

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 903
AUTHOR: Padilla
BILL DATE: April 7, 2026, Amended
SUBJECT: Mental Health Professionals: Artificial Intelligence
SPONSOR: California Association of Marriage and Family
Therapists; California Behavioral Health Association;
California Psychological Association; National Union
of Healthcare Workers
POSITION: Neutral

DESCRIPTION OF CURRENT LEGISLATION

Prohibits offering psychotherapy services, including through artificial intelligence (AI), unless conducted by a licensed health care professional, as defined. Establishes restrictions on the use of AI by licensed health care professionals in their practice, as specified. Provides state licensing boards with the authority to take enforcement actions due to violations.

RECENT AMENDMENTS

On April 7, 2026, SB 903 was amended, as follows:

- Updates the definition of “licensed professional” to refer to the definition of “psychotherapist” in [Evidence Code section 1010](#), which includes various professionals, including a “person authorized to practice medicine in any state or nation who devotes, or is reasonably believed by the patient to devote, a substantial portion of their time to the practice of psychiatry.”
- Renames the definition of “therapeutic communication” as “psychotherapeutic communication,” without changing the underlying terms. Similarly, updates the language so that the bill’s provisions apply to “psychotherapy,” rather than “therapy.”
- Updates the definition of “supplementary support” to include “using artificial intelligence tools that assist licensed professionals with documentation, workflow management, or other functions that enhance clinical capacity, provided the licensed professional maintains responsibility for all clinical decisions and communications.”
- Defines “triage or screening” to mean the assessment of an individual’s health concerns and symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual’s need for psychotherapy services.

- Revises language related to the responsibility that licensed professionals bear when deploying AI.
- Updates the informed consent requirements, stating that an individual, corporation, or entity shall not use AI to record or transcribe psychotherapeutic communications, psychotherapy sessions, or triage or screening unless specified conditions are met. States that a patient does not surrender any of their rights to care if the patient or their legally authorized representative does not provide consent to the use of AI.
- Updates the prohibition on a licensed professional's use of AI, as follows:
- When providing psychotherapy services or conducting triage or screening, an individual, corporation, or entity may use AI only to the extent the use meets the requirements of this chapter and shall not allow AI to do any of the following:
 - Make independent therapeutic decisions.
 - Directly interact with clients in any form of psychotherapeutic communication, unless the tool or system is consistent with the United States Food and Drug Administration guidance for low-risk general wellness products or clinical support software, and is compliant with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - Generate therapeutic recommendations, assessment results, diagnoses, or treatment plans without review and approval by the licensed professional.
 - Detect emotions or mental states.
 - Assess an individual's health concerns or symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual's need for psychotherapy services.
- States that if a licensed professional subject to SB 903 uses AI required or authorized by their employer or contracting entity, the following shall apply:
 - The employer or contracting entity shall be responsible for both of the following:
 - Ensuring the AI is deployed in compliance with this chapter.
 - Directing the licensed professional to use the AI in compliance with this chapter.

- The licensed professional subject to SB 903 shall use AI in a clinically appropriate manner.
- Recasts the confidentiality of records language to state that the use of AI in psychotherapy records shall conform to the confidentiality requirements of [this code section](#) within the Confidentiality of Medical Information Act (CMIA)
- Grants enforcement authority to the appropriate health care professional licensing board or enforcement agency, rather than the Department of Consumer Affairs. Authorizes each licensing board to adopt rules and regulations necessary to implement this law.
- States that this law also does not apply to the use of AI solely for training or simulation purposes.

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. Further, [BPC section 2290.5](#) provides requirements related to interacting with a patient via telehealth, which, depending upon the circumstances, may be relevant to a patient interaction involving the use of AI (see also this [Board webpage related to BPC 2290.5 and practicing via telehealth](#)).

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.

