



March 31, 2026

The Honorable Liz Ortega
Chair, Assembly Labor and Employment Committee
1020 N Street, Room 155
Sacramento, CA 95814

RE: AB 2575 (Ortega) – Oppose

Dear Assemblymember Bonta:

On behalf of a broad coalition representing physicians, hospitals and health systems, life sciences, and other health care stakeholders, we **respectfully oppose AB 2575 (Ortega, D-Hayward), regarding artificial intelligence (AI) in health care.**

Artificial intelligence has the potential to improve nearly every aspect of health care, including quality, patient experience, and affordability. At the same time, the health care field does face unique considerations when using AI. Health care leaders and policymakers must understand and

balance the potential benefits and risks to ensure that AI is used safely, effectively, and equitably. We welcome that conversation — and we share the Legislature’s commitment to getting it right.

However, the framework created by AB 2575 is overly broad, impossible to implement, and likely to hinder beneficial patient outcomes. It would affect **existing AI tools and systems that have been used successfully in health care for many years** — from basic medication safety alerts to well-established clinical scoring tools — by subjecting them to onerous requirements that negate their tested and proven benefits. Along with overly restrictive disclosure, liability, and labor provisions, these requirements would create enormous waste in the system and reduce the time clinicians have to spend with patients — without any clear corresponding benefits. It would also hinder technological advancement and, troublingly, exacerbate existing health disparities by impeding the ability of health care providers, particularly those serving vulnerable communities, to leverage AI tools to improve patient outcomes and the health of the populations they serve.

How Artificial Intelligence Benefits Patients Today

To understand why we are opposed to AB 2575, it is important to recognize the breadth of clinical technology that would be swept into the bill’s onerous regulatory framework, and to appreciate the fact that these tools help save lives every single day. AI and clinical decision support systems are currently used for:

- **Early Sepsis Detection** — Predictive algorithms continuously monitor vital signs, lab values, and clinical notes to identify patients developing sepsis, hours before traditional clinical recognition. Sepsis kills more than 350,000 Americans annually. Early detection through AI-enabled alerting directly reduces mortality.
- **Stroke Identification and Triage** — AI-powered imaging analysis identifies large vessel occlusions in CT angiography scans within minutes, automatically alerting stroke teams and enabling faster intervention. In stroke care, every minute of delay costs approximately 1.9 million neurons. This tool measurably reduces door-to-treatment times.
- **Medication Safety** — Clinical decision support systems screen medication orders for drug interactions, allergies, dosing errors, and contraindications. These systems prevent thousands of adverse drug events per year at an average facility. Hard-stop alerts, which physically prevent a dangerous order from being processed, are among the most effective patient safety tools in modern medicine.
- **Cancer Screening** — AI-assisted imaging tools help radiologists identify suspicious findings in mammograms, chest CT scans, and pathology slides that might otherwise be missed. Studies have demonstrated that AI-augmented screening improves cancer detection rates while reducing false positives.
- **Deterioration Prediction** — Early warning scores powered by machine learning identify patients at risk of rapid clinical deterioration or cardiac arrest, or those needing transfer to an intensive care unit, enabling proactive intervention by rapid response teams.

- **Readmission Risk Reduction** — Predictive models identify patients at elevated risk of 30-day readmission, allowing care teams to coordinate transitional care resources — such as home health visits, medication reconciliation, and follow-up appointments — for those who need them most.
- **Health Equity** — AI tools are increasingly used to identify disparities in care delivery, flag patients who may be falling through care gaps, and ensure that social determinants of health are considered in care planning. These tools have the potential to reduce — not perpetuate — health inequities that have long plagued our care system.
- **Clinical Trials** — AI tools that help match patients to clinical trials, flag safety concerns, and monitor whether study protocols are being followed fall within this bill's definition, even though they have no connection to the bedside decisions the bill is trying to regulate. The bill's requirement to document AI use directly in patients' medical records would conflict with Institutional Review Board-approved study protocols, potentially forcing amendments or pausing enrollment in ongoing trials.

Health Care Providers Lead the Way in Deploying AI Safely for Patient Benefits

AI tools are just that — tools. They are the latest in a series of innovative resources that trained and experienced health care providers employ to help their patients. At no point during the clinical care process are the judgment and control that only a clinician can provide excluded. Instead, AI is used to assist with patient care, reduce clinician burnout, expand early warning systems, and free up resources for patient care. **Health care providers do not deploy AI or related technologies to make care decisions.** Clinician accountability and expertise are preserved, and California's invaluable health care professionals retain full oversight and responsibility.

In addition, before being deployed, AI tools go through an extensive review process that includes health care workers who will be directly using them. No AI system is activated for use by medical professionals or used in patient care without a thorough assessment and ongoing monitoring for effectiveness.

Artificial intelligence is not an aspiration in health care. Rather, it is simply a reality that is saving lives in California today. We have a shared obligation and commitment to ensure that these tools are developed and deployed responsibly, equitably, and transparently. AB 2575, as drafted, would not achieve these goals. Instead, it would bury clinicians in unworkable disclosure requirements, create perverse liability incentives, undermine patient safety systems, impair clinical quality oversight, and ultimately reduce patient access to beneficial technology, with the greatest harm falling on the communities that can least afford it.

For these reasons, the organizations listed above oppose AB 2575.

cc: The Honorable Members of the Assembly Labor and Employment Committee

Megan Lane, Chief Consultant, Assembly Labor and Employment Committee
Justin Bowman, Consultant, Assembly Republican Caucus