

## Testimony for HB 995

### Health Occupations - Behavioral Health Care Providers - Use of Artificial Intelligence

February 24, 2026

#### Support

Thank you Chair Bagnall, Vice Chair Cullison, and all the members of the Health Committee for the opportunity to provide testimony and for addressing this urgent need for protections and limits governing the use of artificial intelligence as it pertains to the provision of behavioral health services. HB 995 takes steps to ensure that AI tools, used in mental-health contexts, meet standards for safety, transparency, privacy, and appropriate use, while preserving innovation and access to supportive technologies that are not intended to replace professional care.

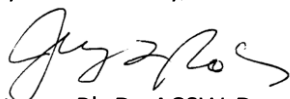
As AI systems become increasingly accessible to the public, individuals experiencing emotional distress or mental-health symptoms are turning to these tools for support. While AI can be helpful in many domains, its use in behavioral-health contexts carries significant risks—risks that HB 995 will address. While AI can mimic supportive language, but it cannot understand the emotional, cultural, or contextual reality of a person in distress. It lacks therapeutic rapport, empathy, clinical reasoning, and the ability to adapt to shifting risk factors in real time. AI models are not clinically trained, nor can they reliably interpret symptoms or risk levels and often offer advice that is incomplete, inappropriate, biased, or unsafe.

A growing concern is not only the public's use of AI, but the possibility that licensed mental-health professionals may rely too heavily on AI tools in place of their own training and critical thinking. When this happens, clinical decision-making becomes compromised and providers may unintentionally delegate therapeutic functions to a tool that is not capable of practicing behavioral health. Clients may also lose trust if they discover the clinician is using AI instead of engaging thoughtfully with their experiences. This undermines one of the most important predictors of successful treatment: a strong, authentic therapeutic relationship. Standards for documentation, informed consent, and oversight are currently absent and HB 995 would establish the safeguards to ensure AI is used as a supplementary tool—not a clinical decision-maker.

It is our understanding that the committee is considering amendments to further clarify the intent of HB 995 and we are also in support of those amendments.

I respectfully request a favorable committee report on HB 995.

Respectfully submitted by,



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