In December 2025, an [article published](#)¹ on the website of the National Center for Biotechnology Information notes the following about the Illinois law that SB 903 is modeled after:

“In August 2025, Illinois enacted Public Act 104-0054, the first state statute in the United States to explicitly define and regulate the use of AI in psychotherapy services, establishing boundaries around administrative support, supplementary support, and therapeutic communication. While the Act clarifies several aspects of AI use in therapy, it also leaves important gray areas, such as whether AI-generated session summaries, psychoeducation, or risk-flagging functions should be considered therapeutic communication. Drawing on the history of empirically supported treatments in psychology, we argue that a framework of evidence, safety, fidelity, and legal compliance could help determine when AI tools should be integrated into clinical care. This approach provides a concrete

¹ Szoke D, Pridgen S, Held P. Artificial Intelligence in Mental Health Services Under Illinois Public Act 104-0054: Legal Boundaries and a Framework for Establishing Safe, Effective AI Tools. JMIR Ment Health. 2025 Dec 4;12:e84854. doi: 10.2196/84854. PMID: 41343839; PMCID: PMC12677879.

pathway for balancing patient protection with responsible innovation in the rapidly evolving field of mental health AI tools.”

ANALYSIS

According to the author’s fact sheet:

“According to clinicians, chatbot therapists pose data and privacy concerns, have a limited understanding of client backgrounds, can cause client over-reliance on chatbots, give incorrect treatment recommendations, and have an inability to detect subtle communication cues, such as tone and eye contact².

Last year, the Illinois Legislature passed the Wellness and Oversight for Psychological Resources Act to address these concerns. California must build on this model to ensure that mental health treatment is safe, ethical, and conducted by trained professionals.

SB 903 would protect individuals seeking therapy or psychotherapy services by ensuring those services are provided only by qualified, licensed professionals. This bill would prohibit individuals or companies, including those using AI, from offering or advertising therapy or psychotherapy in California unless a licensed professional is responsible for the care.

In high-risk professions, such as mental health treatment, it is imperative to ensure that AI technology is not being misused in a way that is potentially harmful to patients. We must act to ensure that commercial interests are not put above the needs and wellbeing of Californians.”

SB 903 establishes the “Wellness and Oversight for Psychological Resources Act,” and states that its purpose is to safeguard individuals seeking therapy or psychotherapy services by ensuring these services are delivered by qualified, licensed, or certified professionals. Further, this law is intended to protect consumers from unlicensed or unqualified providers, including unregulated artificial intelligence systems, while respecting individual choice and access to community-based and faith-based mental health support.

Terms Defined in SB 903

“Administrative support” means tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC12158938/>

communication. “Administrative support” includes, but is not limited to, all of the following:

- Managing appointment scheduling and reminders.
- Processing billing and insurance claims.
- Drafting general communications related to therapy logistics that do not include therapeutic advice.

“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.

“Consent” means a clear, explicit affirmative act by an individual that meets both of the following requirements:

- Unambiguously communicates the individual’s express, freely given, informed, voluntary, specific, and unambiguous agreement, either written or verbally, and documented in the record.
- Is revocable by the individual.

“Consent” does not include an agreement that is obtained by any of the following:

- The acceptance of a general or broad terms of use agreement or a similar document that contains descriptions of artificial intelligence along with other unrelated information.
- An individual hovering over, muting, pausing, or closing a given piece of digital content.
- An agreement obtained through the use of deceptive actions.

“Licensed professional” has the same meaning as “psychotherapist” as defined in section 1010 of the Evidence Code, which includes various professionals, including a “person authorized to practice medicine in any state or nation who devotes, or is reasonably believed by the patient to devote, a substantial portion of their time to the practice of psychiatry.”

“Peer support” means services provided by individuals with lived experience of mental health conditions or recovery from substance use that are intended to offer encouragement, understanding, and guidance without clinical intervention.

“Psychotherapeutic communication” means any verbal, nonverbal, or written interaction conducted in a clinical or professional setting that is intended to diagnose, treat, or

address an individual's mental, emotional, or behavioral health concerns.

"Psychotherapeutic communication" includes, but is not limited to, any of the following:

- Direct interactions with clients for the purpose of understanding or reflecting their thoughts, emotions, or experiences.
- Providing guidance, therapeutic strategies, or interventions designed to achieve mental health outcomes.
- Offering emotional support, reassurance, or empathy in response to psychological or emotional distress.
- Collaborating with clients to develop or modify therapeutic goals or treatment plans.
- Offering behavioral feedback intended to promote psychological growth or address mental health conditions.

