MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 2575
AUTHOR:	Ortega
BILL DATE:	August 13, 2026, Amended
SUBJECT:	Health Care Services: Artificial Intelligence
SPONSOR:	California Nurses Association and California Labor Federation
POSITION:	Neutral

DESCRIPTION OF CURRENT LEGISLATION

Starting July 1, 2027, 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 make available, upon the request of a person using or viewing the outputs of that system, an inventory of all such systems currently in use or deployed for patient care, and specified information about such systems.

Further, prohibits an employer from retaliating or discriminating against a worker providing direct patient care using their professional judgment to make an assessment or decision within their scope of practice 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, except as specified.

RECENT AMENDMENTS

Since the prior meeting of the Medical Board of California (Board), AB 2575 was amended, as follows:

- The definition of a "clinical decision support system" was updated.

- The reporting requirements about clinical decision support systems were delayed until July 1, 2027, and the list of information required to be provided was updated. Further, those eligible to request this information shall be informed at the time of hiring, and annually thereafter, of their right to request it. The use of such systems for documentation, communication, or other administrative tasks, as specified, was exempted from the bill.

- The language prohibiting retaliation and discrimination against an employee providing direct patient was clarified to apply to those who use their professional judgment to make an assessment or decision within their appropriate scope of practice based solely on the worker's override of, or reliance on, the output of a clinical decision support system. Additional clarifications related to a worker's

duty were modified and language was added related to enforcement by the Labor Commissioner.

- The section related to civil liability was updated to authorize additional types of evidence that can be provided by the defendant and to exempt from its provision's certain legal actions against health care providers.

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" or AI 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 AI 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 AI system that produces a prediction, classification, recommendation, evaluation, or analysis used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

“Generative artificial intelligence” AI 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

Starting July 1, 2027, AB 2575 requires 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 to make available, upon request from a person using a clinical decision support system or viewing outputs from a clinical decision support system, an inventory of all clinical decision support systems currently in use or deployed for patient care. This list shall be updated at least annually.

Upon the request of a person using or viewing outputs of such a system, the health facility, clinic, physician’s office, or office of a group practice shall share all of the following information:

- A summary of the clinical decision support system, including developer and description of the output produced by the system.
- The intended use of the clinical decision support system, including intended patient population, intended users, and intended role in supporting clinical decision making.
- A caution on out-of-scope use of the clinical decision support system, including known risks and limitations.
- A summary of how the clinical decision support system generates outputs.
- A summary of the training set or clinical research underlying recommendations, including demographic representativeness and known biases based on protected characteristics.
- A summary of the validation process.

- A summary of qualitative measures of performance.

- A link to the Certified Health IT Product List produced by the Office of the National Coordinator for Health Information Technology at the United States Department of Health and Human Services.

Users of a clinical decision support system for patient care shall be notified upon being hired, and annually, of their right to request the above information.

These requirements do not apply to the use of a clinical decision support system for documentation, communication, or other administrative tasks that do not involve the application of professional judgment by a licensed health care professional, including, but not limited to, automated messages to inform patients of their health records.

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 using their professional judgment to make an assessment or decision within their appropriate scope of practice 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, not engage in unlawful discrimination (pursuant to BPC section 125.6), exercise independent professional judgment in providing direct patient care, and comply with other relevant procedures, policies, bylaws, rules and regulations.

A worker treated in a manner contrary to this law may file a complaint with the Labor Commissioner (which is required to enforce these provisions) against their employer. The requirement for the Labor Commissioner to enforce these provisions does not limit the authority of the appropriate licensing authority or court under existing law.

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.
- Evidence that the defendant took reasonable precautions to prevent harm, including providing clear and conspicuous disclosures and disclaimers regarding the intended use, scope, known risks, and limitations of the system to the health facility, clinic, physician's office, or office of a group practice.

The requirements of this section do not apply to legal action for injury or death against a licensed or certified health care provider as described in section 340.5 of the Code of Civil Procedure.

Opponent's Arguments

According to the analysis of the Senate Privacy, Digital Technologies, and Consumer Protection Committee, a coalition of opposition argues:

> "AB 2575 would deny the health care system the cost savings that AI clinical tools already deliver. Research shows that AI-enabled care coordination, predictive analytics, and [clinical decision support systems] are producing measurable reductions in health care costs. Disrupting or delaying these tools does not simply pause those savings; it restores the costs those tools were eliminating, at precisely the moment providers can least afford it.
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> According to an economic analysis by the National Bureau of Economic Research, broader adoption of AI across the health care system could reduce total spending by 5% to 10% — between $200 billion and $360 billion in annual savings — without reducing patients' access or the quality of care they receive. Researchers attributed these projected savings to AI's ability to help clinicians make better-informed decisions, deploy resources more efficiently, and reduce the volume of tests, procedures, and unnecessary interventions.
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> Similarly, AB 2575 would impose new compliance and liability obligations that would consume resources safety-net providers do not have. The cost of regulatory compliance is fixed, regardless of organizational size or financial condition, meaning it falls most heavily on those who can least afford it. For these providers, months-long delays in deploying beneficial tools translate into actual financial harm, worsening the damage already caused by federal funding cuts."

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:
Advanced Medical Technology Association
Adventist Health
America's Physician Groups
American Telemedicine Association
BIOCOM
California Association of Health Plans
California Chamber of Commerce
California Children's Hospital Association
California Dental Association
California Hospital Association
California Kidney Care Alliance
California Life Sciences Association
California Medical Association
California Podiatric Medical Association
California Radiological Society
California Society of Pathologists
Civil Justice Association of California
Connected Health Initiative
Cpca Advocates
Kaiser Permanente
Lake Elsinor Chamber of Commerce
Memorialcare Health System
Menefee Valley Chamber of Commerce
Ochin, Inc.
Planned Parenthood Affiliates of California
San Diego Regional Chamber of Commerce
Southwest California Legislative Council
Stanford Health Care
Sutter Health
TechNet
Temecula Valley Chamber of Commerce

United Hospital Association
University of California
Wildomar Chamber of Commerce

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