



February 25, 2026

The Honorable Members

Maryland House Health Committee

House Bill 995-Health Occupations - Behavioral Health Care Providers - Use of Artificial Intelligence

Position: Letter of Concern

Dear Chair, Bagnall and Members of the Health Committee:

On behalf of LifeBridge Health, I write to express concerns with House Bill 995, *Health Occupations – Behavioral Health Care Providers – Use of Artificial Intelligence*. While we share the bill proponent’s objective to protect patients and ensure the safe use of emerging technologies, the current text of HB 995 contains provisions that are *overly broad and misaligned* with existing regulatory frameworks for patient consent and telehealth and could inadvertently hinder clinical innovation that supports high-quality care delivery.

Maryland’s current regulations already require providers to obtain appropriate patient consent for telehealth services, including documentation of consent (which may be verbal) in the medical record unless an emergency precludes doing so. However, the informed consent language in HB 995 (requiring written consent whenever an AI system “could materially affect clinical decision-making services or patient-facing services”) does not reflect this established practice and could create duplicative or conflicting requirements for behavioral health care providers who already follow robust telehealth informed consent standards and create barriers for patient access.

The bill’s prohibition on using artificial intelligence to provide behavioral health care directly to a patient — including assessment, treatment planning, therapeutic communication, and other clinical functions — could potentially be interpreted to *preclude use of AI-supported clinical decision support tools that augment clinician judgment (e.g., systems that identify differential diagnoses or surface evidence-based treatment guidelines)*. Such tools are integrated into electronic health record workflows and used responsibly by clinicians to support safe, evidence-informed decisions. A prohibition without clear differentiation between autonomous AI care delivery and clinician-supervised AI augmentation risks blocking beneficial innovations that maintain clinician control while improving care quality.

LifeBridge Health supports appropriate patient safeguards when using AI for administrative support tasks — as HB 995 acknowledges — and we agree that providers should retain responsibility for reviewing any AI-generated information. However, emerging clinician-facing tools that *highlight potential clinical issues*, prioritize evidence-based treatment options, or prompt consideration of differential diagnoses do not operate as autonomous care providers but rather as *augmented decision support*. A broad prohibition could impede adoption of these tools that enhance clinician capacity, reduce diagnostic errors, and improve patient outcomes.



LifeBridge Health appreciates the Legislature's careful attention to responsible use of AI in health care and supports safeguarding patient autonomy and privacy. However, we respectfully request that the committee consider implications that would create additional barriers for adoption of clinician appropriate tools and support patients accessing care in their preferred method.

Thank you for your consideration.

Respectfully,

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