

# Policy At A Glance:

## SB 1146 Promoting Transparency in AI-Generated Health Advertising

*Artificial intelligence can make health ads appear to feature real clinicians who never endorsed the message. This brief explains how SB 1146 would require disclosure for AI-generated provider depictions in health-related advertising.*

### Introduction

A narrow but growing problem in health advertising is that Artificial Intelligence (AI) can make an advertisement appear to feature a physician or other licensed clinician who never made the claim, reviewed the product, or consented to the use of their image or voice.<sup>1</sup> In health care, that deception carries added risk because patients often rely on perceived medical authority when deciding whether to buy devices, supplements, or services. Generative AI can also produce large volumes of convincing health disinformation quickly, and people often struggle to identify synthetic video even when warned that one may be present.<sup>2,3</sup>

To address this problem, California's Senator Lena Gonzalez has introduced a new bill, Advertisement claims: health-related consumer products and services: digital replicas and synthetic performers (SB 1146), which would require clear disclosure when an ad for a health-related consumer product or service uses an AI-generated or substantially altered digital replica or synthetic performer depicted as a health care provider.<sup>4</sup> The bill is best understood as a targeted transparency measure. It does not ban AI in health care or regulate clinical decision support. It focuses on ads that use fake or altered medical authority to sell health-related products or services.

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### Glossary

- Deepfake** Synthetic media that makes a person appear to say or do something they did not.
- Disclosure Label** Info that tells users when AI created or changed the content.
- Gen AI** Tech that creates new content from user input.
- Health Dis-Information** False health information shared with intent to mislead.
- Right of Publicity** A person's legal interest in claiming commercial use of their name, image, likeness, or voice.
- Section 230** Federal law limiting when web platforms are treated as publishers.



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## The Problem, Existing Laws, and Policy Gap

Existing law already prohibits false or misleading advertising and bars healing arts licensees, such as physicians, from using deceptive claims or images to induce the sale of professional services or products.<sup>4</sup> California also enacted AB 489, which applies licensing-title rules to AI and Gen AI systems that imply health advice or care is being provided by a licensed human professional.<sup>5</sup> Those rules help, but they do not fully address a synthetic advertisement that uses an AI generated or deepfake doctor to sell a health product online.

The risk is not just that an ad may be inaccurate; the ad may borrow from the medical authority of the Gen AI or deepfake doctor itself. Research on drug advertising finds that visual and implied cues can lead consumers to infer efficacy, safety, or endorsement.<sup>6</sup> Broader health misinformation research links false health information with delayed care, vaccine hesitancy, mental health effects, and wasted health resources.<sup>7</sup> Direct-to-consumer health marketing has also moved into a space where personal stories, paid promotion, and weak disclosure practices can blend together, creating potential for harm.<sup>8</sup> The CEO of the American Medical Association has even called these Deepfake Doctors a threat to Public Health, calling for regulators to address this issue.<sup>9</sup>

SB 1146 fills part of this gap by addressing the format of the deception. It targets ads that use AI-generated or substantially altered depictions of health care providers, while leaving other use cases of Generative AI and Deepfakes outside of healthcare advertising untouched.<sup>4</sup>

### Legal Landscape Beyond SB 1146

Other laws reach parts of this issue, but few are health-ad specific. AB 489 in California covers AI systems that imply care from a licensed human.<sup>5</sup> Tennessee's ELVIS Act protects voice and likeness rights.<sup>10</sup> The EU AI Act requires broad deepfake disclosure.<sup>11</sup> SB 1146 is narrower, focusing on consumer health ads using AI provider depictions that mislead the public.



