Introduced by Senator Padilla

February 20, 2025

An act to add *and repeal* Section 12817 to the Government Code, relating to artificial intelligence.

LEGISLATIVE COUNSEL'S DIGEST

SB 579, as amended, Padilla. Mental health and artificial intelligence working group.

Existing law establishes the Government Operations Agency, which consists of several state entities, including, but not limited to, among others, the State Personnel Board, the Department of General Services, and the Office of Administrative Law. Under existing law, the Government Operations Agency is under the direction of an executive officer known as the Secretary of Government Operations, who is appointed by, and holds office at the pleasure of, the Governor, subject to confirmation by the Senate.

This bill would require the secretary, by July 1, 2026, to appoint a mental health and artificial intelligence working group, as specified, that would evaluate certain issues to determine the role of artificial intelligence in mental health settings. The bill would require the working group to take input from various stakeholder groups, including health organizations and academic—institutions. institutions, and conduct at least 3 public meetings. The bill would require the working group to produce a report of its findings to the Legislature by July 1, 2028. 2028, and issue a followup report by January 1, 2030, as specified. The bill would repeal its provisions on July 1, 2031.

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Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 12817 is added to the Government Code, 2 to read:

- 12817. (a) The Secretary of Government Operations shall appoint a mental health and artificial intelligence working group and designate the chairperson of that group on or before July 1, 2026, to evaluate all of the following:
- (1) The role of artificial intelligence in improving mental health outcomes, ensuring ethical standards, promoting innovation, and addressing concerns regarding artificial intelligence in mental health settings.
- (2) The current and emerging artificial intelligence technologies that have the potential to improve mental health diagnosis, treatment, monitoring, and care. The evaluation shall include artificial-intelligence-driven therapeutic tools, virtual assistants, diagnostics, and predictive models.
- (3) The potential risks associated with artificial intelligence to mental health, including reliance on automated systems, privacy concerns, or unintended consequences on mental health treatment. consequences, and artificial intelligence chatbots, and other artificial intelligence intended to promote mental health or impersonate a mental health professional.
- (b) The working group shall consist of all of the following participants:
- (1) Four appointees who are mental health professionals. behavioral health professionals selected in consultation with mental health provider professional organizations, at least one of whom works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, or substance abuse disorder.
- (2) Three appointees who are artificial intelligence and technology experts.
- 32 (3) Two appointees with a background in patient advocacy.
 - (4) Two appointees who are experts in ethics and law.
- 34 (5) One appointee representing a public health agency.
- 35 (6) The State Chief Information Officer, or their designee.

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- (7) The Director of Health Care Services, or their designee.
- (8) The chief information officers of three other state agencies, departments, or commissions.
- (9) One Member of the Senate, appointed by the Senate Committee on Rules, and one Member of the Assembly, appointed by the Speaker of the Assembly.
- (c) (1) The working group shall take input from a broad range of stakeholders with a diverse range of interests affected by state policies governing emerging technologies, privacy, business, the courts, the legal community, and state government.
- (2) This input shall come from groups, including, but not limited to, health organizations, academic institutions, technology companies, and advocacy groups.
- (3) (A) The working group shall conduct at least three public meetings to incorporate feedback from groups, including, but not limited to, health organizations, academic institutions, technology companies, and advocacy groups.
- (B) A public meeting held pursuant to subparagraph (A) may be held by teleconference, pursuant to the procedures required by Section 11123, for the benefit of the public and the working group.
- (d) (1) (A) On or before July 1, 2028, the working group shall report to the Legislature on the potential uses, risks, and benefits of the use of artificial intelligence technology in mental health treatment by state government and California-based businesses.

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(*B*) This report shall include best practices and recommendations for policy around facilitating the beneficial uses and mitigating the potential risks surrounding artificial intelligence in mental health treatment.

(3)

- (C) The report shall include a framework for developing training for mental health professionals to enhance their understanding of artificial intelligence tools and how to incorporate them into their practice effectively.
- (2) On or before January 1, 2030, the working group shall issue a followup report to the Legislature on the implementation of the working group's recommendations and the status of the framework for developing training for mental health professionals and how it has been incorporated into practice.

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1 (3) A report submitted pursuant to this subdivision shall be submitted in compliance with Section 9795.

- 3 (e) The members of the working group shall serve without 4 compensation, but shall be reimbursed for all necessary expenses 5 actually incurred in the performance of their duties.
- 6 (f) The working group is subject to the Bagley-Keene Open 7 Meeting Act (Article 9 (commencing with Section 11120) of 8 Chapter 1 of Part 1).
- 9 (g) This section shall remain in effect only until January 1, 2031, and as of that date is repealed.