



June 9, 2026

The Honorable Marc Berman
Chair, Assembly Committee on Business and Professions
California State Legislature
State Capitol P.O. Box 942849
Sacramento, CA 94249-0023

RE: ATA ACTION CONCERNS REGARDING SB 903, OPPOSE UNLESS AMENDED

Dear Chair Berman and members of the Committee on Business and Professions,

On behalf of ATA Action, I am writing to share our association's perspective on Senate Bill 903, which would regulate the use of artificial intelligence (AI) in psychotherapy services. Our organization appreciates the Legislature's focus on patient protection and the quality of mental health services, and we are broadly supportive of the intent of this legislation. However, while the recent amendments to the legislation make significant improvements, key issues with the legislation remain and need to be addressed before the legislation is advanced.

ATA Action is the affiliated policy and legislative advocacy arm of the American Telemedicine Association. ATA Action is the leading advocacy organization dedicated to advancing policy and accelerating the adoption of technology-enabled healthcare. We represent a diverse membership – including hospital systems, technology companies, professional associations, direct-to-consumer digital health providers, payers, pharmaceutical manufacturers, digital therapeutics developers, and remote monitoring organizations.

ATA Action has followed and engaged in the development of state policies regarding the use of AI in mental health care, including the recently enacted Illinois and Nevada AI mental health frameworks – which appear to have served as the inspiration for SB 903. Both states enacted their laws with significant flaws in place, over our opposition, including failures to consider products cleared by the U.S. Food and Drug Administration (FDA), overly broad definitions, and restrictions that limit licensed clinicians from using AI tools consistent with their scope of practice and the standard of care. When first introduced, SB 903 imported many of these issues; however, after significant work from the bill's proponents and sponsor many of our concerns have been addressed including the narrowing of definitions, restoration of consideration of products cleared by the FDA and the removal of anonymized data provisions. ATA Action is grateful to the sponsor's office and the bill's proponents for working with our organization, and other stakeholders, to make these meaningful improvements.

While the latest round of amendments represents a significant step in the right direction for this legislation, substantial concerns remain that must be addressed to remove our organization's opposition to the legislation. Specifically, the provisions included in the bill regarding patient or client triage, the prohibition on providers using AI that can detect emotions or mental states and clarity on when providers can use AI in clinical practice should be amended before this legislation advances.

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The Prohibition on AI Use in Triage and Screening is Confusing and Counterproductive

Section 4989.84.(b)(5) clearly states that when providing psychotherapy services or conducting triage or screening AI cannot be allowed to “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.” Our organization is confused as 4989.82.(j) defines “triage or screening” in these exact terms. Furthermore, this confusion is compounded by 4989.84.(c) which states “If a licensed professional uses artificial intelligence in connection with psychotherapy services or triage or screening...” implying that it is possible to use AI to aid in these services, the opposite of the previous prohibition.

Furthermore, if this bill is passed as currently drafted it will require significant overhauls of systems that are presently operationalized without any clinical reasoning or support for this ban. Providers and health systems have embraced AI support in screening and triage because it allows providers who would normally be using their time and resources to triage incoming patients to shift their work to higher acuity issues and more direct patient care, to the benefit of patients and the healthcare system as a whole. Forcing entities to revert to procedures prior to the use of AI support would not only be operationally difficult and costly but would undo the effectiveness created by safe and effective use of AI to assist in patient care.

While our organization’s preference would be to see these triage provisions stricken in their entirety, we have prepared alternative language below that we believe will better align the legislation with [existing California regulations](#) regarding insurers and their providers who perform triage:

(j) “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. *Determining the urgency of the individual’s need for psychotherapy services does not include recommendations to an individual to discuss their need for psychotherapy services with a qualified professional.*

Section 4989.84 -

(b) When providing psychotherapy services or conducting triage or screening, an individual, corporation, or entity may use artificial intelligence only to the extent the use meets the requirements of this chapter and shall not allow artificial intelligence to do any of the following:

- (1) Make independent therapeutic decisions.
- (2) 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 (Public Law 104-191).
- (3) Generate therapeutic recommendations, assessment results, diagnoses, or treatment plans without review and approval by the licensed professional. *Therapeutic recommendations do not include general wellness, education, instruction, or guidance that is intended to promote overall health and well-being.*

~~(4) Detect emotions or mental states.~~

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~~(54) 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. Determine the urgency of the individual's need for psychotherapy services, without review and approval by the licensed professional.~~

The Prohibition on the Use of AI to Detect Emotions or Mental States Should be Removed

As currently drafted, Section 4989.84.(b) prohibits the use of AI to “detect emotions or mental states.” Removing the ability of licensed professionals to deploy tools that detect emotions or mental states will be a net loss for patients. Such tools are helpful at checking in with patients between sessions or gauging emotions over time. Further, many states are considering requiring AI technology to have this precise functionality. This language could thus have the unintended effect of an AI system not being able to recognize suicidal ideation and then routing the patient to the appropriate emergency resources. Our organization believes this provision should be struck before the bill is advanced.

Clinicians Should Be Allowed to Use AI Consistent With Their Scope of Practice

Section 4989.82.(k) defines the “use of artificial intelligence” as being limited to only assisting in providing “administrative or supplementary support.” We are concerned that this framework does not clearly permit licensed clinicians to use AI tools in their clinical practice consistent with their scope of practice and the standard of care. Clinicians should be able to use AI as a clinical tool under their professional judgment and oversight, not merely for background support functions. We recommend clarifying that licensed professionals may use AI systems consistent with their license, the standard of care and appropriate professional oversight.

Thank you for the opportunity to comment. We urge the Committee to consider our feedback and make additional amendments before advancing this bill, with the goal of striking the best balance between patient safety, clinician flexibility, and regulatory clarity. ATA Action remains grateful to the sponsor and the bill's proponents for their commitment to considering stakeholder feedback and ATA Action is ready to continue to serve as a resource regarding this legislation. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at hyoung@ataaction.org.

Kind regards,

A handwritten signature in black ink that reads "Hunter Young" in a cursive script.

Hunter Young
Head of State Government Relations
ATA Action