"Psychotherapeutic communication" does not include the discussion of a patient's use of artificial intelligence in a clinical setting.

"Psychotherapy services" means services provided to diagnose, treat, or improve an individual's mental health or substance use disorder condition. "Psychotherapy services" does not include religious counseling or peer support.

"Religious counseling" means counseling provided by clergy members, pastoral counselors, or other religious leaders acting within the scope of their religious duties if the services are explicitly faith based and are not represented as clinical mental health services or therapy or psychotherapy services.

"Supplementary support" means tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic communication and that are not administrative support. "Supplementary support" includes, but is not limited to, any of the following:

- Preparing and maintaining client records, including psychotherapy and progress notes.
- Analyzing anonymized data to track client progress or identify trends, subject to review by a licensed professional.
- Identifying and organizing external resources or referrals for client use.
- Using artificial intelligence tools that assist licensed professionals with documentation, workflow management, or other functions that enhance clinical

capacity, provided the licensed professional maintains responsibility for all clinical decisions and communications.

“Triage or screening” means the assessment of an individual’s health concerns and symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual’s need for psychotherapy services.

“Use of artificial intelligence” means the use of AI to assist in providing administrative support or supplementary support in psychotherapy services.

Limits on Use of AI for Supplementary Support in Therapy or Psychotherapy

SB 903 adds BPC section 4989.83 which prohibits an individual, corporation, or entity from using AI to record or transcribe psychotherapeutic communications, psychotherapy sessions, or triage or screening unless both of the following conditions are satisfied:

- The patient or the patient’s legally authorized representative is informed verbally or in writing that AI will be used and identifies the specific purpose of the artificial intelligence tool or system that will be used.
- The patient or the patient’s legally authorized representative provides consent to the use of artificial intelligence.

That new section also states that a patient does not surrender any of their rights to care if the patient or their legally authorized representative does not provide consent to the use of artificial intelligence.

Prohibitions on AI Use

An individual, corporation, or entity shall not provide, advertise, or otherwise offer psychotherapy services, including through the use of AI to the public in this state unless the psychotherapy services are conducted by an individual who is a licensed professional.

When providing psychotherapy services or conducting triage or screening, an individual, corporation, or entity may use AI only to the extent the use meets the requirements of this chapter and shall not allow AI to do any of the following:

- Make independent therapeutic decisions.
- Directly interact with clients in any form of psychotherapeutic communication, unless the tool or system is consistent with the United States Food and Drug Administration guidance for low-risk general wellness products or clinical support software, and is compliant with the federal HIPAA.

- Generate therapeutic recommendations, assessment results, diagnoses, or treatment plans without review and approval by the licensed professional.
- Detect emotions or mental states.
- Assess an individual’s health concerns or symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual’s need for psychotherapy services

Requirements When Using AI

If a licensed professional uses AI in connection with psychotherapy services or triage or screening and the use has not been selected, provided, directed, or mandated by an employing or contracting entity, the licensed professional shall be responsible for both of the following:

- Ensuring that AI is deployed in compliance with this chapter.
- Ensuring that AI is used in a clinically appropriate manner.

If a licensed professional uses AI required or authorized by their employer or contracting entity, the following shall apply:

- The employer or contracting entity shall be responsible for both of the following:
 - Ensuring that AI is deployed in compliance with this chapter.
 - Directing the licensed professional to use AI in compliance with this chapter.
- The licensed professional shall use AI in a clinically appropriate manner.

Records Confidentiality Provisions

The bill states that all use of AI in psychotherapy records shall comply with the confidentiality required in [section 56.104 of the Civil Code](#) (within the CMIA). A company or entity shall not share, sell, store, or train their models on any data obtained from psychotherapy.

Enforcement Provisions

A violation of this legislation is subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency.

The appropriate health care professional licensing board may pursue an injunction or restraining order to enforce the provisions of this chapter, as authorized by Section 125.5.

