

## CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

---

**BILL NUMBER: AB 1979**

**VERSION: AMENDED APRIL 9, 2026**

**AUTHOR: BONTA**

**SPONSOR: CALIFORNIA NURSES ASSOCIATION**

**STAFF RECOMMENDED POSITION: SUPPORT IF AMENDED**

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

---

**Summary:** This bill prohibits health facilities and medical offices from using artificial intelligence tools for any tasks that replace the professional judgment of a licensed health care professional in carrying out their duties. It also bans the use of AI to direct, guide, or instruct unlicensed personnel in performing any functions that require a professional license.

### **Existing Law:**

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

### **This Bill:**

- 1) For purposes of the Confidentiality of Medical Information Act, when applying it to 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, clarifies that managing the individual's information includes the ability to query their medical history, summarize doctor's notes, or organize lab results. (CC §56.06)
- 2) Prohibits a health facility, physician office, or group practice office from deploying an AI tool, system or device for either of the following (HSC §1339.76(a), (b) and (d)):
  - To replace the use of professional judgement by a licensed health care professional in carrying out their duties. (Including patient assessment, patient education, post discharge care, patient handoff, or other documentation or communication that requires professional expertise)
  - To direct, guide, supervise, or instruct unlicensed personnel in performing functions that require a professional license.

Clarifies that the above does not prohibit using AI for documentation and communication that does not require professional judgement, such as automated messages to inform a patient that their health record has been updated.

- 3) Specifies the penalties that apply for violations, including that a licensing board may pursue an injunction or restraining order for unlicensed practice. (HSC §1339.75(c))

**Comment:**

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

*“According to the author, AI is rapidly integrating into our health care system and reshaping our personal experience with health care. While this technology holds a lot of promise, there is no question that without careful consideration of the potential perpetuation of biases, risks to patient safety, and challenges of clinical workers knowing what to question and what to trust, the deployment of AI in health care can do more harm than good. The author notes that a 2023 study found that, while carefully crafted AI could slightly improve diagnostic accuracy for certain disorders, in cases where clinicians were provided AI support using a systematically biased model, diagnostic accuracy dropped substantially to 62% (from 73%). This also demonstrates that having a human-in-the-loop is not a panacea for all the challenges that AI can present. Providing health care requires compassion, empathy, and real-world judgment that cannot be captured in patterns and algorithms. Technology should assist human clinicians, not replace them. As AI deploys into health care settings, it is also reaching consumers directly through applications like Copilot and ChatGPT offering to connect directly*

*to personal medical records. The author concludes that voluntary commitments to protect this sensitive information are not enough, we must ensure any entity accessing medical records for managing health is abiding by the law.”*

Opponents of the bill argue that the bill is too broad, prohibiting AI-assistance in activities like patient assessment and clinical documentation, even under supervision. In many cases, such tools are already in use, and overregulating them would discourage their use, eliminate their utility, and undermine efficiency gains

**2) What is “Professional Judgement?”** This bill prohibits health care practices from using AI tools to replace the use of “professional judgement” by a licensed health care professional carrying out their duties.

While the bill does specify that AI is not prohibited for documentation and communication that does not involve using professional judgement, “professional judgement” is a broad term that may be subject to different interpretations by different people. Not having an explicit definition could limit the use of AI in legitimate instances where it might be helpful, if practitioners are unclear about whether or not a specific use involves professional judgement and are therefore hesitant to use it.

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

- AB 1979: Prohibits health facilities and medical offices from using artificial intelligence tools to replace the use of 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.
- SB 903: Specifically focuses on the use of AI in delivering psychotherapy services:
  - It prohibits an individual, corporation or entity from providing, advertising, or offering psychotherapy services (including via AI) unless the services are conducted by a licensed professional.
  - It allows licensed professionals offering therapy to use AI for administrative or supplementary support.
  - It prohibits any psychotherapeutic communications or psychotherapy sessions from being recorded or transcribed unless specific consent requirements are met.

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

There is the potential for some overlap here, with SB 903 allowing some professional use of AI with client consent, and AB 1979 prohibiting it for any task that replaces professional judgement. The potential for AB 1979 to broadly restrict all uses, and any potential conflict with SB 903, should be discussed and considered.

#### 4) **Related Legislation.**

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

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

5) **Staff Recommended Position.** Staff recommends that the Board consider taking a support if amended position on this bill, asking the Legislature to reconcile this bill with SB 903, and providing an explicit definition of "professional judgement."

#### 6) **Support and Opposition.**

##### Support:

- California Nurses Association (sponsor)
- Consumer Watchdog

##### Opposition:

- Adventist Health

- California Chamber of Commerce
- California Medical Association
- Civil Justice Association of California
- Connected Health Initiative
- TechNet

7) **History.**

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.

**Blank Page**

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 Section 56.06 of the Civil Code, and to add Section ~~1339.76~~ 1339.77 to the Health and Safety Code, relating to health care services.

