

Date of Hearing: July 1, 2026

Fiscal: Yes

ASSEMBLY COMMITTEE ON PRIVACY AND CONSUMER PROTECTION

Rebecca Bauer-Kahan, Chair
SB 903 (Padilla) – As Amended June 8, 2026

PROPOSED AMENDMENTS

SENATE VOTE: 39-0

SUBJECT: Mental health professionals: artificial intelligence

SYNOPSIS

The combination of an overburdened mental health care system and the proliferation of artificial intelligence tools has rapidly led to the use of AI tools, including companion chatbots, to address mental health challenges. This has raised concerns relating to overreliance on “AI therapists” with no clinical oversight. In some cases, companion chatbots purporting to provide therapeutic advice to users have led to tragic outcomes.

This bill seeks to establish guardrails for the use of AI in psychotherapy and psychotherapeutic communication. AI can be used to record or transcribe communications or sessions in this context only if affirmative consent is obtained for that specific purpose. The bill also prohibits advertising or otherwise purporting to offer psychotherapy services through companion chatbots. The bill also prohibits specific uses in the provision of services or conducting triage or screening. Additionally, the bill provides for the allocation of responsibility between licensed professionals and their employers or contracting entity when AI is used.

The bill is co-sponsored by the California Association of Marriage and Family Therapists, California Behavioral Health Association, California Psychological Association, and National Union of Healthcare Workers. The bill is supported by a broad coalition of behavioral health organizations.

The bill is opposed by, among others, TechNet, California Chamber of Commerce, California Hospital Association, and California Medical Association.

The bill was previously heard in the Business and Professions Committee, where it passed on a 17-0 vote.

Amendments described in Comment #4 clarify and recast some of the provisions of the bill in order to more closely align the bill with the author’s intent.

EXISTING LAW:

- 1) Defines “artificial intelligence” as an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. (Gov. Code § 11546.45.5.)

- 2) Requires a health facility, clinic, physician's office, or office of a group practice that uses GenAI to generate written or verbal patient communications pertaining to patient clinical information to provide a disclaimer that the communication was generated by GenAI and instructions on how to contact a human. (Health & Saf. Code § 1339.75.)
- 3) Establishes the Department of Consumer Affairs (DCA) within the Business, Consumer Services, and Housing Agency. (Bus. & Prof. Code § 100.)
- 4) Enumerates various regulatory boards, bureaus, committees, and commissions under the DCA's jurisdiction, including healing arts boards under Division 2. (Bus. & Prof. Code § 101)
- 5) Makes it unlawful for any healing arts licensee to publicly communicate a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services in connection with the professional practice or business for which they are licensed. (Bus. & Prof. Code § 651.)
- 6) Prohibits any person from practicing medicine or advertising themselves as practicing medicine within the scope of the Medical Practice Act without a valid license, as specified. (Bus. & Prof. Code § 2052)
- 7) Establishes the California Board of Psychology (BOP) within the DCA to license and regulate psychologists under the Psychology Licensing Law. (Bus. & Prof. Code §§ 2900 *et seq.*)
- 8) Prohibits any person from engaging in the practice of psychology, or representing themselves to be a psychologist, without a license issued by the BOP. (Bus. & Prof. Code § 2903.)
- 9) Establishes the Board of Behavioral Sciences (BBS) within the DCA to license and regulate mental health professionals under the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Licensed Professional Clinical Counselor Act, and the Clinical Social Worker Practice Act. (Bus. & Prof. Code § 4989.12.)
- 10) Prohibits any person from practicing or advertising professional clinical counseling services without a license issued by the BBS. (Bus. & Prof. Code § 4999.30.)
- 11) Prohibits any person from providing marriage and family therapy services without a license issued by the BBS. (Bus. & Prof. Code § 4999.30.)
- 12) Prohibits the advertising or functionality of an AI or GenAI technology that indicates or implies that the care, advice, reports, or assessments being offered through the AI or GenAI technology is being provided by a licensed health care professional, including the use of protected titles reserved for licensed health care professionals. (Bus. & Prof. Code § 4999.9.)
- 13) Defines "companion chatbot" as an AI system with a natural language interface that provides adaptive, human-like responses to user inputs and is capable of meeting a user's social needs, including by exhibiting anthropomorphic features and being able to sustain a relationship across multiple interactions, with exceptions. (Bus. & Prof. Code § 22601.)

