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April 8, 2026

Representative Jacquelyn M. Baginski
House Committee on Innovation, Internet, & Technology
State House
Providence, RI 02908

Testimony regarding H7350
RELATING TO COMMERCIAL LAW--GENERAL REGULATORY PROVISIONS -- ARTIFICIAL INTELLIGENCE COMPANION MODELS

Dear Chairperson Baginski and members of the Committee:

Software that seeks to support people's wellness and mental health is not a new concept. We are now experiencing an explosion of software that integrates artificial intelligence features into this genre of software in attempt to simulate human communications and interactions by interpreting and predicting the behavior of the person using the software. The Rhode Island Psychological Association (RIPA) recognizes there are potential benefits and risks from software with these features. We also recognize that there are attracted to this kind of software who are especially vulnerable to the potential risks. It is important that our state government develop strategies to protect our citizens from the potential risks this form of software poses. The Rhode Island Psychological Association supports the intent of this legislation, but we have some suggestions.

We question why the Definition of "AI companion" would exempt systems "used by a business entity solely intended to provide users with information about available commercial services or products, customer account information, or other information related to a user's customer, or potential customer relationship with such business entity." A chatbot designed to facilitate sales or customer service that includes the features described in 6-63-1 (1), "algorithms to simulate social human interaction, by retaining information on prior interactions and user preference, asking questions, providing advice, and engaging in simulated conversation on matters of personal well-being," will likely be used to manipulate emotions and behavior to the advantage of the sponsoring business. This provision would explicitly exempt business chatbots from being responsible for stimulating a person to experience financial harm: one of the explicit harms stated in 6-63-2 (3). These are the very harms that create the concerns that this legislation is intended to address. They are not essential to business transactions. If the features stated in 6-63-1 (1) are included in a software product, we think it would qualify for regulation as this bill specifies.

We support the prohibitions listed in 6-63-2. We would suggest that software developers be required to have their algorithms reviewed and reported upon by reputable organizations to provide evidence that their software addresses these mandates and functions as intended.

It is appropriate for the state to ensure that companion software contains protections that warn consumers of potential risks. This is especially necessary as most chatbots are marketed for interactions that are not explicitly therapeutic. The notifications suggested in 6-63-3 could be more explicit and could be mandated to be in a format that uses a large area of the program's display to increase the impact of the message and require the user to take some explicit action acknowledging they have seen the message.

RIPA is concerned about the use of AI companion software by consumers, especially children, without the supervision of a licensed healthcare professional. To ensure public safety the state needs to come up with a mechanism to identify what software is suitable for direct access to consumers and what software should be used only under the supervision of a qualified healthcare professional. We support the provision of § 6-63-5 to begin this process and suggest that the Rhode Island Artificial Intelligence (AI) Task Force engage with local healthcare professionals and our professional associations to address how best to serve the needs of our community.

RIPA supports the intent of this legislation, but we recognize that the essential mechanism to protect the public is to develop a regulatory mechanism to ensure that software that engages in anything approaching therapeutic activities are only used under the supervision of a licensed healthcare professional.

We are including with our testimony two charts that illustrate the range of artificial intelligence software in the wellness and mental health realms, and how they differ in important features.

We look forward to working with you to help develop appropriate and effective strategies, polices and regulations that promote potential benefits of software using artificial intelligence to improve people's lives, while effectively protecting them from the potential harms that this technology creates. Thank you for considering our concerns.

Sincerely,

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There Are Different Forms of Artificial Intelligence Software

AI has many subfields, some of which are shown below. These subfields often overlap and are interrelated.[1]

Machine learning	Natural language processing	Robotics
Neural networks • Deep learning • Computer vision	Large language models • Generative AI	• Human-robot interaction • Autonomous robots

Chat Bots, Apps and Digital Therapeutics

There are very real differences in the way products are developed and used, with Digital Therapeutics being carefully studied and carefully crafted to address specific conditions or disorders.

	Companion Chat Bot	Health & Wellness Apps	Digital Therapeutics (DT)
Marketed to:	Marketed directly to the public with no oversight, product standards, or regulation	Marketed directly to the public with no oversight, product standards, or regulation	Not sold directly to the public. FDA approved as medical devices. Prescribed or ordered by licensed healthcare professional
Uses:	Uses include social or romantic companionship, confidante, advice-giver; generating guidance that may be is contra-indicated or dangerous	Used to track activities, moods, physiological functioning	Provides evidence-based interventions that are monitored by a healthcare professional

[1] https://www.apa.org/practice/artificial-intelligence-mental-health-care

Interface Design:	Simulating human conversation, including generating statements to keep users engaged. Images can be crafted by the user and can look very much like actual humans	Responses tend to be preprogrammed rather than geared toward individual complexity Responses may include questions about mental health or CBT-type responses	Not casual conversation but interventions to prevent, treat, and manage health conditions/ disorders. Concerted effort to have images appear animated and fictional rather than human. Software clearly communicates that the user is interacting with a computer. There are efforts to reduce the likelihood that images would appear human-like.
Security of Data:	There is typically a lack of transparency about third party access to data. Typically, no transparency of how data is used or shared	Responses are not geared toward individual complexity Typically, no transparency of how data is used or shared	Software that requires healthcare professional oversight should meet HIPAA standards of privacy to ensure confidentiality and privacy. Typically, have more stringent protection of user data and users' ability to download their data.