



March 17, 2026

Senator Victoria Gu

Chair, Senate Artificial Intelligence and Emerging Technologies Committee

Rhode Island State House

Providence, RI 02903

Dear Chair Gu and Members of the Committee:

On behalf of the AI Robotics Ethics Society at Brown University (AIRES at Brown) Policy Team, we are grateful to express in written testimony our firm and urgent support for S2197 in establishing necessary restrictions for the use of artificial intelligence (AI) in behavioral health. For as we increasingly recognize an inevitable digital and algorithmic shift in nation-wide (and by extension Rhode Island) medical practices, we must increasingly be cognizant to not allow it to outpace our moral and clinical responsibilities.

As we see it, AI in mental health care represents a radical departure from traditional medical software. Mental health algorithms are far from akin to standard digital records systems or diagnostic tools of sorts; these algorithms are designed for the purpose of parsing the most intimate aspects of a patient's psyche. Further coupled with the consideration of the high-stakes psychological space they occupy especially in "black-box" treatments, we must recognize technical errors can no longer be interpreted as glitch, but rather a direct threat to a patient's mental stability and well-being. By reason of the extreme sensitivity of the data they ingest, heightened safeguards is an absolute necessity in the clinical setting. S2197 addresses just that in ensuring progress remains human-centric, safe for our most vulnerable residents for which it serves.

Our policy team's steadfast support for S2197 is rooted in the core belief that AI should not be a replacement for human judgement. Accordingly, our concerns lie in the prospect of healthcare entities offloading moral and clinical responsibilities of patient care to automated software. In circumstances where software cannot be easily questioned or audited, we must ask: when harm occurs, who is accountable? And what recourse exists for patients affected by AI recommendations that are harmful? Perhaps inaccurate? Biased? S2197 addresses this risk directly by codifying that ultimate authority in a patient's care remains with qualified, licensed professionals. For public safety, this is no optional matter. We must ensure that the automation of behavioral care never comes at the expense of human life or clinical validity.

As we anticipate potential pushback along the lines of regulation stifling innovation, we urge the opposite perspective: is unregulated expansion at the cost of mental health infrastructure truly innovation? If AI products are deployed in healthcare, what happens when eventual high-profile clinical errors occur? Will it be worth it? Safety is only a pipedream if we allow residents to be treated as data points without any regulatory recourse.

Thus, it is our stance to prioritize human safety and dignity over unregulated expansion; AIREs at Brown urges this Committee to stand for the safety of all patients, especially those in their most vulnerable moments of crisis. We once again affirm our support for S2197 in championing human-centric care.

Thank you for your leadership and for your commitment to protecting the state's most vulnerable populations.

Sincerely,

AI Robotics Ethics Society at Brown University

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