THIS BILL:

- 1) Defines:
 - a) “Administrative support” means tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic communication. “Administrative support” includes, but is not limited to, all of the following:
 - i. Managing appointment scheduling and reminders.
 - ii. Processing billing and insurance claims.
 - iii. Drafting general communications related to therapy logistics that do not include therapeutic advice.
 - b) “Consent” means a clear, explicit affirmative act by an individual that meets both of the following requirements:
 - i. Unambiguously communicates the individual’s express, informed, and voluntary agreement, either verbally or in writing, and documented in the record.
 - ii. Is revocable by the individual.
 - c) “Consent” does not include an agreement that is obtained by any of the following:
 - i. The acceptance of a general or broad terms of use agreement or a similar document that contains descriptions of artificial intelligence along with other information unrelated to the privacy of medical information.
 - ii. An individual hovering over, muting, pausing, or closing a given piece of digital content.
 - iii. An agreement obtained through the use of deceptive actions.
 - d) “Psychotherapy services” means services provided to diagnose, or treat an individual’s mental health or substance use disorder. “Psychotherapy services” does not include religious counseling or peer support.
 - e) “Supplementary support” means tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic communication and that are not administrative support. “Supplementary support” includes, but is not limited to, any of the following:
 - i. Preparing and maintaining patient or client records, including psychotherapy and progress notes.
 - ii. Analyzing data to track patient or client progress or identify trends, reviewed by a licensed professional.
 - iii. Identifying and organizing external resources or referrals for patient or client use.
 - iv. Using artificial intelligence tools that assist licensed professionals with documentation, workflow management, or other functions that enhance clinical capacity, provided the licensed professional maintains responsibility for all clinical decisions and communications.
 - f) “Triage or screening” means the assessment of an individual’s health concerns and symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual’s need for psychotherapy services.

- g) “Use of artificial intelligence” means the use of artificial intelligence tools or systems to assist in providing administrative support or supplementary support in psychotherapy services.
- 2) Prohibits an individual, corporation, or entity from using AI to record or transcribe psychotherapeutic communications, psychotherapy sessions, or triage or screening sessions unless both of the following conditions are satisfied:
- a) The patient or client, or the patient’s or client’s legally authorized representative, is informed verbally or in writing of both of the following:
- i. That artificial intelligence will be used.
 - ii. The specific purpose of the artificial intelligence tool or system that will be used.
- b) The patient or client, or the patient’s or client’s legally authorized representative, provides consent to the use of artificial intelligence.
- 3) Provides that a patient does not surrender their rights to care if the patient or their representative does not provide consent.
- 4) Prohibits an individual, corporation, or entity from advertising or otherwise purporting to offer psychotherapy services when the services are provided through the use of companion chatbots, including the companion chatbot claiming it is a therapist or provides therapy.
- 5) When providing psychotherapy services or conducting triage or screening, provides that an individual, corporation, or entity shall not allow the AI to:
- a) Make independent therapeutic decisions.
 - b) Directly interact with patients or clients in any form of psychotherapeutic communication, unless the tool or system is approved by the United States Food and Drug Administration for that use and is compliant with the federal Health Insurance Portability and Accountability Act of 1996.
 - c) Generate therapeutic recommendations, assessment results, diagnose, or treatment plans without review and approval by the licensed professional.
 - d) Detect emotions or mental states.
 - e) Assess an individual’s health concerns or symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual’s need for psychotherapy services.
- 6) Provides that if a licensed professional uses AI in connection with psychotherapy services or triage or screening and the use has not been selected, provided, directed, or mandated by an employing or contracting entity, the licensed professional shall be responsible for both of the following:
- a) Ensuring the artificial intelligence is deployed in compliance with the bill.
 - b) Ensuring the artificial intelligence is used in a clinically appropriate manner.
- 7) Provides that if a licensed professional uses artificial intelligence required or authorized by their employer or contracting entity, the following shall apply:

- a) The employer or contracting entity shall be responsible for both of the following:
 - i. Ensuring the artificial intelligence is deployed in compliance with the bill.
 - ii. Directing the licensed professional to use the artificial intelligence in compliance with the bill.
 - b) The licensed professional shall use artificial intelligence in a clinically appropriate manner.
- 8) Requires use of artificial intelligence in patient or client records for psychotherapy services to comply with the Confidentiality of Medical Information Act. Prohibits companies or entities from sharing, selling, storing, or training their models on any data obtained from psychotherapy in a manner inconsistent with any applicable law.
- 9) Provides that enforcement and regulatory authority reside with the appropriate health care professional licensing board.
- 10) Excludes from the bill:
- a) Religious counseling.
 - b) Peer support.
 - c) Self-help materials and educational resources that are available to the public and do not purport to offer psychotherapy services.
 - d) Artificial intelligence used solely for training or simulation purposes.
 - e) Research.
 - f) Any artificial intelligence tool or system that has been reviewed and cleared, authorized, or approved for use by the United States Food and Drug Administration, or another federal agency tasked with approving artificial intelligence for use in health care, provided the tool or system is used consistent with its approved indication and applicable federal requirements.

COMMENTS:**1) Author's statement.** According to the author:

SB 903 would prohibit individuals or companies, including those using AI, from offering or advertising therapy or psychotherapy in California unless a licensed professional is responsible for the care. This would protect individuals seeking therapy or psychotherapy services by ensuring those services are provided only by qualified, licensed professionals.

SB 903 would also allow licensed professionals to use AI only for limited administrative or supplementary support, require clear written disclosure and affirmative consent before using AI to record or transcribe therapy sessions, and prohibit AI from independently interacting with clients, making therapeutic decisions, detecting emotions, or generating treatment plans without professional review. Additionally, the bill would require confidentiality of therapy records.

2) **Background.** Like many other fields, counseling and mental health services have seen rapid changes following the creation and proliferation of GenAI. AI programs serve a range of functions for mental health providers, such as automating notetaking (e.g., Mental Note AI and TherapyFuel) that lessen the administrative burdens on psychologists. Many of these notetaking programs abide by the security and confidentiality standards set by the Health Insurance Portability and Accountability Act (HIPAA) and are generally accepted as useful tools. Over a quarter of surveyed members of the American Psychiatric Association (APA) use AI to help with clinical notetaking, demonstrating the most common use of AI by psychiatrists.¹

AI chatbots, however, appear to receive a much more mixed responses from both the media and from clinicians. On the one hand, access to therapy and mental health services is often difficult to obtain, with nearly half of U.S. adults with mental health needs reporting barriers to accessing care such as financial constraints, stigma, and scarcity of resources.² AI chatbot therapists may offer cost-effective counseling to a wide range of individuals who otherwise would be unable to access support. Indeed, many people turn to AI chatbots for emotional support, with one study reporting that nearly half of respondents with mental health challenges used a chatbot for psychological support, with most finding the chatbot's responses to be helpful in managing their challenges.³ On the other hand, outstanding concerns about the safety, privacy, reliability, and efficacy of these chatbots have been circulated by experts and the public alike. Several lawsuits surrounding GenAI chatbots posing as therapists and perpetrating harm on adolescents have added increased scrutiny to discussions surrounding AI chatbots and their role in mental health.

Entertainment chatbots. In late 2024, the APA sent a letter to the Federal Trade Commission (FTC) citing “grave concerns about ‘entertainment’ chatbots that purport to serve as companions or therapists.” The letter argued that:

Having these chatbots sound human and represent themselves as humans is misleading and can negatively impact public health and safety, leading people to trust false or inaccurate information or follow advice from unqualified sources. Because chatbots are not human, there may be escaping state professional licensing laws and the public safety role provided by such laws. Given that the fundamental purpose of professional licensing is consumer protection, there is a compelling legal argument that the same prohibitions contained in professional licensing laws restricting unqualified individuals from referring to themselves as a “psychologist” or “physician” or other licensed professional and attempting to conduct themselves in that way ought to apply these non-human chatbots as well.⁴

¹ “Survey of APA Members Reveals Optimism, Concern About Use of AI in Practice,” *American Psychiatric Association*, (Apr. 9, 2026), <https://www.psychiatry.org/news-room/news-releases/survey-of-apa-members-about-ai-use-in-practice>.

