



June 12, 2026

The Honorable Akilah Weber Pierson, MD
Chair, Senate Health Committee
1020 N Street, Room 3310
Sacramento, CA 95814

SUBJECT: AB 2575 (Ortega) – Oppose

Dear Senator Weber Pierson:

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 (CDSS) has the potential to improve nearly every aspect of health care — from quality, patient experience, and affordability to clinician efficiency and well-being. These systems are the latest in a series of innovative resources that trained and experienced health care providers use to help their patients. For example:

- AI-assisted imaging tools help radiologists identify suspicious findings in mammograms, chest CT scans, and pathology slides.
- Tools that provide sepsis alerts, flag concerning imaging results, and offer clinical decision support enable clinicians to better assess a patient's condition.
- AI-generated clinical summaries are used to help with handoffs between nurses, physicians, and other licensed professionals.

Governance is central for hospitals looking to use any new tool, device, or system. Contrary to what the opposition asserts, before any AI tool is deployed, it undergoes an extensive review process. This includes input via

multidisciplinary committees from the health care workers who will use it, standardized privacy and security assessments, and review of AI registries. No AI platform is continued for use in patient care without a thorough assessment and ongoing monitoring for effectiveness and safety.

Despite these existing safeguards, AB 2575 would impose additional requirements that increase health care costs without any correlating benefit to the patients or workers who provide the care.

At every stage of clinical care, California's invaluable health care professionals retain full oversight and responsibility. Health care providers do not deploy AI or related technologies to make care decisions; instead, they are used to assist with and free up resources for patient care, reduce clinician burnout, and expand early warning systems.

AB 2575 Would Reduce Accountability in Clinical Care

AB 2575 would undermine patient-centric policies and procedures and conflict with medical staff rules and regulations by protecting any worker who provides direct patient care from reprimand or discipline. Section 2821 would essentially create a new protected class of workers, allowing them to make independent, subjective decisions about patient care without oversight or accountability, so long as those decisions fall within their scope of practice.

This would effectively give any worker who provides care unfettered authority — even when the subjective judgment causes patient harm, so long as the worker was acting within their scope. If a patient were to suffer harm — or even if harm is averted after a clinician “overrides” a tool's output, the health facility would be unable to take corrective action, as doing so would be considered retaliation under the Labor Code.

The concept of “professional judgment” is already well established through medical standards of care and is overseen by licensing boards. AB 2575 would create ambiguity that would detract from patient care, while undermining physician judgement and creating scope of practice uncertainty among other providers.

This would shift providers away from physician-led care to compliance-driven care, which would disproportionately impact California's most vulnerable communities.

Bill Would Force Rollbacks of Critical AI Tools Used in Patient Care

Health care providers would also be forced to pull back AI tools that patients and clinicians currently rely on. Rather than helping providers manage patient care, AB 2575 would disrupt and delay the use of technologies that are already delivering measurable improvements in patient outcomes and reducing provider burnout. A 2025 review of 92 published studies found that AI tools are delivering meaningful improvements across the health care system — not just in theory, but in real clinical settings.

When doctors and radiologists use AI to help review medical scans like X-rays and MRIs, they can read results significantly faster and catch cancers that might otherwise be missed, with detection rates improving by 20%. Hospital staff who use AI spend less time on repetitive, time-intensive tasks, freeing up clinicians to focus on patients rather than paperwork and other non-clinical tasks.

AI is helping hospitals move patients through care more quickly, identify serious conditions earlier, and use limited staff and resources more efficiently. The overall outcome is that AI is already functioning as a force multiplier for health care workers, helping the same number of clinicians do more, catch more issues sooner, and respond faster.¹

Deployment of proven technology would also be delayed. The bill would require hospitals to give 90 days' advance notice before deploying any AI tool even if the tool had been successfully used in another facility or by a different health care provider.

Any delay or reduction in AI tools increases administrative costs, reduces care coordination capacity, raises readmission rates, and drives up uncompensated care, all of which fall disproportionately on Medi-Cal providers and the low-income patients they serve. Disrupting the efficiency of the technology that hospitals rely on only adds costs

for the health care system's most financially vulnerable providers.

