



Vote NO on AB 2575

August 18, 2026

To: The Honorable Members of the State Senate

AB 2575 (Ortega) — Oppose

Artificial intelligence (AI) utilized in clinical decision support systems (CDSS) 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. However, these providers do not deploy AI or related technologies to make care decisions; AI is simply used to assist with and maximize resources for patient care, reduce clinician burnout, and expand early warning systems. Clinician accountability and expertise are preserved at every stage of clinical care, and California's invaluable health care professionals retain full oversight and responsibility.

Despite these existing safeguards, Assembly Bill (AB) 2575 (Ortega, D-Hayward) would restrict the beneficial use of AI in health care while also creating significant liability and patient safety issues. This is why our broad coalition representing physicians, hospitals and health systems, health plans, life sciences, and other health care stakeholders **respectfully opposes AB 2575.**

AB 2575 would:

- Give a health care worker unrestrained authority to override a CDSS output without review or supervision, which could lead to patient harm.
- Allow health care workers to subjectively determine whether to incorporate potentially life-saving CDSS data into the care plan of patients.
- Eliminate the ability for health care providers to address errors in judgment, due to the bill's unprecedented liability provisions. This would force providers to make difficult decisions on whether to continue deploying these beneficial technologies. Specifically, a provider would be subject to liability for addressing a clinician's error through peer review, discipline, or other remedial action, leaving providers with no ability to address patient harm caused by a health care worker's decision to override any AI tool.
- Enact disclosure requirements that impose unnecessary administrative obligations that further strain health care resources. The mandated disclosure fields presume every covered tool is a modern AI model, forcing deployers of legacy systems to complete reporting categories that have no application to the software they actually run, generating paperwork without informational value. The result is a disclosure mandate that is administratively burdensome by design, overly broad in what it demands, and — for a substantial share of covered systems — unnecessary to achieve the transparency it is designed to provide.
- Impose new compliance and liability obligations that consume resources safety-net providers do not have. The cost of regulatory compliance is fixed, regardless of organizational size or financial condition, meaning it falls most heavily on entities that can least afford it.

AB 2575 would bury clinicians in unworkable disclosure requirements, create perverse liability incentives, undermine patient safety systems, impair clinical quality oversight, increase cost, 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.

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