



15 LaSalle Square
Providence, RI 02903

The Honorable Victoria Gu
Chairwoman, Senate Artificial Intelligence & Emerging Technologies Committee
Rhode Island Senate
State House
82 Smith St.
Providence, RI 02903

Re: Concerns Regarding S2197 — “Oversight of Artificial Intelligence Technology in Mental Health Care Act”

Dear Chairwoman Gu and Members of the Committee:

On behalf of Brown University Health, I am writing to express concern regarding S2197, the Oversight of Artificial Intelligence Technology in Mental Health Care Act. This is an important and timely issue as the role of artificial intelligence (AI) in mental health care continues to evolve. We strongly agree that protecting the safety, privacy, and well-being of patients with mental health needs must be paramount, and that careful attention must be paid to how and where technology is used in this sensitive clinical context. However, we believe the bill in its current form goes too far and would unintentionally prevent Rhode Island patients from accessing promising, emerging technologies that are increasingly becoming part of the modern standard of care.

First, S2197 would effectively eliminate the use of many clinically valuable diagnostic and therapeutic tools. AI-supported mental health technologies—including validated screening instruments, clinical-decision-support systems, risk-stratification tools, and evidence-based digital therapeutics—are already being safely deployed in other states under clinician supervision. By prohibiting AI from analyzing patient communications, detecting emotions, or contributing to treatment planning in any way, your legislation would restrict entire categories of tools that behavioral-health professionals rely on to enhance quality, consistency, and patient outcomes.

Second, the bill’s broad prohibitions do not reflect how AI is actually used in clinical environments. These tools are designed to support, not replace, licensed professionals. They help reduce administrative burden, highlight potential safety concerns, identify clinical patterns, and improve documentation accuracy. When appropriately governed, supervised, and transparent, these tools can strengthen clinician oversight and improve patient safety. By barring supervised AI tools, you would limit Rhode Island providers’ ability

to offer high-quality, efficient care and would place the state behind others that are moving forward with thoughtful, clinically integrated innovation.

Third, we urge you to consider a more balanced and practical framework. Instead of prohibiting broad categories of technology, Rhode Island could establish a rigorous review and approval process that includes Department of Health oversight, robust privacy and safety standards, transparency requirements, clinician supervision, and ongoing monitoring and reporting. Such an approach would allow the state to ensure patient protection while still enabling innovation that directly benefits patients.

Finally, the overly restrictive nature of S2197 may impede Rhode Island's ability not only to adopt evidence-based tools that will likely become standard practice nationwide in the coming years, but also to responsibly study and evaluate emerging technologies. As an academic health system, Brown University Health believes it is essential to preserve the ability to conduct research, pilot programs, and controlled evaluations of new mental health technologies under appropriate ethical oversight, informed consent, and clinical supervision. This type of research is critical to understanding both the benefits and risks of these tools before broader adoption. Statutory language that effectively forecloses such work could limit evidence generation, slow innovation, and make it difficult for Rhode Island's hospitals, community mental health centers, and private practices to keep pace with national standards of care. In the long run, this could reduce access and limit the treatment options available to your constituents.

We also believe it is important that statutory language not assume a fixed or static role for artificial intelligence in mental health care. As with many medical technologies, AI capabilities and modes of deployment will continue to evolve. While clinician involvement and oversight are appropriate in many current use cases, future applications may demonstrate safety and effectiveness in more autonomous roles under appropriate regulatory approval and safeguards. Legislation should therefore remain flexible enough to accommodate evidence-based innovation over time, rather than embedding assumptions that could limit future advances in patient care.


In summary, Brown University Health supports strong oversight of AI in mental health care, but we believe this bill is overly restrictive and may unintentionally undermine access to beneficial, clinically supervised technologies. We respectfully urge you to consider a regulatory framework that focuses on rigorous review, transparency, and clinician oversight rather than categorical prohibitions that could hinder innovation and limit patient care in Rhode Island.

Thank you for your attention to this issue and for your continued commitment to strengthening Rhode Island's behavioral-health system. We welcome the opportunity to provide further detail or participate in discussions on how to develop a regulatory approach that is both protective and future-ready.

Sincerely,



Adam Landman, MD, MS, MIS, MHS
SVP and Chief Digital Information Officer



Henry Sachs, MD (Mar 9, 2026 07:57:23 EDT)

Henry Sachs, MD
President, Bradley Hospital