



April 14, 2026

The Honorable Rebecca Bauer-Kahan
Chair, Assembly Privacy and Consumer Protection Committee
1020 N Street, Room 390
Sacramento, CA 95814

SUBJECT: AB 1979 (Bonta) – Oppose Unless Amended

Dear Assemblymember Bauer-Kahan:

From early cancer detection and patient deterioration alerts to streamlined clinical documentation, artificial intelligence (AI) is a critical tool for delivering high-quality, efficient, and affordable care. Used appropriately, with clinicians at the forefront, AI and clinical support systems save lives, improve health care outcomes, enhance patient satisfaction, and reduce the non-clinical workload for health care workers.

AI tools are just that — tools. They assist clinicians by improving early detection, reducing burnout, and increasing time available for patient care, while preserving clinician oversight and accountability. Unfortunately, Assembly Bill (AB) 1979 (Bonta, D-Oakland) fails to distinguish between AI that **informs** clinical decisions and AI that **replaces** them and would impose sweeping prohibitions on not just AI systems, but also a wide range of patient-centered technologies that have been widely used for years.

For these reasons, the California Hospital Association (CHA), on behalf of nearly 400 hospitals and health systems, respectfully opposes AB 1979 unless it is amended to remove Section 2, which would prohibit the use of AI and other technological tools in a health care setting.

California's hospitals and health systems strongly believe that AI should support — not replace — licensed health care professionals, who retain full decision-making authority at all times. However, AB 1979 would prevent health facilities, clinics, physician offices, and group practices from using AI-enabled tools in activities involving professional judgment — impacting nearly all health care interactions.

In addition, AB 1979 would disrupt existing, widely used, and beneficial technologies embedded in electronic health record platforms, where AI supports functions such as predictive alerts, clinical summarization, and documentation. These capabilities are deeply integrated into clinical workflows and cannot be removed without compromising data quality, workflow efficiency, and interoperability.

Unfortunately, the recent amendments still create significant obstacles to the deployment and use of AI tools, because the threshold of when technology replaces professional judgment is ambiguous and unclear.

Activities that would be specifically prohibited by this bill include:

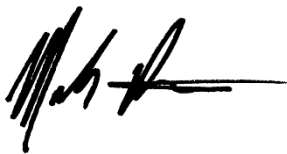
- **Assessment of patient condition:** Tools providing early sepsis alerts, flagging concerning lab or imaging results, AI-driven diagnostic suggestions, risk scoring, and clinical decision support that involves evaluating a patient's clinical state
- **Patient and family education:** AI-generated drafts of discharge instructions, post-discharge care plans, and educational materials that require clinical judgment about the individual patient's condition
- **Licensed professional communication and handoffs:** AI-generated clinical summaries used for shift handoffs between nurses, physicians, and other licensed professionals
- **Documentation requiring professional expertise:** AI-generated draft clinical notes, assessments, and care plans that apply clinical knowledge to a specific patient
- **"Including but not limited to" language:** A virtual ban on any tool that uses clinical information to assist a health care professional in their job

AB 1979 would also conflict with state and federal requirements, including California's Data Exchange Framework, which mandates real-time sharing of health information. AI tools play a key role in generating timely, structured clinical data necessary for compliance. Eliminating these tools would delay data exchange and reduce care coordination.

AB 1979 is overly broad and operationally unworkable. Even more troublingly, it's likely to hinder innovation, worsen clinician burden, and negatively impact patient care, particularly in vulnerable communities that benefit most from advancements in health technology.

For these reasons, CHA opposes AB 1979 unless amended. Hospitals look forward to continued conversations to address the concerns outlined above in future amendments to the bill.

Sincerely,



Mark Farouk
Vice President, State Advocacy

cc: The Honorable Mia Bonta
The Honorable Members of the Assembly Privacy and Consumer Protection Committee
Slater Sharp, Senior Consultant, Assembly Health Committee
Liz Enea, Health Policy Consultants, Assembly Republican Caucus