



STATE of RHODE ISLAND
Executive Department
GOVERNOR'S COMMISSION ON DISABILITIES
John O. Pastore Center, 41 Cherry Dale Court
Cranston, RI 02920-3049
[voice] (401) 462-0110 [tty] via RI Relay 711 [fax] 462-0106
[e-mail] elisabeth.hubbard@gcd.ri.gov [website]
www.disabilities.ri.gov

Legislative Impact Statement

To: Senator Gu, Chair

From: Emily Song, GCD Policy Fellow 2026

Re: 26 SENATE 2197 AN ACT RELATING TO BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS -- OVERSIGHT OF ARTIFICIAL INTELLIGENCE TECHNOLOGY IN MENTAL HEALTH CARE ACT

Tuesday, March 24, 2026

The Governor's Commission on Disabilities' Legislation Committee has developed a Legislative Impact Statement on the bill listed below. The Commission would be pleased to present testimony to the committee. Please contact me (462-0110) if testimony is requested or for additional information.

By Senator Urso

Establishes regulations for the use of artificial intelligence by licensed mental health professionals. Artificial intelligence is not permitted to directly communicate or make independent therapeutic decisions, generate therapeutic recommendations or treatment plans, or try to interpret a patient's emotions and mental state.

Legislation Committee finds this bill Beneficial

With the recent rise in the use of artificial intelligence (AI) by medical professionals, about 47% of physicians they don't trust AI in health care without adequate training, education, and oversight (<https://www.ama-assn.org/practice-management/digital-health/2-3-physicians-are-using-health-ai-78-2023>). Although the low-cost and accessible AI therapy chatbots are starting to be considered as an alternative, the quality of care is a major concern. For instance, AI therapy chatbots showed increased stigma toward specific conditions of patients, such as alcohol dependence and schizophrenia. When interacting with patients expressing suicidal thoughts, AI was unable to recognize the suicidal intent and even provided harmful information, such as suggesting bridge locations in NYC (<https://hai.stanford.edu/news/exploring-the-dangers-of-ai-in-mental-health-care>). As a result, AI systems cannot respond with real empathy or judgement the way trained therapists do. A good human therapist is said to be able to treat patients equally, show empathy, and challenge

a patient's thinking when appropriate. Moreover, AI models are intelligent but lack wisdom and fail to deliver criticism. A study demonstrated that AI models lack the capacity to understand culture, lived experience, or social context. Because of this, its advice and solutions are overly simple or inappropriate for a patient's situation. This lack of empathy by the AI model naturally limits its ability to provide constructive and sensitive criticism for mental health patients (<https://pmc.ncbi.nlm.nih.gov/articles/PMC12314210/>). Finally, the use of AI for interaction with patients has been proven to be a barrier in creating emotional bonds and personalized outcomes with patients. Patients also tend to demonstrate lower trust in the physician when AI was involved in the treatment process, rather than simply facilitating administrative tasks (<https://pmc.ncbi.nlm.nih.gov/articles/PMC11167322/>). Lower trust can make the treatment less effective. Regulating the use of AI in psychotherapeutic services treating mental health patients is crucial to ensure transparency and result in the best health outcome possible. Clearly defining the boundaries around the use of AI will provide a guideline for medical professionals amid the fast-paced integration of AI in medicine.

Rico Vota, Governor's Office of Legislative Affairs