

February 24, 2026

Senator Victoria Gu, Chair

Senate Committee on Artificial Intelligence and Emerging Technologies:

Slegislation@rilegislature.gov

RE: S – 2197 Oversight of Artificial Intelligence Technology in Mental Health Care

Dear Senator Gu & Members of the Committee on Artificial Intelligence & Emerging Technologies:

Whereas I am deeply grateful that this Committee is embarking on legislation to address the burgeoning use of AI, I ask that you **oppose** bill S-2197 as it is written. My concerns are as follows:

1. There is a **lack of professional equity** in this bill as it only pertains to mental health and substance use providers rather than including physicians, pastoral counselors, and school-based providers. Certainly, if there are problems with the use of AI tools, then all who use them should be held equally accountable.
2. Just as physicians might use AI in the differential diagnostic process and in the seeking of treatment recommendations, so too do other health service providers. Doing so is good practice as it can prevent important elements from being overlooked. Preventing non-physicians from using tools that enhance the quality of care being provided cannot be justified.
3. **More importantly is the reality is that none of these helping professionals should bare the burden of responsibility for that which is out of their control.** A self-driving vehicle may be involved in an accident, yet it is the manufacture who is responsible when the vehicle is in the self-driving mode rather than the person riding in it. Whereas providers of mental health services may be able to read descriptions and may be able to use their clinical judgement regarding the benefit of a particular tool, they have no control over the algorithm by which responses are offered by the AI application. There have even been reports that the developers are not completely sure of how responses get generated by these applications. So why should those working with them be held responsible for the failings of these tools.
4. The use of AI has permeated the medical profession with little awareness by patients of when their physicians are using it and how. It is also commonplace that medical offices required patients to sign length consent forms that may or may not include information related to the use of AI and the types of information being released into a large language model and whether those tools are HIPAA/FERPA compliant. What would happen if a patient declined to give consent for such use? Unlike the informed consent process that occurs in many mental health treatment offices, medical offices do not review the aspects to which the patient is consenting. The electronic medical records and other systems within large healthcare organizations are not equipped to handle it when a patient does not consent, so informed consent is pro forma rather than allowing for patient voice and agency. **Medical**

offices should have the same requirement of informed consent and patients need to be allowed to refuse consent for its use without preventing their access to care.

5. It is within the scope of practice for licensed mental health professionals, as well as physicians, is the use digital therapeutic devices, which are FDA approved and which required an order/prescription to be used by clients/patients. Primary care physicians are often called upon to manage mental health conditions, such as depression, anxiety, and insomnia. It is reasonable to assume that the primary care physicians could order one of the several devices to supplement treatment of these conditions. They do not, however, typically see their patients are frequently as mental health providers to monitor progress. I believe that this longer duration between visits would cause a greater risk to the public than would be likely with biweekly or monthly visits with a mental health provider. **By saddling greater liability on licensed mental health providers who use FDA approved devices, it would likely result in a reluctance to incorporating the latest technology into their work and reduced access and possibly quality of patient care,** as concerns about said liability may reduce clinicians' willingness to learn about and to use the latest tools to address the mental health needs of those across the state.
6. In section 40.1-5.5-3, the bill states that “no licensed professional shall be permitted to use artificial intelligence designed to” yet there is literature that is beginning to examine how to use such tools to develop and expand social and problem-solving skills. It appears that the intent here is to restrict the use of companion chat bot, but under the proper clinical expertise, using such tools may help clients learn and practice these skills in a controlled way. Rather than prohibiting their use, **perhaps consideration could be given to the appropriate ways in which such tools can be use.** For instance, perhaps it could be used in session with a natural person to monitor, supervise, and process the interactions for later generalization in other settings. Again, your definition of “licensed professional” does not recognize school psychologists, school social workers, school counselors, and school nurses, who should operate under the same set of regulations with respect to the use of these tools even though their credentialing originates in the Department of Education.
7. **This bill does not address the issue related to clients’/patients’ use of these tools without them being recommended by the mental health provider.** Does the provider need to terminate treatment with a patient/client who has shared that they are using generative AI tools rather than being concerned about the liability associated with their use? This would seem unethical. Rather, professionals who are licensed and duly credentialled by the state should be able to address the use of these tools by their patients/clients without fear of negative repercussions.

Again, I respectfully request the Committee to oppose the bill as written and appreciate your consideration of the points outlined above.

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