MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 2575
AUTHOR:	Ortega
BILL DATE:	April 23, 2026, Amended
SUBJECT:	Health Care Services: Artificial Intelligence
SPONSOR:	California Nurses Association and California Labor Federation

DESCRIPTION OF CURRENT LEGISLATION

States that a health facility, clinic, physician's office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall provide a written notice, as specified, to any licensed health care professional or other person using or viewing the outputs of that system. Further, prohibits an employer from retaliating or discriminating against a worker providing direct patient care based solely on the worker's override of, or reliance on, the output of a clinical decision support system. A defendant in a lawsuit who developed or used a clinical decision support system that is alleged to have caused harm would generally be prohibited from asserting that they are not liable for that harm due to the failure of a health care provider to override the output of the clinical decision support system.

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."

ANALYSIS

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

> "Healthcare workers are facing new challenges as AI is integrated into their workplaces. They are pressured by employers to defer to AI systems that may be opaque, erroneous, or systemically biased. They face an added risk of professional and legal blame when they follow algorithmic recommendations that fail. AB 2575 preserves healthcare workers' ability to follow their professional judgment by prohibiting employer retaliation when a worker overrides or follows a recommendation. AB 2575 requires transparency for AI tools so that patients and providers understand how they work and what the risks are. Overall, AB 2575 requires that AI tools are used to support clinical judgement—not replace it, ensuring that human expertise and patient safety remain the focus of California's healthcare system."

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. This 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.

“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.

Disclosure Requirements

Under AB 2575, a health facility, clinic, physician’s office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall provide a written notice to any licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, as follows:

- Details on the clinical decision support system, including developer and description of output.
- Intended use of the clinical decision support system, including intended patient population, intended users, and intended decisionmaking role.
- Cautioned out-of-scope use of the clinical decision support system, including known risks and limitations.
- List of the inputs into the clinical decision support system.
- Description of how the clinical decision support system generates outputs.

- Development details of the clinical decision support system including, but not limited to, all of the following:
    - Description of the training set or clinical research underlying recommendations, including demographic representativeness and known biases based on protected characteristics.
    - Description of the relevance of training data to deployed setting.
    - Process used to ensure fairness in development of the intervention.
- Description of the validation process.
- Qualitative measures of performance.
- Description of ongoing maintenance of intervention implementation and use.
- Description of updates and continued validation or fairness assessment process.
- Notice that a worker providing direct patient care may override the output of a clinical decision support system if, in the independent professional judgment of the worker acting within their scope of practice, the override is necessary to meet the applicable standard of care or comply with applicable law.

This disclosure shall be provided, as follows:

- To a new licensed health care professional or other person upon hire, onboarding, or credentialing, if that individual will likely use the clinical decision support system or view outputs from the clinical decision support system.
- At least 90 days before a new clinical decision support system is first deployed for patient care.
- At least 90 days before a material change in the use, function, intended users, intended patient population, or decisionmaking role of an existing clinical decision support system.
- On or before February 1, 2028, and annually thereafter, by providing an updated inventory of all clinical decision support systems currently in use or deployed for patient care.

Worker Retaliation and Discrimination Prohibited

AB 2575 states that it is the public policy of the State of California 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.

The bill states that employers shall not retaliate or discriminate against a worker providing direct patient care based solely on the worker's override of, or reliance on, the output of a clinical decision support system. This protection, however, does not affect a worker's duty to meet the applicable standard of care, act within their scope of practice, or exercise independent professional judgment in providing direct patient care.

A worker treated in a manner contrary to this law may file a complaint with the Labor Commissioner against their employer.

Legal Exposure Established for Use of Clinical Decision Support Systems

This legislation further states that in an action against a defendant who developed, modified, selected, or deployed a clinical decision support system that is alleged to have caused harm to the plaintiff, it shall not be a defense, and the defendant may not assert, that the failure of a licensed health care professional or other health care worker to override an output of the clinical decision support system is a superseding cause severing the defendant's liability for the alleged harm.

This prohibition, however, does not limit or preclude a defendant from presenting either of the following:

- Any other affirmative defense, including evidence relevant to causation or foreseeability.
- Other evidence relevant to the comparative fault of any other person or entity.

Opponent's Arguments

In a letter dated March 24, 2026, signed by various health care and business organizations, this coalition argues, in part:

> "Artificial intelligence is not an aspiration in health care. Rather, it is simply a reality that is saving lives in California today. We have a shared obligation and commitment to ensure that these tools are developed and deployed responsibly, equitably, and transparently. AB 2575, as drafted, would not achieve these goals. Instead, it would bury clinicians in unworkable disclosure requirements, create perverse liability incentives, undermine patient safety systems, impair clinical quality oversight, and ultimately reduce patient access to beneficial technology, with the greatest harm falling on the communities that can least afford it."

Consideration of a Board Position

The Board staff do not have a recommended position on AB 2575. The Board may wish to consider 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.

SUPPORT: American Federation of State, County and Municipal Employees
California Alliance for Retired Americans
California Faculty Association
California Federation of Labor Unions
California Pan-Ethnic Health Network
California School Employees Association
California Democratic Party Rural Caucus

California Federation of Teachers, AFL-CIO
Consumer Watchdog
Engineers and Scientists of California, IFPTE Local 20
Health Access California
Oakland Privacy
Tech Equity Action
Western Center on Law and Poverty

OPPOSITION: (this list may have changed with the most recent amendments)
Advanced Medical Technology Association
Adventist Health
America's Physician Groups
BIOCOM
California Chamber of Commerce
California Hospital Association
California Life Sciences Association
California Medical Association
California Radiological Society
California Society of Pathologists
Civil Justice Association of California
Connected Health Initiative
Lake Elsinor Chamber of Commerce
Menefee Valley Chamber of Commerce
Ochin, Inc.
Southwest California Legislative Council
TechNet
Temecula Valley Chamber of Commerce
Wildomar Chamber of Commerce

POSITION: Recommendation: No position recommendation.

ATTACHMENT: AB 2575, Ortega. Health Care Services: Artificial Intelligence.
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