# Provisions of SB 1146, Implications & Considerations

## Covered Advertisements

SB 1146 applies when a person creates, or causes to be created, an advertisement for a health-related consumer product or service that includes an AI-generated or substantially altered digital replica or synthetic performer depicted as a health care provider.<sup>4</sup> Covered products and services include items marketed for personal, family, or household use and marketed as having a health benefit, including dietary supplements and medical or dental goods and services.<sup>4</sup>

## Required Disclosures

The bill requires a clear and conspicuous disclosure that no human healthcare provider is depicted.<sup>4</sup> For visual media, the disclosure must appear in a prominent location, be easily readable by the average viewer, and remain visible for the full duration of a video.<sup>4</sup> For audio-only media, the disclosure must be clearly spoken at the beginning and end, and every two minutes if the audio is longer than two minutes.<sup>4</sup> Research on warning labels supports this design choice. Warning labels can reduce belief in and sharing of false content, and AI-label studies suggest that vague labels can confuse users while clearer labels perform better.<sup>12,13</sup>

## Enforcement

The Attorney General or a district attorney may bring a civil action and seek remedies such as injunctive relief.<sup>4</sup> A person whose digital replica is used in a violating ad may also sue the creator of the ad.<sup>4</sup> Of note, the bill does not make a violation a misdemeanor, does not limit other remedies, and does not change federal Section 230 protections for interactive computer services.<sup>4</sup>

## Exceptions

The bill contains an exception for ads using a real health care provider's digital replica when the provider is licensed in the same profession depicted, gave prior consent, and agrees with the statements made by the AI-generated or altered replica.<sup>4</sup>

## Practical Implications

For patients, SB 1146 gives a visible warning when an ad uses synthetic medical authority. For physicians, it creates a path to challenge unauthorized digital replicas. For advertisers, it sets a clearer rule before an ad reaches the public. For platforms, the bill does not create new Section 230 liability, but it may make deceptive ads easier to identify and remove.

The bill will not stop every scam, especially content posted by anonymous or overseas actors. It does, however, create a state-level standard for a defined class of health ads, where platform removal and voluntary AI safeguards have been uneven.<sup>14,15</sup>

## Policy Considerations

SB 1146 is narrow, which is one reason it may be easier to defend than a broad ban on synthetic media. It regulates commercial health advertising, requires disclosure rather than removal, and leaves existing rights and platform immunities in place.<sup>4,16</sup>

The main policy question is whether or not disclosure will be enough. Evidence supports the use of warning labels, but labels work best when they are clear, timely, and easy to notice.<sup>12,13</sup> Studies of platform moderation also show that takedowns can miss content or shift attention to remaining posts.<sup>14</sup> Enforcement may be harder when sellers are anonymous, outside California, or moving ads across platforms.

## Conclusion

SB 1146 addresses a specific use of AI that existing health advertising law was not written to anticipate. A deepfake or synthetic doctor in an advertisement looking and sounding credible even if no licensed clinician reviewed the product or made the claim is increasingly becoming common in recent news reports.<sup>17</sup> Research finds that generative AI can produce health disinformation at scale, that many people struggle to detect deepfakes, and that false health information can affect care-seeking, trust, and public health behavior.<sup>2,3,7</sup> Disclosure is not a complete remedy. Consumers may miss it, scammers may ignore it, and platform moderation may be inconsistent.<sup>14</sup>

Still, a clear disclosure rule gives consumers, physicians, advertisers, and prosecutors a common baseline. It separates legitimate use of AI from deceptive use of medical authority. SB 1146 is a measured consumer or patient protection bill. It does not settle every question about AI in health care, but it gives California a practical response to a defined form of health advertising deception.<sup>4</sup> Having passed the Senate and now under consideration in committee on the Assembly side at the end of May 2026, SB 1146 is poised to pass in the 2026 legislative cycle.<sup>18</sup>

## References

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## Stakeholders

**Sponsor:**<sup>4</sup> Senator Lena Gonzalez

**Source:**<sup>18</sup> California Medical Association

**Supporters:**<sup>18</sup> Kaiser Permanente, CA Orthopedic Association, CA Podiatric Medical Association, CA Society of Pathologists, CA Academy of Child and Adolescent Psychiatry, CA American Academy of Pediatrics, Board of Registered Nursing, CA Dermatology Advocacy Network, and the CA Dental Association.

**Opponents:**<sup>18</sup> No opposition testimony



LOMA LINDA UNIVERSITY  
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Institute for Health Policy and Leadership

11209 Anderson Street  
Loma Linda, CA 92354  
Phone: 909-558-7022  
Fax: 909-558-5638  
IHPL.llu.edu

Special guest contributor:  
Abhishek Dharan, MD

Questions?  
Please contact the Institute for Health  
Policy & Leadership (ihpl@llu.edu).