out-of-scope use of the covered tool, including
22 known risks and limitations.

23 (4) List of the inputs into the covered tool.

24 (5) Description of how the covered tool generates outputs.

25 (6) Development details of the covered tool, including, but not
26 limited to, all of the following:

27 (A) Description of the training set or clinical research underlying
28 recommendations, including demographic representativeness and
29 known biases based on protected characteristics.

30 (B) Description of the relevance of training data to deployed
31 setting.

32 (C) Process used to ensure fairness in development of the
33 intervention.

34 (7) Description of the validation process.

35 (8) Qualitative measures of performance.

36 (9) Description of ongoing maintenance of intervention
37 implementation and use.

38 (10) Description of updates and continued validation or fairness
39 assessment process.

1 (11) Notice that health care entities and developers ~~are~~ *may be*
2 liable for harm that results from the use of artificial intelligence
3 in patient care.

4 (12) Notice that a worker providing direct patient care is
5 permitted to override the output of a covered tool if, in the
6 judgment of the worker acting in their scope of practice, such an
7 override is appropriate for the patient, or as necessary to comply
8 with applicable law, including civil rights law.

9 (c) (1) A disclosure made pursuant to this section shall be
10 provided ~~at the time the licensed health care professional or other~~
11 ~~person uses the covered tool or views any recommendation or~~
12 ~~output generated by the covered tool.~~ *consistent with all of the*
13 *following:*

14 (A) *To a new licensed health care professional or other person*
15 *upon hire, onboarding, or credentialing, if that individual will*
16 *likely use the covered tool or view outputs from the covered tool.*

17 (B) *At least 90 days before a new covered tool is first deployed*
18 *for patient care.*

19 (C) *At least 90 days before a material change in the use,*
20 *function, intended users, intended patient population, or*
21 *decisionmaking role of an existing covered tool.*

22 (D) *On or before February 1, 2028, and annually thereafter,*
23 *by providing an updated inventory of all covered tools currently*
24 *in use or deployed for patient care.*

25 (2) The disclosure shall be provided in plain language to, and
26 linked in the health record of, any patient whose care ~~was~~ *may be*
27 affected by the output of the covered tool or whose health
28 information ~~was~~ *may be* used as an input to the covered tool.

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

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

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

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

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

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

11 (1) ~~“Artificial intelligence” means an engineered or~~
12 ~~machine-based system that varies in its level of autonomy and that~~
13 ~~can, for explicit or implicit objectives, infer from the input it~~
14 ~~receives how to generate outputs that can influence physical or~~
15 ~~virtual environments. has the same meaning as in Section 1339.75.~~

16 (2) “Clinic” has the same meaning as defined in Section 1200.

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

19 (A) Supports decisionmaking related to patient care based on
20 algorithms, or models, based in clinical practice guidelines or that
21 derive relationships from training data, including such algorithms
22 or models that are developed using unsupervised learning models.

23 (B) Produces an output that results in a prediction, classification,
24 recommendation, evaluation, or analysis.

25 (4) “Covered tool” means *a tool, system, or device that includes*
26 *artificial intelligence or a clinical decision support system.*

27 (5) “Health facility” has the same meaning as defined in Section
28 1250.

29 (6) “Office of a group practice” has the same meaning as defined
30 in Section 1339.75.

31 (7) “Patient clinical information” has the same meaning as
32 defined in Section 1339.75.

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

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

1 Article 2.7. Health Information Technology: Worker Rights

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 ~~(A)~~

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

17 ~~(B)~~

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

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

24 2821. (a) It is the public policy of the State of California that
25 a worker providing direct patient care be free to use their
26 professional judgment to make assessments and decisions within
27 their scope of practice as appropriate for their patients.

28 (b) It is the public policy of the State of California that a worker
29 providing direct patient care should not be penalized for relying
30 in good faith on technology that the licensed health care
31 professional’s employer has selected or approved for their use in
32 patient care.

33 (c) An employer shall not use or deploy technology to replace
34 or limit a worker’s use of professional judgment in patient care.

35 (d) An employer shall not retaliate or discriminate against a
36 worker providing direct patient care based on both of the following:

37 (1) The worker’s override of, or request to override, the output
38 of technology if, in the judgment of the worker acting in their scope
39 of practice, such an override is appropriate for the patient, or as

1 necessary to comply with applicable law, including civil rights
2 law.

3 (2) The worker’s compliance with the output of technology if
4 the technology was provided or approved by the worker’s employer
5 for patient care.

6 (e) A worker who is subject to retaliation or discrimination in
7 violation of this article has the right under this article to file a
8 complaint with the Labor Commissioner against an employer who
9 retaliates or discriminates against the worker.

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

O