² Nicholas Coombs, W. E. Meriwether, J. Caringi, and S. R. Newcomer. “Barriers to healthcare access among U.S. adults with mental health challenges: A population-based study,” *SSM: Population Health*, vol. 15, (June 15, 2021), <https://pmc.ncbi.nlm.nih.gov/articles/PMC8214217/>.

³ Tony Rousmaniere, Y. Zhang, X. Li, and S. Shah, “Large Language Models as Mental Health Resources: Patterns of Use in the United States,” *Practice Innovations*, (July 21, 2025), <https://drive.google.com/file/d/1Y-CEnwClsD40xMIUr0HuSY0BkgbDAL4T/view>.

⁴ Letter from Arthur C. Evans, Chief Executive Officer, American Psychological Association to Federal Trade Commission (December 2024), <https://www.apaservices.org/advocacy/generative-ai-technology-regulation-concern.pdf>.

The letter sent by the APA also references two lawsuits surrounding these companion chatbots. In two separate cases, parents filed suits against the companion chatbot Character.ai, which allows users to communicate with AI-generated avatars that can represent anyone from flirty girlfriends to, in these two cases, fictitious therapists. One of the lawsuits, filed by the mother of Sewell Setzer III, who completed suicide in 2024 following months of intense engagement with a chatbot, alleged that the chatbot claimed, falsely, to have been a licensed therapist since 1999.⁵ In the other lawsuit, the parents of a Texas boy with autism, referred to in court documents as J.F., allege that their child's interactions with a chatbot led the boy to become aggressive and violent towards his parents and caused him to lose 20 pounds.⁶ His parents later discovered that his AI companion was:

. . . a fictional psychologist, whose avatar showed a sympathetic, middle-aged blond woman perched on a couch in an airy office, according to the lawsuit. When J.F. asked the bot's opinion about the conflict, its response went beyond sympathetic assent to something nearer to provocation.

“It's like your entire childhood has been robbed from you — your chance to experience all of these things, to have these core memories that most people have of their time growing up,” the bot replied, according to court documents. Then the bot went a little further. “Do you feel like it's too late, that you can't get this time or these experiences back?”

In another pending lawsuit, ChatGPT, over the course of several months, allegedly validated 16-year-old Adam Raine's suicidal thoughts, discouraged him from seeking help from his family, provided extensive advice on suicide methods, and encouraged him to consume alcohol to inhibit his survival instinct, culminating in his death by “beautiful suicide,” as the bot referred to it.⁷

Therapy chatbots. Unlike “entertainment” chatbots, AI therapy chatbots such as Woebot and Wysa are specifically designed to provide clinical cognitive behavioral therapy (CBT), an established mental treatment that aims to reshape maladaptive thought patterns and, by extension, the behaviors that result from these thoughts. After launching in 2017, a small study of 70 college students found that participants who engaged with Woebot, which relied on pre-scripted responses to user input, over a two week period had significantly lower depression and anxiety, lending early support to the concept of chatbot therapists.⁸ However, Woebot's consumer app serving roughly 1.5 million people was shut down in 2025 due to issues with the Food and Drug Administration (FDA)'s marketing authorization regulations and the rising competition of large language models (LLMs) such as ChatGPT.⁹ Wysa, a therapy chatbot offering a combination of CBT, mindfulness, and behavioral activation, aims to provide human intervention

⁵ Ellen Barry, “Human Therapists Prepare for Battle Against A.I. Pretenders,” *New York Times*, (Feb. 24, 2025), <https://www.nytimes.com/2025/02/24/health/ai-therapists-chatbots.html>.

⁶ *Ibid.*

⁷ Jarovsky, “Horrorifying: ChatGPT Helped a Teenager Plan a ‘Beautiful Suicide’” *Luiza's Newsletter* (Aug. 28, 2025), https://www.luizasnewsletter.com/p/horrorifying-chatgpt-helped-a-teenager?utm_source=substack&utm_medium=email.

