

February 24, 2026

Senator Victoria Gu, Chair

Senate Committee on Artificial Intelligence and Emerging Technologies

Slegislation@rilegislature.gov

RE: S-2195, Artificial Intelligence Companion Models

I deeply appreciate this Committee taking seriously the risks associated with the rapid and largely unchecked expansion of artificial intelligence, particularly as it relates to use by those in need of mental healthcare and emotional support. Individuals using companion chatbots can be vulnerable in their moments of distress, and the lack of appropriate guardrails for the industry can increase the risk to the public. I respectfully ask that the committee **oppose** the bill as it is currently written, the reasons for which will be articulated below.

The American Psychological Association has been working diligently to bring the risks and benefits of this burgeoning technology into public discourse. Below are links to selected articles related to safeguarding our teens, that I thought might be useful, though the literature on this topic is beginning to take off.

June 2025

<https://www.apa.org/topics/artificial-intelligence-machine-learning/tips-to-keep-teens-safe>

<https://www.apa.org/topics/artificial-intelligence-machine-learning/health-advisory-ai-adolescent-well-being> -

Please note that one of the Brown University professors, Dr. J Nesi, was part of the panel that developed this advisory.

<https://www.apa.org/news/press/releases/2025/06/protect-adolescent-ai-users>

February 2026 <https://www.apa.org/topics/artificial-intelligence-machine-learning/teens-chatbots-parents>

I would ask the Committee to consider the following:

1. Because there are applications that include “therapy” or “therapist” in their marketing and may even **mention having “licensed” mental health providers as their AI-generated, online presence, this bill might consider restricting such claims.** Only the state can license health care and mental health professionals. Therefore, the state should preserve the integrity of the license by imposing sanctions on technology firms that fraudulently claim licensure of their AI-generated companions. To go a step

further, the state might **consider similar limitations on the terms “therapy”** unless the application is an FDA-approved digital therapeutic device/application and **limit the use of “therapist”** unless there is a natural person replying in real-time to any inputs into the system.

2. Line 25 talks about “a notification to the user that refers them to crisis service providers” but I am not sure how that would help if “financial harm to others” (Line 24) is of concern. Similarly, I am not sure how a suicide hotline (Line 26) would help if someone is expressing homicidal ideation. As mental health providers, we are trained to assess the potential risk of such statements and to make necessary arrangements to maximize the likelihood of safety. These companion chatbots do not operate under the same regulations nor do they adhere to a code of professional ethics as required of mental health professionals. Whereas I understand Section 6-63-2 to require **“protocols,” I am wondering whether there are specific actions that the Committee would expect to see within those protocols as they relate to danger to others and financial vulnerabilities.**
3. Line 29 indicates that operators need to scroll a notification every three hours of continuous use of an AI companion. I do not see that as being adequate. Three hours is a very long time of learning history, during which increased levels of self-disclosure create a strong attachment and sense of intimacy. **A scrolled messages would not have the same emotional impact as actual interactions with the chatbot.** Rather, there should be reminders, at least hourly, and it should be provided by the chatbot directly. The messaging should be provided using the same medium that is being used for the interaction rather than allowing the operator to decide which way to deliver the message.
4. There is also research that suggests that human-like versions of these companions lead to a greater sense of connectedness and intimacy. There are digital therapeutic devices, which require FDA approval and a prescription/order by a licensed profession, that have chosen to create characters that are clearly non-human for that very reason. **The bill might**

consider a way to restrict the use of AI products to those that have clearly non-human robotic-type characters as a way to reduce the perception that the user is conversing with a natural person.

5. I am not in support of limiting the tools that are available for use when providing clinical intervention. The prohibition against all use ignores some of the literature that suggests there are benefits in training social skills and in rehearsing problem-solving strategies. I would encourage the committee to **consider the possibility that such tools might be used in-session with a natural person to address specific goals rather than merely having a professional recommend such a tool for independent use.** In that way, there is oversight and monitoring in the process rather than turning the therapeutic process over to an unknown algorithmic response.
6. **Would these same restrictions be applied to those providing emotional support within the school setting?** There are school psychologists, school social workers, and school nurses who may or may not have a credential for independent practice outside of the school setting, but who may intervene in ways that are similar to the ways used by licensed psychologists, licensed social workers/ mental health counselors, and registered nurses. The bill should make clear that these regulations cut across practice settings.
7. Because there is a large amount of personal data being gathered and stored in some unknown location, because no one really knows who has access to that data, and because data breaches have become commonplace, even in those locations that are believed to be most secure (hospitals, government agencies, contractors & financial institutions), the Committee is encouraged to consider legal remedies for those whose data is compromised, regardless of whether there was injury or harm. **Technology companies that are holding a treasure-trove of personal thoughts, feelings, and reflections of their users need to be held to a high standard of securing that information and should be held accountable when their systems are hacked.**

8. Similarly, the **location of storage facilities** might also be addressed as there are countries with very restrictive regulations that preserve privacy while others allow for government access to such data. Given that individuals disclose many personal and intimate details of their lives as they would to a trusted friend or psychotherapist, **does there need to be frequent notifications that the information share is not protected or confidential?**

9. In section 6-63-4, the bill provides the attorney general with the power “to investigate, sue, and seek injunctions...” I wonder **whether some type of public reporting vehicle might be considered to inform the state of violations** rather than waiting until there is harm. This would represent a proactive rather than reactive way to seek out those applications that violate the parameters of this bill.

10. With the mobility of the population and the ease with which people cross state lines, particularly in this area, **I wonder how the enforcement would actually take place.** Is it linked to specific IP addresses located in the state, with specific mobile numbers (e.g., 401 area code numbers), or is there some other way to oversee compliance?

Again, many thanks to the committee for taking the issues seriously and trying to put forth safeguards. I hope you will take under consideration the points outlined here to make the legislation stronger.

Sincerely,
Catherine Vieira-Baker, Ph.D.
Licensed Psychologist (RI, MA, & VA)