

Accessibility & Inclusion Consulting, LLC
Annette Bourbonniere
33A DeBlois St., Newport, RI 02840
Phone: 401-207-9840



Testimony re: **26 House 7190**, An Act Relating to Insurance – The Transparency and Accountability in Artificial Intelligence Use by Health Insurers to Manage Coverage and Claims Act

Position: **Against**

My name is Annette Bourbonniere, and I live in Newport, Rhode Island.

It is true that Artificial Intelligence (AI) is here to stay and that we need to get ahead of it to regulate its use. However, I am opposed to the use of AI in healthcare, in RI or elsewhere, before more study is done.

While there are a lot of automated functions that can be replaced by AI, the algorithms that make up the AI functions still strongly reflect the biases of their authors. We already have strong biases in healthcare against people with black and brown skin, members of the LGBTQ+ community, and people with disabilities. I am a member of that latter group. The health-limiting metrics of QALY's (Quality Adjusted Life Years) and DALY's (Disability Adjusted Life Years), which are banned in a number of countries, are still used in the United States. There is a bill pending in Congress that will ban the use of these metrics in healthcare decision-making for all insurers that participate in Medicare and Medicaid or other federal funding. However, even that does not go far enough. The use of these metrics in the US must be banned altogether.

QALY's put a value on a person's remaining life and limit healthcare that does not cost more than that value. It is highly discriminatory as calculations of that value in each case depend on what the evaluator considers quality of life. If a person is deemed to have a remaining life with a quality of \$50,000, that person becomes automatically ineligible for treatment that may cost \$55,000.

DALY's provide a similar calculation with disability being the only quality attribute. In its calculations, a year lived with disability is equivalent to a year of not living. According to DALY's, my life has had no quality for more than 50 years. I would not be eligible for treatment for medical conditions.

These metrics and AI are made for each other. Healthcare decisions would be solely based on economic considerations that are not real. Healthcare has already left both the patients and the physicians behind in decision-making. This will be even worse than what exists now.

If we are going to allow the use of AI in healthcare decision-making, even with guardrails, we need to test the protocols for biases first. I recommend that we test it in clinical settings alongside other decision-making. These tests should compare the decisions made on

Email: Annette@Access-Include.com
BlueSky: [@access-include.bsky.social](https://bsky.app/@access-include)
Podcast: www.Patreon.com/NothingWithoutUs

marginalized populations (like race, gender, sexual orientation, and disability) with the same decisions made for white cisgendered heterosexual males for a minimum of three years. Only if the decisions are equitably applied should we then consider relying on that specific AI protocol in real clinical decisions.

I don't think three years is too long to wait to be sure these biases do not exist in the intended protocols.

Thank you for your consideration.

Submitted by,

Annette Bourbonniere