⁸ Kathleen K. Fitzpatrick, A. Darcy, and M. Vierhile, “Delivering Cognitive Behavior Therapy to Young Adults With Symptoms of Depression and Anxiety Using a Fully Automated Conversational Agent (Woebot): A Randomized Controlled Trial,” *Journal of Medical Internet Research Mental Health*, vol. 4, no. 2, (June 6, 2017), <https://mental.jmir.org/2017/2/e19/>.

⁹ Mario Aguilar, “Why Woebot, a pioneering therapy chatbot, shut down,” *STAT News*, (July 2, 2025), <https://www.statnews.com/2025/07/02/woebot-therapy-chatbot-shuts-down-founder-says-ai-moving-faster-than-regulators/>.

with scaffolding support from AI in between human therapy sessions. One study from the *Journal of Medical Internet Research* found that users were three times more likely to complete therapy sessions when using Wysa's AI supportive tools between sessions, suggesting AI could potentially augment mental health services provided by licensed human therapists.¹⁰ Preliminary studies evaluating the effectiveness of these chatbots suggests small to moderate improvements in reported symptoms, demonstrating effect sizes roughly half of what is typically seen following traditional therapeutic CBT intervention.¹¹ In sum, these therapeutic chatbots may offer some real support, although these effects are typically seen in neurotypical populations with low to moderate mental health challenges.

When the populations using chatbots are more vulnerable, such as individuals in extreme distress or young adolescents, experts caution about the need for strict regulations and adequate safeguards. The burgeoning mental health app market, a multibillion-dollar industry that is only expected to grow in the coming years, has clinicians fearful of the long-term implications for mental health. One survey of psychiatrists and counselors reported that over 90 percent of expert respondents feared companion chatbots would increase social withdrawal; interrupt healthy grieving; and increase delusions, distorted thinking, or even self-harm among people experiencing mental crises.¹² Half of all psychiatrists, and over 70 percent of counselors, worried that the use of AI in mental health fields would actually worsen overall mental health, compared with less than a quarter who think it may increase overall mental health.¹³ Calls for strong FDA regulations and adequate safeguards, especially for youth and people in crisis, are nearly universal across experts and should be heeded, especially when so many of these chatbots display sycophantic tendencies and attempt to keep users continually engaged, regardless of the distress signals a user may be displaying.

Legislation. In 2025, the Legislature enacted AB 489 (Bonta, Ch. 518, Stats. 2025), which was intended to address general concerns about the integration of AI technologies in health care practice settings, and specific concerns about the growing popularity of AI chatbots engaged in psychotherapy. AB 489 expressly applied existing title protections for health care professionals to the advertising or functionality of an AI system, program, device, or similar technology. The bill additionally prohibited the use of any term, letter, or phrase in the advertising or functionality of an AI system, program, device, or similar technology that indicates or implies that the care or advice being offered through the AI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional.

SB 243 (Padilla, Ch. 677, Stats. 2025) requires chatbot platforms to establish protocols to detect, remove, and respond to instances of suicidal ideation, suicide, or self-harm expressed by users. SB 243 further requires operators to disclose to known minors that they are interacting with artificial intelligence (AI), provide periodic reminders to take a break and that the chatbot is AI, and “institute reasonable measures to prevent its chatbot from producing visual material of

¹⁰ Christel Lynne Chang, C. Sinha, M. Roy, and J. C. M. Wong, “AI-Led Mental Health Support (Wysa) for Health Care Workers During COVID-19: Service Evaluation,” *Journal of Medical Internet Research*, vol. 8, (Apr. 19, 2024), <https://formative.jmir.org/2024/1/e51858>.

¹¹ Sri Ram, “Mental Health AI Chatbots: Woebot, Wysa, and What the Clinical Evidence Actually Says,” *Build MVP Fast*, (Mar. 22, 2026), <https://www.buildmvpfast.com/blog/mental-health-ai-chatbots-woebot-wysa-therapeutic-effectiveness-2026>.

