

To: Chair Heather Bagnall and members of the House Health Committee

From: Will Tilburg
Vice President, Government and Regulatory Affairs, UMMS

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Re: House Bill 995 – Health Occupations – Behavioral Health Care Providers – Use of Artificial Intelligence – Letter of Concern

The University of Maryland Medical System (“UMMS”) respectfully submits this letter of concern for House Bill 995 – Health Occupations – Behavioral Health Care Providers – Use of Artificial Intelligence. House Bill 995 (“HB 995”) would prohibit a behavioral health care provider from using artificial intelligence (AI) in the care of a patient and require written consent from a person before using AI for administrative support tasks such as scheduling and billing.

UMMS appreciates the intent of HB 995 and shares the goal of ensuring that AI is not used to independently deliver behavioral health therapy or replace licensed clinicians. Safeguarding patients from unsupervised AI “therapy bots” is an important and timely objective. However, as currently drafted, the bill’s broad prohibition on AI use in behavioral health assessment does not clearly distinguish between AI acting independently and AI functioning as clinical decision support (“CDS”) that assists, but does not replace, professional judgment. This lack of distinction could unintentionally prohibit beneficial tools such as risk stratification systems (e.g. healthcare tools that assess and categorize patients based on risk of adverse health outcomes and helps enable targeted interventions), behavioral pattern identification tools (e.g., healthcare tools that collect, analyze, and interpret behavioral data over time in order to detect recurring patterns, triggers, and functions of behavior), electronic medical record (EMR) clinical prompts, or even AI-assisted tools that help generate cognitive behavioral therapy homework as part of a clinician-developed treatment plan. Because these tools are connected to patient interactions, they could be interpreted as impermissible, even though they enhance, rather than replace clinical care.

Additionally, UMMS and other hospitals and health systems are increasingly integrating AI into clinical practice, and certain decision-support applications are becoming standard across specialties. HB 995 could have a chilling effect extending beyond behavioral health providers to primary care physicians using AI-powered depression screening tools or emergency physicians relying on triage systems that flag suicide risk. Overly broad statutory language risks overregulation that may restrict innovation and impede responsible adoption of advanced technologies in healthcare settings. As technology evolves, the bill as written may inadvertently hinder future practice improvements that promote safety, efficiency, and quality of care.

The administrative requirements outlined in the bill would create significant operational and financial burdens on providers, particularly individual practitioners and small practices. Requiring additional documentation, including written and verbal consent to use technology for routine practices such as scheduling, will reduce efficiency and shift valuable staff time and focus away from patient care and toward compliance obligations.

Finally, during the 2025 legislative session the General Assembly passed House Bill 956, which established a statewide **Workgroup on Artificial Intelligence Implementation**. The Workgroup is tasked with monitoring the development of AI and making policy recommendations on AI, including “the regulation of artificial intelligence used in decisions that significantly impact the livelihood and life opportunities of individuals in the State,” “current private sector use of artificial intelligence,” and “general artificial intelligence disclosures for all consumers.” The Workgroup is made up of several members of the General Assembly and State executive agencies, and is required to include at least two representatives of the health care sector. The Workgroup’s initial report of policy recommendations to regulate AI will be submitted on or before July 1, 2026, and will include AI in healthcare in its scope. Therefore, UMMS recommends that the Committee and the General Assembly defer consideration of legislation regulating AI in behavioral health care until the Workgroup completes and submits its mandated report.

Thank you for your leadership on this issue and for your consideration of these comments.

For more information, please contact:
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