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HEALTH EDUCATION AND ADVOCACY UNIT

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February 27, 2026

To: The Honorable Kriselda Valderrama, Chair
Economic Matters Committee

From: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

Re: House Bill 0883 - Consumer Protection – Artificial Intelligence – Behavioral
Health Care Prohibitions **SUPPORT IN CONCEPT**

The Office of the Attorney General’s Health Education and Advocacy Unit (HEAU) supports the aims of HB883. This bill addresses evolving consumer protection issues of transparency, safety, and accountability in AI applications, particularly in behavioral health contexts. These protections are essential to prevent misleading representations and mitigate risks for vulnerable users.

Recent disturbing developments highlight the urgent need for this legislation. A [Danish study](#) reviewing nearly 54,000 mental health records found dozens of cases in which patients experienced worsened delusions, mania, suicidal thoughts, and eating disorders after interacting with AI chatbots, underscoring the potential for harm when AI enters clinical contexts without proper oversight. Multiple tragic teen suicides have been tied to AI chatbot interactions.

Tragically, in February 2025, a [young teen died by suicide](#) while interacting with an AI chatbot that failed to provide crisis intervention. This young boy sought support from an AI chatbot during a mental health crisis. Instead of directing him to trusted adults or professional help, the chatbot reportedly reinforced his suicidal thoughts and even assisted in drafting a suicide note—interactions his parents discovered only after his death.

In April 2025, Adam Raine died by suicide. His parents filed a wrongful-death lawsuit against OpenAI and its CEO, alleging that their son’s interactions with ChatGPT contributed to his suicide. According to the lawsuit, ChatGPT “actively helped Adam explore suicide methods,” encouraged him to drink, offered to write a suicide note, and urged him to keep his suicidal thoughts private. The family contends that OpenAI failed to implement adequate emergency protocols during the conversation and that safeguards intended to direct users to crisis resources failed during extended sessions.

This pattern has emerged repeatedly, with families only discovering after their child’s death that they had been turning to a chatbot in their final moments of crisis. These stories underscore the profound risks posed when unregulated AI systems are allowed to simulate therapeutic relationships or respond to vulnerable users without safety guardrails. It is a stark reminder that AI tools, while powerful, can dangerously mislead those in crisis, and that clear consumer protection is essential to prevent similar tragedies.

This bill will protect Marylanders by:

- ***Prohibiting AI from practicing behavioral healthcare*** - AI systems will be barred from independently diagnosing, treating, or counseling—ensuring only licensed professionals guide patient care.

Behavioral healthcare services require a high degree of professional judgment and human interaction. AI lacks the ability to holistically consider a patient’s complex personal history, cultural context, and varied symptoms and factors among other things. The use of unregulated AI in these areas poses significant risks to patient safety, confidentiality, and autonomy. The prohibitions in this bill are rooted in ensuring patient safety, clinical accountability, ethical responsibility, and data privacy

- ***Creating statutory disclosures*** - AI tools must display clear and conspicuous notice that the consumer is not communicating with a human.

Presenting an AI persona as a real human is inherently deceptive, as is conduct that would cause a consumer to reasonably infer they are interacting with a real person. Such conduct is currently prohibited by the Consumer Protection Act, but we support inclusion of an affirmative statement. *We recommend strengthening the language to require that the disclosure be restated in each meaningful context, not just at the beginning of each use.*

- ***Creating safeguards*** – AI tools must detect and address suicidal ideations or expression of self-harm by referring to appropriate services.

AI tools are increasingly interacting with individuals who express distress, hopelessness, or suicidal ideation. When AI systems lack the ability to recognize this risk—or provide inaccurate or inappropriate responses—individuals can be placed in serious danger. Recent incidents have shown that unregulated AI platforms have failed to detect suicidal intent, worsened existing mental health symptoms, or provided advice that inadvertently encouraged self-harm. Requiring protocols that detect and address suicidal ideations or expression of self-harm and referring to appropriate services plays a critical role in public safety. As drafted, this bill makes clear that AI should not provide therapeutic guidance or clinical recommendations itself; instead, its role must be limited to identifying risk and directing individuals to licensed professionals or crisis services.

