May 19 2026

CHA Position: Vote NO on AB 1979

To: The Honorable Members of the California State Assembly
From: Mark Farouk, Vice President, State Advocacy

AB 1979 (Bonta) — Oppose Unless Amended

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 decision 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 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 3, which would prohibit the use of AI and other technological tools in a health care setting.**

AB 1979 would establish broad definitions that would effectively restrict the use of AI-enabled tools across nearly all clinical practice, including tools that have been regularly used to improve patient outcomes and assist with provider workload. As proposed, AB 1979 would create a range of serious challenges for hospitals and clinicians because:

- **Bill definitions describe virtually everything clinicians do with AI tools today.** For example, a Best Practice Alert in Epic, a predictive deterioration score, a discharge summary generated by an ambient scribe, and a medication recommendation are all captured in the definitions in AB 1979. Limiting the prohibition to AI that "replaces" (or, under the amendments, is "the sole basis for") a clinical decision, does nothing to resolve the underlying vagueness because the definition of what constitutes a clinical decision is so expansive that any AI-touching clinical workflow is potentially subject to the mandate.
- **The obligation to "ensure" is structurally unenforceable**. Hospitals are required to "ensure" that licensed professionals exercise independent judgment and that no decision rests solely on AI output. The obligation is attached to the hospital, not the clinician, and would create an accountability mismatch: The institution would be legally responsible for ensuring something that only the individual practitioner can actually do or fail to do.
- **It would create conflict with California's requirements for electronic health records**. California's Data Exchange Framework requires hospitals to connect their computer systems and share patient records with each other. To meet that requirement, hospitals must use software tools that pull data from multiple sources and present it to clinicians when they need it. In practice, those tools almost always involve a clinical decision support system to sort, prioritize, and surface the right information at the right time. AB 1979 would require hospitals to prove that clinicians are not relying solely on those same tools when making care decisions. This would not create a guardrail around new technology; it would create a conflict with an existing state mandate.

For these reasons, CHA urges your NO vote on AB 1979.

© California Hospital Association