COST DRIVER

July 1, 2026

TO: Members, Senate Appropriations Committee

FROM: Alexis Rodriguez, Policy Advocate

SUBJECT: AB 2575 (ORTEGA) HEALTH CARE SERVICES: ARTIFICIAL INTELLIGENCE
OPPOSE/COST DRIVER – AS AMENDED JUNE 18, 2026
SCHEDULED FOR HEARING – AUGUST 3, 2026

The California Chamber of Commerce is **OPPOSED** to **AB 2575 (Ortega)** as amended on June 18, 2026, as a **COST DRIVER**. As written, this bill 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 — that negate their tested and proven benefits.

AB 2575 would create 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.

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 autonomously make care decisions without oversight. 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. 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 system is activated for use by medical professionals or used in patient care without a thorough assessment and ongoing monitoring for effectiveness.

Unfortunately, **AB 2575** fails to distinguish between AI that **informs** clinical decisions and AI that **replaces** them. A licensed professional can, and should, use their professional judgement when using AI tools. With that said, if a patient is harmed, or even if harm is ultimately avoided, there should be a thorough investigation of who or which tool is truly at fault. Otherwise, health facilities and developers will be discouraged from using AI in the clinical setting and, worse, halt innovation and creativity of future life-saving tools.

AB 2575, as drafted, creates perverse liability incentives, undermines 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.

How Artificial Intelligence Benefits Patients Today

To understand why we are opposed to **AB 2575**, it is important to recognize and acknowledge 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.

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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.

• 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.

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.

For these reasons, CalChamber **OPPOSES AB 2575 (Ortega**) as a **COST DRIVER**.

cc: Legislative Affairs, Office of the Governor
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