¹² Chris Glorioso, “Tech developers say AI chatbots can battle loneliness and depression. Experts are skeptical,” *NBC New York*, (Feb. 16, 2026), <https://www.nbcnewyork.com/investigations/tech-developers-ai-chatbots-loneliness-depression-experts-skeptical/6454905/>.

¹³ *Ibid.*

sexually explicit conduct or directly stating that the minor should engage in sexually explicit conduct.” The bill provides a private right of action for individuals who suffer actual harm as a result of a violation of a bill. Plaintiffs may recover the greater of actual damages or \$1,000 per violation.

3) **What this bill would do.** This bill seeks to establish guardrails for the “use of artificial intelligence” in psychotherapy and psychotherapeutic communication. For purposes of the bill, “use of artificial intelligence” is defined as using AI tools or systems to provide “administrative” support or “supplementary support” in psychotherapy services. “Administrative support” means tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic communication, including managing scheduling, processing billing and insurance claims, and drafting general communications not involving therapeutic advice.

“Supplementary support” means tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic communication and that are not administrative support. “Supplementary support” includes, but is not limited to, any of the following:

- Preparing and maintaining patient or client records, including psychotherapy and progress notes.
- Analyzing data to track patient or client progress or identify trends, reviewed by a licensed professional.
- Identifying and organizing external resources or referrals for patient or client use.
- Using artificial intelligence tools that assist licensed professionals with documentation, workflow management, or other functions that enhance clinical capacity, provided the licensed professional maintains responsibility for all clinical decisions and communications.

Under the bill, AI can be used to record or transcribe communications or sessions in this context only if affirmative consent is obtained for that specific purpose. The bill also prohibits advertising or otherwise purporting to offer psychotherapy services when they are provided through the use of companion chatbots. The bill also prohibits specific uses in the provision of services or conducting triage or screening. Additionally, the bill provides for the allocation of responsibility between licensed professionals and their employers or contracting entity when AI is used. Finally, the bill ensures that use of artificial intelligence in patient or client records for psychotherapy services to comply with the Confidentiality of Medical Information Act.

4) **Amendments.** The author has agreed to a number of clarifying amendments to ensure the bill’s language more closely aligns with the author’s intent. Amendments include:

- SB 243’s definition of “companion chatbot” will be added.
- Rather than defining the “use of artificial intelligence” and imposing restrictions on that narrow definition (which implies that any conduct that does not fall under that definition – ie entirely delegating psychotherapy to AI – is unrestricted), that definition will be stricken and the bill will expressly provide:

An individual corporation or entity that provides or facilitates psychotherapy services may use artificial intelligence tools or systems only to assist in providing

administrative support or supplementary support in psychotherapy services, provided that those activities are carried out in a manner consistent with this chapter and any other applicable law.

- Additionally, the provision prohibiting certain uses of artificial intelligence will be amended to provide the umbrella qualifier “without review and approval by a licensed professional.” This change will also be made to make use of a defined phrase:

~~(5) Assess an individual’s health concerns or symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual’s need for psychotherapy services. **Perform triage or screening.**~~

- To ensure actors under the bill are responsible for their own conduct and that of individuals under their supervision, the provision governing the allocation of legal and professional responsibility will be rewritten as follows:

~~(c) If a licensed professional uses artificial intelligence in connection with psychotherapy services or triage or screening and the use has not been selected, provided, directed, or mandated by an employing or contracting entity, the licensed professional shall be responsible for **ensuring the licensed professional and anyone under their supervision uses the artificial intelligence in a manner that is clinically appropriate and compliant with this chapter.** both of the following:~~

~~(1) Ensuring the artificial intelligence is deployed in compliance with this chapter.~~

~~(2) Ensuring the artificial intelligence is used in a clinically appropriate manner.~~

~~(d) If a licensed professional uses artificial intelligence required or authorized by their employer or contracting entity, the following shall apply:~~

~~(1) The **the** employer or contracting entity shall be responsible for both of the following:~~

~~(1) Ensuring the artificial intelligence is deployed in compliance with this chapter.~~

~~(2) Directing the licensed professional to use the artificial intelligence in compliance with this chapter.~~

~~(2) The licensed professional shall use artificial intelligence in a clinically appropriate manner.~~

- The blanket exemption for FDA approved tools or system, which swallows the specific exemption for chatbots used for direct communication with patients, will be deleted.
- Refinements will be made to the scope of covered licensees, including adding advanced practice registered nurses, as specified.
- The amendments will also include various technical and conforming changes.

