

California AB 3030: Cheatsheet

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Overview

Signed by Governor Newsom on September 28th, [California AB 3030](#) amends the California Health & Safety Code. The law requires healthcare entities to disclose the use of generative artificial intelligence (AI) in provider-patient communications through specified disclaimers presented before, during, and/or at the end of a communication where the communication pertains to “patient clinical information”. No enforcement date is currently listed for AB 3030.

Scope

Covered Entities	Covered Artificial Intelligence and Communications
<p><i>“A health facility, clinic, physician’s office, or office of a group practice...”</i></p> <p><u>“Health facility”</u> as defined in CA Health & Safety Code § 1250 (2023) “means a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer,” This includes acute, general, and psychiatric hospitals, nursing and/or intermediate care facilities, and congregate living health facilities. (Sec. 1(c)(5))</p> <p><u>“Clinic”</u> as defined in CA Health & Safety Code § 1200 (2023) means “an organized outpatient health facility that provides direct medical, surgical, dental, optometric, or podiatric advice, services, or treatment to patients who remain less than 24 hours, and that may also provide diagnostic or therapeutic services to patients in the home as an incident to care provided at the clinic facility.” (Sec. 1(c)(2))</p> <p><u>“Physician’s office”</u> means “an office of a physician in solo practice.” (Sec. 1(c)(8))</p> <p><u>“Office of group practice”</u> means “an office or offices in which two or more physicians are legally organized as a partnership, professional corporation, or not-for-profit corporation licensed according to subdivision (a) of Section 1204.” (Sec. 1(c)(6))</p>	<p><i>“...that uses generative artificial intelligence...”</i></p> <p><u>“Generative artificial intelligence”</u> means “artificial intelligence that can generate derived synthetic content, including images, videos, audio, text, and other digital content.” (Sec. 1(c)(3))</p> <ul style="list-style-type: none">• <u>“Artificial intelligence”</u> means “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.” (Sec. 1(c)(1))
	<p><i>“...to generate written or verbal patient communications...”</i></p> <p><u>“Written communications”</u> are those “involving physical and digital media, including letters, emails, and other occasional messages...” or “involving continuous online interactions, including chat-based telehealth...” (Sec. 1(a)(1)(A-B))</p> <p><u>“Audio communications”</u> and <u>“video communications”</u> are not defined in the text of the law. (Sec. 1(a)(1)(C-D))</p>
	<p><i>“...pertaining to patient clinical information...”</i></p> <p><u>“Patient clinical information”</u> means “information relating to the health status of a patient.”</p> <ul style="list-style-type: none">• “... does not include administrative matters, including, but not limited to, appointment scheduling, billing, or other clerical or business matters.” (Sec. 1(c)(7))

Obligations

“A health facility, clinic, physician’s office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information shall ensure that those communications include both of the following:” (Sec. 1(a))

(1) “A disclaimer that indicates to the patient that the communication was generated by generative artificial intelligence.” (Sec. 1(a)(1))

(2) “Clear instructions describing how a patient may contact a human health care provider, employee of the health facility, clinic, physician’s office, or office of a group provider, or other appropriate person.” (Sec. 1(a)(2))

Exception: *These requirements do not apply where “a communication is generated by generative artificial intelligence and read and reviewed by a human licensed or certified health care provider,”* (Sec. 1(b))

Communication Types	Disclaimer Requirements
“For <u>written communications</u> involving physical and digital media, including letters, emails, and other <u>occasional messages</u> ,” (Sec. 1(a)(1)(A))	“...the disclaimer shall appear prominently at the <u>beginning of each communication</u> .” (Sec. 1(a)(1)(A))
“For <u>written communications</u> involving <u>continuous online interactions</u> , including chat-based telehealth,” (Sec. 1(a)(1)(B))	“...the disclaimer shall be prominently displayed <u>throughout the interaction</u> .” (Sec. 1(a)(1)(B))
“For audio communications,” (Sec. 1(a)(1)(C))	“...the disclaimer shall be <u>provided verbally at the start and the end of the interaction</u> .” (Sec. 1(a)(1)(C))
“For video communications,” (Sec. 1(a)(1)(D))	“...the disclaimer shall be prominently displayed <u>throughout the interaction</u> .” (Sec. 1(a)(1)(D))

Enforcement

The law amends the California Health & Safety Code, which includes enforcement mechanisms for licensed health facilities and licensed clinics. (Sec. 1(d)(1-2))

This may include:

- Civil penalties of up to \$25,000 per violation.
- Potential revocation or suspension of certain facility or departmental permits.

Physicians in violation of the law are subject to the “jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.” In April 2023, [Committee Analysis](#) of the bill noted the law “exempts healthcare providers from consequences related to licensure or certification solely based on a failure to provide appropriate disclaimers.”