This section does not limit the authority of a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized by law.

The appropriate health care professional licensing boards may adopt rules and regulations necessary to implement this chapter.

Exemptions Provided

The legislation states that it does not apply to any of the following:

- Religious counseling.
- Peer support.
- Self-help materials and educational resources that are available to the public and do not purport to offer psychotherapy services.
- AI used solely for training or simulation purposes.

Opponent's Arguments

Those opposed to the bill generally argue that the definitions of AI and its permitted uses are overly broad and unclear. Without precise distinctions between administrative tools, clinical decision support, and autonomous systems, they believe that clinicians will face uncertainty about what technologies are permissible, potentially discouraging the use of beneficial tools. Additionally, they state that the provisions in this bill limit the use of AI in clinical settings and could interfere with professional judgment. They argue that AI tools are most effective when used to assist clinical expertise; statutory language should reinforce, not constrain, a clinician's role as the ultimate decision-maker.

Consideration of a Board Position

SB 903 includes various laudable provisions, including:

- Establishes consent requirements related to the use of AI. The portion of the language, however, that states what is not included in "consent" is unclear and may be difficult to enforce. The bill states that patients do not surrender their rights to care if they do not consent to the use of AI.
- Prohibits anyone from offering psychotherapy services, including through the use of AI unless the services are provided by a licensed professional. This is

consistent with existing law prohibiting the unlicensed practice of medicine and bans on the corporate practice of medicine.

- Prohibits a licensed professional from using AI to make independent therapeutic decisions and requires an AI product used for psychotherapeutic communications to be consistent with Federal FDA guidance for low-risk general wellness products or clinical support software and compliant with HIPAA.
- States that the use of AI in psychotherapy records shall be confidential, in compliance with existing law. A company or entity shall not share, sell, store, or train their models on any data obtained from psychotherapy.
- Makes clear that each relevant licensing board has enforcement authority over violations committed by their licensees.

Despite the recent amendments, some concerns with the bill language include:

- The bill prohibits using AI to detect emotions or mental states. This language is unclear and may be unnecessary given the other prohibitions included in the bill.
- The definition of “psychotherapy services” is very broad and includes services like prescribing medications. The definition of psychotherapy provided on the [website of the American Psychological Association](#) (see below) may be more appropriate for the purposes of SB 903:

“Any psychological service provided by a trained professional that primarily uses forms of communication and interaction to assess, diagnose, and treat dysfunctional emotional reactions, ways of thinking, and behavior patterns.”

- The author indicates that SB 903 is modeled after Illinois legislation that was [signed into law in August 2025](#). It is unclear whether enough time has passed to assess the impact of that law on the residents of Illinois. This [December 2025 article](#) provides some comments on that Illinois statute.

Board staff do not have a position recommendation and look to the Board to determine whether SB 903 strikes an appropriate balance.

If, for example, the Board believes that the provisions of SB 903 are not appropriate to the practice of medicine, then it could adopt a position that directs staff to seek amendments that remove physicians from the scope of the bill.

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

SUPPORT: Alliance for Children's Rights
Association of Community Human Service Agencies
Board of Registered Nursing
California Board of Psychology
California Institute for Behavioral Health Solutions
California Peer Watch
Children's Institute, Inc.
Hope Cooperative
Kings View
Oakland Privacy
Osteopathic Medical Board of California
Pacific Clinics
Pathpoint
Portia Bell Hume Behavioral Health and Training Center
Safe Passages
Shields for Families
Sistahfriends
Southern California Health & Rehabilitation Program
Stars Behavioral Health Group
Tarzana Treatment Centers, INC.
Turning Point Community Programs
Wellspace Health

OPPOSITION: Ata Action
California Chamber of Commerce
California Hospital Association (unless amended)
California Medical Association (unless amended)
Technet
Teladoc Health, Inc.

POSITION: Recommendation: No position recommended.

ATTACHMENT: [SB 903, Padilla. Mental Health Professionals: Artificial Intelligence.](#)
Version: 4/07/26 – Amended