In addition, the bill's disclosure requirements would force health care entities to disable AI tools currently embedded within electronic health record platforms. These are the same platforms California law requires providers to use to meet the state's health data exchange obligations.

Disabling these systems would not only set back patient care but would also undermine California's own interoperability goals. The practical consequence is that providers would face months-long delays before deploying tools that are already working. Research published by the California Health Care Foundation has documented that health data exchange platforms — when properly integrated into clinical workflows — drive meaningful cost reductions and efficiency gains across the system.² AB 2575's compliance requirements would interrupt these improvements.

The disclosure requirements include details that may not be available for all tools or even to the deployer of the technology. Further, the content list applies uniformly to everything meeting "covered tool," so a decades-old interaction checker or assessment score carries the same training set/bias/foundation model burden as a new diagnostic tool. Failing to include all the information, even when it may not be available or applicable to a specific tool, would potentially bring criminal penalties and a private of right action.

Cost Savings from AI Tools Would Be Denied at the Worst Possible Time

AB 2575 would deny the health care system the cost savings that AI clinical tools already deliver. Research shows that AI-enabled care coordination, predictive analytics, and CDSS are producing measurable reductions in health care costs. Disrupting or delaying these tools does not simply pause those savings; it restores the costs those tools were eliminating, at precisely the moment providers can least afford it.

According to an economic analysis by the National Bureau of Economic Research, broader adoption of AI across the health care system could reduce total spending by 5% to 10% — between \$200 billion and \$360 billion in annual savings — without reducing patients' access or the quality of care they receive. Researchers attributed these projected savings to AI's ability to help clinicians make better-informed decisions, deploy resources more efficiently, and reduce the volume of tests, procedures, and unnecessary interventions.³

Similarly, AB 2575 would impose new compliance and liability obligations that would 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 those who can least afford it. For these providers, months-long delays in deploying beneficial tools translate into actual financial harm, worsening the damage already caused by federal funding cuts.

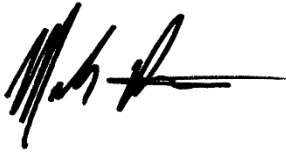
California's health care system is facing the most severe financial crisis in a generation. The One Big Beautiful Bill Act will strip billions of dollars from the state's health care system, driving up the number of uninsured patients, raising uncompensated care costs, and pushing safety-net providers closer to layoffs, service cutbacks, or even outright closure. AB 2575 would compound these pressures.

AI is not an aspiration in health care. Rather, it is a reality that is currently saving lives throughout California. We have a shared obligation and commitment to ensure that these tools continue to be 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, increase costs, 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.

Sincerely,



Mark Farouk
Vice President, State Advocacy,
California Hospital Association



Mary June Diaz
Senior Legislative Advocate,
Kaiser Permanente



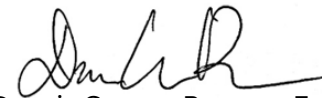
George Soares,
Legislative Advocate,
California Medical Association



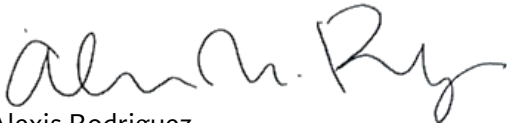
Angela Pontes
Senior Vice President of Government Affairs
Planned Parenthood Affiliates of California



Darbi Gottlieb
Senior Director, State Government & Regional Affairs
Advanced Medical Technology Association



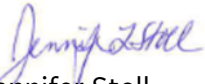
Dennis Cuevas-Romero, Esq.
Vice President of Government Affairs
CPCA Advocates



Alexis Rodriguez
Policy Advocate
California Chamber of Commerce



Hunter Young
Head of State Government Relations
ATA Action



Jennifer Stoll
Chief External Affairs Officer
OCHIN Inc.



Sam Chung
Senior Vice President, Government Relations &
External Affairs
California Life Sciences



Jason Joseph Hill
Associate Vice President
Chief Government & Community Affairs Officer
Stanford Health Care



Preston Young
Senior Director, State Government Affairs
Sutter Health

cc: The Honorable Liz Ortega
The Honorable Members of the Senate Health Committee
Vince Marchand, Principal Consultant, Senate Health Committee
Joe Parra, Health Policy Consultant, Senate Republican Caucus