MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 1979
AUTHOR:	Bonta
CHAPTER:	Chaptered, #854
BILL DATE:	August 20, 2026, Amended
SUBJECT:	Health Care Services: Artificial Intelligence
SPONSOR:	California Nurses Association
POSITION:	Neutral

DESCRIPTION OF CURRENT LEGISLATION

States that a health facility, clinic, physician's office, or office of a group practice shall take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system.

Further, the bill prohibits these entities from using or deploying 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; or independently perform any clinical function that is required by law to be performed by a person with a professional license.

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

RECENT AMENDMENTS

Since the prior meeting of the Medical Board of California (Board), AB 1979 was amended, as follows:

- The requirements placed upon a health facility, clinic, physician's office, or office of a group practice were recast and placed into the Business and Professions Code (BPC), rather that the Health and Safety Code (HSC). Removed references to the enforcement of violations by clinics and health facilities by the California Department of Public Health.

- Updated the definition of "clinical decision support system."

IMPLEMENTATION TASKS

- Report in the Board's newsletter (expected to be published by December 2026).

- Establish a new BreEZe code, if needed, to track complaints and related enforcement activity.

- Publish a separate newsletter article in 2027 to highlight awareness of this law.

- Develop new Board website content that reminds the public that only a licensed person can practice medicine and describes the requirements of AB 1979 and previously approved laws (e.g., this AB 3030 webpage).

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, a consumer 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 artificial intelligence system that produces a prediction, classification, recommendation, evaluation, or analysis that aids clinical decisionmaking related to timing of care, diagnosis, or treatment. It does not include systems that provide appointment management such as booking, canceling and rescheduling appointments, appointment reminders, patient education and pre-visit materials and preparation, and payment processing, to the extent the independent performance of these activities by the system does not require a professional license.

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

“Health care chatbot” means a generative AI system with a natural language interface that does all of the following:

- Provides adaptive, human-like responses to user inputs.
- It is marketed as facilitating or supporting health services to a consumer.
- It uses health care chatbot information to facilitate or support health service to a consumer.

“Healthcare chatbot information” means information related to a consumer’s physical or mental health or wellness that a consumer provides to a chatbot, either directly or by allowing access to that information, or is collected, generated, or inferred by a 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.

Providers Must Retain Ability to Exercise Independent Professional Judgment

The bill states that a health facility, clinic, physician’s office, or office of a group practice shall take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system.

Further, those entities shall ensure not use or deploy a tool, system, or device that includes artificial intelligence to do any of the following (this, however, does not prohibit the use or deployment of a tool, system, or device by a trainee as part of a supervised course of study or training program while working toward licensure):

- Direct, guide, supervise, or instruct unlicensed personnel in their performance of any clinical function that is required by law to be performed by a person with a professional license.

- Independently perform any clinical function that is required by law to be performed by a person with a professional license.

AB 1979 states that it does not prohibit the use of automated decision systems 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, generating reminders, or assisting patients to find information at their request.

Violations of these requirements by physicians would subject that person to the appropriate licensing authority. If a violation constitutes the unlicensed practice of a healthcare profession, the violator could be subject to an injunction or restraining order by the appropriate licensing board.

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

SUPPORT: California Board of Behavioral Sciences
California Board of Psychology
California Labor Federation, AFL-CIO
Consumer Watchdog
Tech Equity Action

OPPOSITION: (this list may have changed with the most recent amendments)
Advanced Medical Technology Association
California Dental Association
California Radiological Society
Connected Health Initiative
Epic
Greater Conejo Valley Chamber of Commerce
Scripps Health
TechNet

ATTACHMENT: AB 1979, Bonta. Health Care Services: Artificial Intelligence.
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