



Honorable Chair Gu of the  
Senate Committee on Artificial Intelligence & Emerging Technologies  
State House  
Providence RI

Re: Support for S2010 “The Transparency and Accountability in Artificial Intelligence  
use by Health Insurers to Manage Coverage and Claims Act”

March 24, 2026

Dear Chair Gu and Members of the Committee on Artificial Intelligence & Emerging  
Technologies,

I write to you on behalf of the Rhode Island Academy of Family Physicians (RIAFP) in strong  
support of S2010.

Artificial intelligence is no longer theoretical in the insurance industry — it is already in  
widespread use. A 2024 survey of insurers conducted through the National Association of  
Insurance Commissioners found that 84% reported using AI in some capacity, and by 2025,  
71% reported using AI specifically for utilization management. As AI becomes embedded in  
coverage and claims decisions, it is essential that we establish guardrails to protect patients and  
ensure responsible oversight.

Prior authorization already imposes significant strain on physicians and patients. Insurer data  
consistently show that 80–90% of prior authorization requests are ultimately approved at  
appeal. Yet the administrative effort required to obtain those approvals is substantial. The  
American Medical Association reported in 2024 that physicians spend an average of 13 hours  
per week on prior authorization tasks — far exceeding the 4–8 hours typically allotted for  
administrative duties. Because of this burden, only a small fraction of denials are appealed,  
even though most appeals succeed. This dynamic benefits insurers, not patients, and  
underscores the need for stronger accountability when new technologies are layered onto this  
process.

There is currently little publicly available evidence demonstrating that AI-driven utilization  
management improves patient outcomes. Without transparency and oversight, AI risks  
accelerating flawed or biased decision-making at scale. When algorithms are used to review  
medical necessity, errors can propagate more quickly and affect more patients. Legislative  
safeguards are necessary to ensure that speed does not come at the expense of safety,  
fairness, or evidence-based care.

The administrative complexity of insurance processes is already a leading contributor to physician burnout and early retirement, particularly in primary care. Rhode Island — like the rest of the country — cannot afford to lose more primary care physicians. To date, the introduction of AI into coverage and claims review has not reduced confusion or administrative workload for practicing physicians. Greater transparency and oversight are essential to ensure that AI reduces burden rather than adds to it.

S2010 provides a reasonable and necessary framework for transparency and accountability. The bill requires insurers to disclose how AI is used in coverage and claims determinations, clarifies the role AI plays in decision-making, and ensures that qualified physicians retain authority over determinations involving medical judgment — particularly on appeal. Transparency is not an obstacle to innovation; it is a prerequisite for trust. If AI systems are accurate, unbiased, and responsibly implemented, insurers should welcome the opportunity to demonstrate that.

AI has the potential to streamline processes and improve efficiency. But efficiency alone does not guarantee fairness, accuracy, or patient-centered care. As physicians, we support innovation that improves health outcomes and reduces unnecessary burden. S2010 strikes an appropriate balance by allowing technological advancement while protecting patients and preserving clinical integrity. We respectfully urge your support.

Sincerely,

Katharina de Klerk, DO  
RIAFP President and Advocacy Committee Chair