March 3, 2026

The Honorable Susan Donovan, Chair, House Committee on Health and Human Services
Via email to: HouseHealthandHumanServices@rilegislature.gov

<u>Re: House Bill 7190, relating to insurance (artificial intelligence aka AI)</u>

Dear Chairwoman Donovan and Members of the Committee:

On behalf of Blue Cross & Blue Shield of Rhode Island (Blue Cross), I am writing to share concerns with this legislation. The core goals of the proposal are addressed by existing law and regulations, making additional legislation in this area unnecessary and premature. We share the sponsor's view that the use of AI in health care is evolving and for that reason remain open and committed to working collaboratively with the Assembly and regulators to assess whether future adjustments are warranted and, if so, how they can be made in a coordinated and targeted manner.

Particular concerns for your consideration include:

- **Overlap with the Department of Business Regulation's (DBR) AI Bulletin "Use of Artificial Intelligence Systems by Insurers" No. 2024-03.** The Department has established a flexible, risk-based approach to AI oversight that allows regulators to adapt as technology evolves. The National Association of Insurance Commissioners continues to work on these issues and is currently developing tools for state agencies to review the use of AI. Terms in the bill conflict with definitions in the regulation.

- **Interaction with utilization review law.** This proposal creates AI-specific rules for adverse benefit determinations, but is not integrated into the carefully constructed utilization review statute's standards governing the same decisions.

    o Addressing a key component of the bill, **existing law requires a person make adverse benefit determinations:** 27-18.9-5(b)(1) <u>*All*</u> *initial, prospective, and concurrent non-administrative* <u>*adverse benefit determinations*</u> *of a healthcare service that had been ordered by a physician, dentist, or other practitioner* <u>*shall be made,*</u> *documented, and signed* <u>*by a licensed practitioner with the same licensure status*</u> *as the ordering provider.*

- **Ambiguous filling obligations.** Existing DBR and Office of the Health Insurance Commissioner (OHIC) examination authority empowers regulators to obtain information. The bill's documentation and reporting provisions raise compliance and operational concerns; for example the obligation to submit software leaves unclear what a payer would need to disclose to satisfy the requirement.

The DBR and OHIC have substantial and sufficient tools to oversee the use of AI in coverage and claims decision-making.

Again, we remain **open to working collaboratively** to assess the need for coordinated updates to health care and insurance regulations as artificial intelligence becomes more broadly adopted.

Thank you for your consideration.

Respectfully submitted,

Richard Glucksman
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