**legislative counsel's digest**

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

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

The bill would clarify that “manage the individual’s information” includes the ability to query their medical history, summarize doctor’s notes, or organize lab results.

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

This bill would prohibit a health facility, clinic, physician’s office, or office or a group practice from using or deploying a tool, system, or device that includes artificial intelligence ~~for any activity requiring~~ *to replace* the use of professional judgment by a licensed health care professional, as specified, and would prohibit the use of artificial intelligence to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license. The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not prohibit the use of artificial intelligence for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

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

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

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

1 SECTION 1. Section 56.06 of the Civil Code is amended to  
2 read:

3 56.06. (a) Any business organized for the purpose of  
4 maintaining medical information in order to make the information  
5 available to an individual or to a provider of health care at the  
6 request of the individual or a provider of health care, for purposes  
7 of allowing the individual to manage the individual’s information,  
8 or for the diagnosis and treatment of the individual, shall be deemed  
9 to be a provider of health care subject to the requirements of this  
10 part. However, this section shall not be construed to make a  
11 business specified in this subdivision a provider of health care for  
12 purposes of any law other than this part, including laws that  
13 specifically incorporate by reference the definitions of this part.

14 (b) (1) Any business that offers software or hardware to  
15 consumers, including a mobile application or other related device  
16 that is designed to maintain medical information in order to make  
17 the information available to an individual or a provider of health  
18 care at the request of the individual or a provider of health care,  
19 for purposes of allowing the individual to manage the individual’s  
20 information, or for the diagnosis, treatment, or management of a  
21 medical condition of the individual, shall be deemed to be a  
22 provider of health care subject to the requirements of this part.  
23 However, this section shall not be construed to make a business  
24 specified in this subdivision a provider of health care for purposes  
25 of any law other than this part, including laws that specifically  
26 incorporate by reference the definitions of this part.

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

32 (c) Any business that is licensed pursuant to Division 10  
33 (commencing with Section 26000) of the Business and Professions  
34 Code that is authorized to receive or receives identification cards  
35 issued pursuant to Section 11362.71 of the Health and Safety Code  
36 or information contained in a physician’s recommendation issued  
37 in accordance with Article 25 (commencing with Section 2525)  
38 of Chapter 5 of Division 2 of the Business and Professions Code

1 shall be deemed to be a provider of health care subject to the  
2 requirements of this part. However, this section shall not be  
3 construed to make a business specified in this subdivision a  
4 provider of health care for purposes of any law other than this part,  
5 including laws that specifically incorporate by reference the  
6 definitions of this part.

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

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

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

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

32 ~~SEC. 2. Section 1339.76 is added to the Health and Safety~~  
33 ~~Code, to read:~~

34 ~~1339.76.—~~

35 *SEC. 2. Section 1339.77 is added to the Health and Safety*  
36 *Code, to read:*

37 *1339.77. (a) A health facility, clinic, physician’s office, or*  
38 *office of a group practice shall not use or deploy a tool, system,*  
39 *or device that includes artificial intelligence ~~for any activity~~*  
40 *~~requiring to replace~~ the use of professional judgment by a licensed*

1 health care ~~professional~~, *professional in carrying out their duties*,  
2 including, but not limited to, assessment of patient condition,  
3 educating patients and their families concerning the patient’s health  
4 care problems, including postdischarge care, communication  
5 between licensed health care professionals relating to the handoff  
6 of responsibility for a patient, and other documentation and  
7 communication that requires applying professional expertise to an  
8 individual patient’s health.

9 (b) A health facility, clinic, physician’s office, or office of a  
10 group practice shall not use or deploy a tool, system, or device  
11 that includes artificial intelligence to direct, guide, supervise, or  
12 instruct unlicensed personnel in performing any function that  
13 requires a professional license.

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

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

20 (3) A violation of this section constitutes “unfair competition”  
21 as defined in Section 17200 of the Business and Professions Code  
22 and is punishable as prescribed in Chapter 5 (commencing with  
23 Section 17200) of Part 2 of Division 7 of the Business and  
24 Professions Code.

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

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

33 (d) This section does not prohibit the use of artificial intelligence  
34 for documentation and communication that does not involve the  
35 application of professional judgment, including, but not limited  
36 to, automated messages to inform patients of updates to their health  
37 records.

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

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

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

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

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

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

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

11 SEC. 3. No reimbursement is required by this act pursuant to  
12 Section 6 of Article XIII B of the California Constitution because  
13 the only costs that may be incurred by a local agency or school  
14 district will be incurred because this act creates a new crime or  
15 infraction, eliminates a crime or infraction, or changes the penalty  
16 for a crime or infraction, within the meaning of Section 17556 of  
17 the Government Code, or changes the definition of a crime within  
18 the meaning of Section 6 of Article XIII B of the California  
19 Constitution.

O