

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1979
AUTHOR: Bonta
BILL DATE: April 23, 2026, Amended
SUBJECT: Health Care Services: Artificial Intelligence
SPONSOR: California Nurses Association

DESCRIPTION OF CURRENT LEGISLATION

States that a health facility, clinic, physician's office, or office of a group practice shall do the following: 1) ensure that no clinical decision is based solely on the output of a clinical decision support system; 2) ensure that a licensed health care professional exercises independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system; 3) not use or deploy a tool, system, or device that includes artificial intelligence (AI) to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license.

Further, the bill subjects a healthcare chatbot, as defined, to the provisions of the Confidentiality of Medical Information Act (CMIA).

BACKGROUND

Pursuant to the [California Medical Practice Act \(the Act\)](#), only a natural person who is licensed by, and in good standing with, the Medical Board of California or the Osteopathic Medical Board of California may practice medicine in this state (see [Business and Professions Code \(BPC\) section 2052](#)). AI may not represent itself as a physician and it may not practice medicine, including diagnosing and treating a patient.

Physicians must treat their patients according to the standard of care, which is the level of skill, knowledge, and care in diagnosis and treatment ordinarily possessed and exercised by other reasonably careful and prudent physicians in the same or similar circumstances at the time in question. Relatedly, [BPC section 2242](#) requires an appropriate prior examination of a patient and a medical indication to properly prescribe or provide prescription medication.

The Act does not prohibit a physician from using tools, such as AI, in the course of their work and does not require that a physician see a patient in-person or have real-time interactions with the patient prior to diagnosing them or determining a treatment plan, if care and treatment by virtual or asynchronous contact is consistent with the standard of care under the facts and circumstances at issue.

The Act does not require specific notifications to patients that AI is being used in their practice; however, physicians using AI may be subject to other laws related to privacy (e.g., when recording a patient interaction). Relatedly, the Board posted [information on](#)

[its website](#) regarding AB 3030 (Calderon, Chapter 848 of 2024 Statutes), which added new sections to the Health and Safety Code that require various health care settings, including a physician’s office, to make certain disclosures when using generative AI to create written or verbal patient communications regarding “patient clinical information,” as defined.

Before receiving medical care, including interacting with providers (or a person/service that claims to be a health care provider) online/remotely, the consumers should verify that who they are interacting with has a current and active license in this state. If any individual or AI system is impersonating a health care provider, consumers should [file a complaint with the appropriate entity](#).

In May 2024, the Federation of State Medical Boards (FSMB) released a [report that recommends various best practices](#) for state medical boards in governing the use of AI in clinical care. These recommendations were adopted by the FSMB’s House of Delegates at the 2024 FSMB Annual Meeting.

During the Board’s February 26-27, 2026, Quarterly Meeting, Frank Meyers, J.D., Director of Regulatory Innovation & Member Services of the FSMB, made a presentation titled “[A Regulator’s Perspective on AI in Healthcare](#).”

The [CMIA](#) generally prohibits a health care provider, a health care service plan, a contractor, a corporation and its subsidiaries and affiliates, or any business that offers software or hardware to consumers, including a mobile application or other related device, as defined, 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 expressly authorized by the patient, enrollee, or subscriber, as specified, or as otherwise required or authorized by law.

ANALYSIS

According to the author (as stated in the analysis prepared by the Assembly Committee on Privacy and Consumer Protection):

“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.”

Key Terms Defined in the Legislation

“Artificial intelligence” means 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.

“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.

“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.

“Clinic” means an organized outpatient health facility that provides direct medical, surgical, dental, optometric, or podiatric advice, services, or treatment to patients who remain less than 24 hours, and that may also provide diagnostic or therapeutic services to patients in the home as an incident to care provided at the clinic facility.

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

“Generative artificial intelligence” means artificial intelligence that can generate derived synthetic content, including images, videos, audio, text, and other digital content.

“Healthcare chatbot” means a generative artificial intelligence system with a natural language interface that provides adaptive, human-like responses to user inputs, collects healthcare chatbot information from a consumer, is marketed as facilitating mental or physical health services to a consumer, and uses the information to facilitate mental or physical health services to a consumer.

“Healthcare chatbot information” means information related to a consumer’s physical or mental health or wellness that is provided to, inferred by, or generated by a healthcare chatbot.

“Health care provider” means a person licensed or certified under the law subject to the jurisdiction of the Department of Consumer Affairs.

“Health facility” means a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer.

“Office of a group practice” means an office or offices in which two or more physicians are legally organized as a partnership, professional corporation, or not-for-profit corporation.

“Physician’s office” means an office of a physician in solo practice.

Chatbots Subject to the CMIA

AB 1979 states that any business that offers a healthcare 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 the CMIA. However, this shall not be construed to make such a business a provider of health care for purposes of any law other than the CMIA.

Clinical Decision May Not Be Based Solely on a Clinical Decision Support System

The bill states that 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. Further, those entities shall ensure that a licensed health care professional exercises independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system. This requirement states that a “clinical decision” includes, but is not limited to:

- Assessment of patient conditions.
- Education of a patient or their family concerning the patient’s health care problems, including postdischarge care.
- Communication between licensed health care professionals relating to the handoff of responsibility for a patient.
- Other documentation and communication that requires the application of a licensed health care professional’s professional expertise to a patient’s health.

In addition, 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, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license.

AB 1979 states that it does not prohibit the use of artificial intelligence 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.

Violations of these requirements would subject the individual or organization to the enforcement mechanisms of the appropriate regulator. Further, they would be considered unfair competition, subject to civil penalties of up to \$2,500 per violation and if they constitute the unlicensed practice of healthcare without a license, the violator would be subject to an injunction or restraining order by the appropriate licensing board.

Consideration of a Board Position

A prior version of the bill would have prevented the use of an AI-based tool, system, or device to “replace the use of professional judgment by a licensed health care professional in carrying out their duties...” received significant opposition, including from some of the organizations listed below. To address those concerns, that language was removed and replaced with language to “ensure that no clinical decision is based solely on the output of a clinical decision support system” and with language to “ensure that a licensed health care professional exercises independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system.”

The Board staff do not have a recommended position on AB 1979. The goal of the bill – to prevent the use of AI from replacing human, clinical judgment – is laudable. Board may wish to consider, however, whether this legislation strikes the appropriate balance in regulating the use of AI in the health care space. In addition, the Board may determine that some provisions should be enacted and others removed.

FISCAL: Minor and absorbable costs enforcement and communication costs are anticipated. Possible major litigation costs if the Board pursues an injunction.

SUPPORT: California Labor Federation, AFL-CIO
California Peer Watch
Consumer Watchdog

OPPOSITION: (this list may have changed with the most recent amendments)
Advanced Medical Technology Association (unless amended)
Adventist Health
America's Physician Groups
American Telemedicine Association, Ata Action
California Association of Health Plans
California Chamber of Commerce
California Radiological Society
BIOCOM (unless amended)
California Hospital Association (unless amended)
California Medical Association (unless amended)

Civil Justice Association of California (CJAC)
Connected Health Initiative
Epic
Kaiser Permanente
Lake Elsinore Chamber of Commerce
Menifee Valley Chamber of Commerce
Murietta/Wildomar Chamber of Commerce
Southwest California Legislative Council
TechNet
Temecula Chamber of Commerce

POSITION: Recommendation: No position recommendation.

ATTACHMENT: [AB 1979, Bonta. Health Care Services: Artificial Intelligence.](#)
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