



May 15, 2026

To: The Honorable Members of the California State Assembly

From: Mark Farouk, Vice President, State Advocacy, California Hospital Association

AB 2575 (Ortega) — Oppose

Our broad coalition representing physicians, hospitals and health systems, health plans, life sciences, and other health care stakeholders **respectfully opposes Assembly Bill (AB) 2575 (Ortega, D-Hayward), regarding the use of artificial intelligence (AI) in health care.**

AI utilized in clinical decision support systems has the potential to improve nearly every aspect of health care, including quality, patient experience, and affordability. These systems are the latest in a series of innovative resources that trained and experienced health care providers use to help their patients, while always keeping a human “in the loop.” **At every stage of clinical care, clinicians retain full judgment and control.** AI is simply used to assist with and free up resources for patient care, reduce clinician burnout, and expand early warning systems.

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.

Despite these safeguards and benefits, AB 2575 takes an approach that would essentially prohibit the use of AI in health care by imposing an unworkable combination of strict liability, impossible disclosure deadlines, and labor restrictions. Ultimately, it would make deploying AI in California health care more legally dangerous than not deploying it at all — removing beneficial diagnostic tools while failing to establish meaningful safety standards or improve workforce training.

The real-world effects of AB 2575 are clear:

- **Health care providers would be forced to pull back AI tools that patients and clinicians rely on today.** The tools most at risk are the ones already improving care — systems that flag sepsis early, catch missed medication interactions, or ensure clinicians spend more time with patients and less time on administrative tasks.
- **Deployment of proven technology would be delayed.** The bill would require hospitals to give 90 days’ advance notice before deploying any AI tool or update. Clinical software is updated continuously — often to fix errors or incorporate new evidence. This provision would force providers to remove beneficial tools from usage for minor software updates and when updates are necessary to improve the tool and its application.
- **It would mandate disclosure requirements that are both unprecedented and unworkable.** Health care providers would have to give health care workers an exhaustive list of 12 data points that exceeds those required by the Food and Drug Administration when approving medical devices. It would further require disclosure of data that may not even be available to the deployer of the technology, creating massive liability for any disclosure gaps — regardless of whether any patient was harmed.
- **The bill would create liability for using clinical judgment.** The liability provisions are misaligned with established standard-of-care frameworks and introduce confusion rather than clarity around accountability. The provisions would create a legal trap where a facility would always be liable, irrespective of the clinician’s decision.
- **It would conflict with existing requirements for electronic health records.** AB 2575 would disrupt existing, widely used, and beneficial technologies that are 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.

AB 2575 would set back the deployment and use of technology that has been proven to work for both clinicians and patients. It effectively bans AI by making the legal risk of using these tools greater than the clinical risk of going without them.

For these reasons, we urge your “NO” vote on AB 2575.