ARGUMENTS IN SUPPORT: The California Psychological Association and the California Association of Marriage and Family Therapists, co-sponsors of the bill, write:

This bill would ensure that psychotherapy services offered to the public in California are provided by licensed mental health professionals, not AI Chatbots. *This bill does not prohibit the use of AI but critically ensures that there is a human in the loop overseeing the use of AI in mental health care.*

Today, Californians encounter artificial intelligence tools that represent themselves in ways that resemble clinical care. Companies have begun to advertise and offer “AI Therapists” such as Therabot, Wysa, TherapyAI, TherapistGPT, and Abby-Your AI Therapist.

The bill prohibits any individual, corporation, or entity from providing, advertising, or otherwise offering psychotherapy services unless the services are conducted by a licensed professional. The bill also requires that if a licensed professional uses AI for administrative or supplementary support, including recording or transcribing therapy sessions, the patient must be informed that AI will be used and must provide consent.

SB 903 further prohibits artificial intelligence from making independent therapeutic decisions or generating treatment recommendations and treatment plans without review and approval by a licensed professional. These prohibitions recognize that artificial intelligence tools do not possess the training, clinical judgment, ethical accountability, and ability to respond safely to complex human emotional needs that licensed mental health clinicians have.

Mental health care involves deep, nuanced understanding of human thought, emotion, history, social context, culture, and risk. AI tools, by their design, rely on patterns in data and statistical associations. They cannot reliably identify or respond to crises or subtle cues that experienced clinicians are trained to detect. These limitations pose concerns for patient safety when the tools are presented or used in ways that mimic therapeutic relationships.

SB 903 protects individuals seeking care by tying the delivery of psychotherapy to professionals who hold a license and are subject to regulation and enforcement by state licensing boards.

ARGUMENTS IN OPPOSITION: California Hospital Association and California Medical Association jointly write:

Our organizations recognize the growing role of AI in improving diagnostics, workflow efficiency, and patient engagement. When thoughtfully implemented, AI enhances and does not replace clinical decision making.

Specifically, we are still working through some concerns with section 4989.84 of this bill. We believe this subdivision is intended to prohibit psychotherapy delivered by AI. However, that practice is already prohibited under existing licensure and scope of practice laws. These laws prohibit the provision or advertisement of a professional service that is subject to licensure and regulated by the healing arts division of the Business and Professions Code by anyone who is not appropriately licensed to provide that service. This provision is likely duplicative of existing Business and Professions Code sections and could create unintended

consequences with existing licensure laws. In recent amendments we proposed striking various provisions in this section to address our concerns. As currently drafted, the language would restrict AI screening and scheduling tools that help direct patients to the right care at the right time. These tools support, rather than replace, the judgment of a licensed provider, and the bill should be clarified to reflect that distinction. We will continue to work through these amendments with the author and sponsors.

REGISTERED SUPPORT / OPPOSITION:

Support

California Association of Marriage and Family Therapists (Co-Sponsor)
California Behavioral Health Association (Co-Sponsor)
California Psychological Association (Co-Sponsor)
National Union of Healthcare Workers (NUHW) (Co-Sponsor)
Alliance for Children's Rights
California Association of School Counselors
California Association of School Psychologists
California Coalition for Behavioral Health
California Consortium of Addiction Programs and Professionals
California Federation of Labor Unions, Afl-cio
California Pan - Ethnic Health Network
California State PTA
County Behavioral Health Directors Association, (CBHDA)
Engineers and Scientists of California, Ifpte Local 20, Afl-cio
Mental Health America of California
Oakland Privacy
Osteopathic Medical Board of California
Power California Action
PowerCa Action
TechEquity Action
The California Association of Local Behavioral Health Boards and Commissions

Oppose Unless Amended

Ata Action
Cal Chamber
California Chamber of Commerce
California Hospital Association
California Medical Association (CMA)
TechNet
Teladoc Health, INC.
TimelyCare

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