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March 24, 2026

The Honorable Victoria Gu, Chairwoman
Senate Artificial Intelligence and Emerging Technologies Committee
Rhode Island State House
Providence, RI 02903

RE: AHIP Comments on S 2010, An Act Relating to Insurance – The Transparency and Accountability in Artificial Intelligence Use by Health Insurers to Manage Coverage and Claims Act

To Chairwoman Gu and Members of the AI and Emerging Technologies Committee,

AHIP appreciates the opportunity to provide comments on S 2010, legislation that would establish transparency for health plans that use artificial intelligence (AI) to manage coverage and claims as well as state agency reporting requirements.

AHIP appreciates the Committee's recognition of the important role AI can play in health care as a tool in non-administrative benefit determination review. We also acknowledge the bill's transparency requirements, as well as the requirement to have a human involved in medical necessity review determinations. However, we urge the Committee to consider policies to preserve national uniformity in the regulation of AI, which could undermine innovation and raise costs for consumers.

Artificial intelligence (AI) provides improvements in health care. Health plans are leveraging AI tools today to improve health outcomes, increase access to care, enhance consumer experience, and generate operational efficiencies that lower costs. For example:

- *Automated Algorithms* – to **approve** requests (denials based on clinical factors are not made without human review);
- *Machine Learning* – to automatically retrieve necessary documentation in the electronic health record;
- *Natural Language Processing* – to parse clinical notes to identify documentation;
- *Image Recognition* – to identify pictures, radiographic films, etc.;
- *Generative AI* – to pre-populate the PA request for the clinician to review and submit; and
- *Clinical Decision Support* – within the electronic health records to diminish the need for PA by ensuring care is evidenced-based.

Legislation should not restrict the use of AI that can benefit patients. AI can shorten decision making, reduce provider burden, increase administrative efficiency, ensure the safety and quality of care, and enhance affordability for patients.

(e.g., “Artificial Intelligence,” “Machine Learning,” “Algorithm”), such as those included in the National Institute of Standards and Technology (NIST) AI Risk Management Framework.¹ Consistent definitions improve clarity, support uniform implementation, build consumer trust, reduce compliance burdens, and enhance interoperability.

Furthermore, new legislation should not duplicate laws and instead only fill gaps in existing health data and consumer protection laws and regulations. Entities regulated under state insurance laws should generally be exempt from additional state AI legislation. Insurers comply with extensive federal and state laws already in place, including HIPAA, the Affordable Care Act, anti-discrimination laws, and laws related to corporate governance, laws that address health care privacy, security, bias, and laws that cover other AI-related areas. States should build on these existing areas of law, rather than enacting overlapping regulatory structures that create complexity, confusion, and unnecessary costs that divert consumer premiums away from care and cause consumer confusion.

For example, on March 15, 2024, the Department of Business Regulation (DBR), Insurance Division, issued Insurance Bulletin Number 2024-03: Use of Artificial Intelligence Systems by Insurers, thereby adopting the NAIC’s Model, which serves as a regulatory guide for insurance companies on the use of AI.

This includes transparency and explainability, as required under Section 27-84-3(a), which are critical to advance trust and accountability in the use of AI. Developers and programmers of AI tools should be required to provide their clients, such as deployers, with sufficient information to assess the safety, privacy, security, and other critical factors of an AI tool. This should include, at minimum, the purpose, governance process, data inputs, validation, and monitoring programs associated with the AI tool. Health plans should not be held liable for unknown factors associated with technology purchased from developers. Developers should hold that responsibility.

AI tools, however, should not be required to make full public disclosure of detailed proprietary information that could compromise intellectual property or cybersecurity. States should seek to balance sufficient disclosures for deployers, while at the same time avoiding a level of public disclosure that discourages innovation, which it appears Section 27-84-3(b) does.

Thank you for your consideration of these comments. AHIP stands ready and willing to work with policymakers in the General Assembly and we look forward to more opportunities to provide input in this area. If you have any questions or concerns regarding our comments and would like to discuss these matters further, please contact Sarah Lynn Geiger at slgeiger@ahip.org or by phone (609) 605-0748.

Sincerely,



Sarah Lynn Geiger, MPA
Regional Director, State Affairs
cc: Members, House Health and Human Services Committee

¹ <https://www.nist.gov/itl/ai-risk-management-framework>.

ABOUT AHIP

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