The bill does the following, which could be refined through amendment:

- ***Allows for the use of AI by licensed providers for Administrative Tasks***

Behavioral health providers should be permitted to use AI for administrative tasks because doing so reduces burdens, increases access, and enhances accuracy, while still ensuring that all clinical care is delivered by licensed professionals. *We believe the bill should provide a greater framework to define the bounds of administrative tasks.*

The bill also exempts from coverage “Any advertisement, statement, or representation for or relating to any product meant to provide advice and guidance relating to behavioral health if the product does not claim to offer or provide behavioral health care.” *This exemption is vague and should be more narrowly tailored.*

- ***Empowers enforcement with significant penalties*** - The Attorney General will have authority to enforce compliance, with civil fines up to \$1 million per violation directed to the Behavioral Health Administration fund.

As drafted, the enforcement power isn’t tied to a particular statute, and the civil penalty does not align with the penalty provisions in the Consumer Protection Act. Accordingly, structurally we recommend moving the enforcement and penalty provisions to newly created 14-5103 and substituting following language, (A) A VIOLATION OF THIS SUBTITLE IS: (1) AN UNFAIR, ABUSIVE, OR DECEPTIVE TRADE PRACTICE WITHIN THE MEANING OF TITLE 13 OF THIS ARTICLE; AND (2) SUBJECT TO THE ENFORCEMENT AND PENALTY PROVISIONS CONTAINED IN TITLE 13 OF THIS ARTICLE. (B) IN ADDITION TO REMEDIES PROVIDED UNDER TITLE 13 OF THIS ARTICLE, THE ATTORNEY GENERAL MAY BRING AN ACTION AGAINST AN DEVELOPER TO RECOVER A CIVIL PENALTY NOT TO EXCEED \$1,000,000 FOR EACH VIOLATION. (C) THE REVENUES FROM THE CIVIL PENALTIES ASSESSED UNDER SUBSECTION (B) OF THIS SECTION SHALL BE DISTRIBUTED TO THE BEHAVIORAL HEALTH WORKGROUP INVESTMENT FUND ESTABLISHED UNDER § 10-1502 OF THE HEALTH – GENERAL ARTICLE.

Additional Amendment

We also recommend amending the definition of Artificial Intelligence. We prefer a broader definition like that contained in the Insurance Article. The bill’s definition does not adequately address two aspects of artificial intelligence. First, by referring only to “predictions, recommendations, or decisions,” and omitting any reference to content, the definition may not clearly encompass systems whose primary function is the generation of content or other original outputs. Although content generation can be described in technical terms as a form of prediction, that characterization is not readily apparent from the term’s ordinary meaning. Second, by restricting the objectives to those that are “human-defined,” the definition does not clearly encompass implicit objectives—goals not explicitly coded but learned from data or inferred from behavior.

These omissions risk creating regulatory gaps and may undermine the effectiveness of the legislation as applied to contemporary and future artificial intelligence models. As artificial intelligence systems generate content and increasingly operate with varying degrees of autonomy, the HEAU recommends the definition found in the Maryland Insurance Code:

“Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. Md. Code Ann., Ins. § 15-10B-05.1.

This definition aligns with the definition used in many other state artificial intelligence regulations. *See, e.g.*, California’s CA Gov’t Code § 11546.45.5 (2024) and Colorado’s C.R.S. § 6-1-1701(2)). This definition also provides sufficient flexibility to accommodate both existing technology and future developments.

Considering the clear evidence of harm, the increasing sophistication of AI systems, and the urgent need for guardrails to protect vulnerable Marylanders, HB 883 provides essential, timely, and responsible consumer protections. By drawing bright lines between safe administrative uses of AI and prohibited clinical functions, clarifying transparency requirements, and empowering meaningful enforcement, this bill ensures that innovation does not outpace public safety. The tragic cases in which AI systems have failed individuals in crisis demonstrate that the need for these protections are not theoretical; the protections are necessary to save lives, prevent misleading representations, and preserve the integrity of behavioral health care. With thoughtful amendments to clarify definitions, disclosures, and the enforcement structure, HB 883 can safeguard consumers while supporting ethical technological advancement.

For these reasons, we urge careful consideration of these recommendations and support for this critical legislation. Thank you for taking this information into consideration when reviewing HB883.

cc: Delegate Lily Qi
Delegate Adrian Boafu
Delegate Michele Guyton
Delegate Anne R. Kaiser
Delegate Jeffrie E. Long, Jr.
Delegate April Miller
Delegate Julie Palakovich Carr
Delegate April Rose
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Delegate Veronica Turner
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