

**TO:** The Honorable Heather Bagnall, Chair  
*Health Committee*

**HB995**  
**Unfavorable**

**FROM:** Brandon Floyd  
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**DATE:** February 23, 2026

**RE:** HB995: Health Occupations Behavioral Health Care Providers Use of Artificial Intelligence

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Johns Hopkins opposes **HB995: Health Occupations - Behavioral Health Care Providers - Use of Artificial Intelligence**. This bill prohibits the usage of artificial intelligence (AI) by behavioral health care providers to assess, diagnose, treat, or counsel patients; develop a treatment plan; facilitate case management; or perform therapeutic communications. Additionally, HB995 allows for AI tools that assist in performing administrative support tasks under certain conditions.

Across the U.S., states are grappling with understanding where, when, and how artificial intelligence (AI) should be used in clinical spaces. Johns Hopkins, like many other institutions, has incorporated artificial intelligence into behavioral health care by focusing on predictive analytics for suicide risk, digital monitoring for cognitive decline, and supporting clinical workflows to reduce burnout. HB995 prohibits the use of many of these AI tools, and others, that have been instrumental to improving behavioral health for Marylanders. While we appreciate the intent behind the bill, we too prioritize patient care and safety, and believe this bill is too broad in its approach.

### **Misguided Prohibitions in Behavioral Health**

The bill broadly prohibits the use of AI in behavioral health assessments without distinguishing between AI systems. It fails to recognize the critical difference between AI functioning independently, AI that serves as clinical decision support (CDS), and AI that is meant for improved human clinician efficiency. The latter two functions are designed to aid clinicians, enhancing their judgment without replacing it. Such a sweeping prohibition threatens valuable tools that can improve mental health care, improve productivity and efficiency for clinicians, and expand access to behavioral care.

### **Overregulation and Stifling Innovation**

HB995 represents an overreach that risks inhibiting innovation in healthcare settings. By imposing restrictive regulations on AI usage, this bill could prevent the development and integration of advanced technologies that are essential for improving patient outcomes. In a rapidly evolving field, we must embrace technological advancements rather than stifle them with statutory and regulatory restrictions. Marylanders should have access to clinical care teams who are leveraging safe and high-quality tools that can improve their care, and regulation should emphasize pathways to safety and evidence, not broad non-specific restrictions. Further, there is possibility this bill could stifle Institutional Review Board(IRB)-approved research using AI in behavioral care, further limiting Maryland's leadership position in advancing novel healthcare innovations.

**Unintended Consequences for Multiple Specialties**

The chilling effect of HB995 extends beyond behavioral health specialists. Primary care physicians utilizing AI-powered depression screening tools and emergency physicians relying on triage systems to identify suicide risk could also be adversely impacted. This far-reaching restriction jeopardizes the care provided to a wide array of patients and stifles the collaboration that AI fosters among different specialties. Further, it would create a fragmented environment for providers who treat both behavioral health *and* other health issues, such as primary care clinicians. Those clinicians would live in a clinical environment where they need to make real-time decisions about what tools to “turn off” should behavioral health discussions enter a clinical encounter. This type of fragmentation is not only difficult, clinically and operationally, but adds immense cost to advancing innovative technologies for our patients. It is imperative that we establish sensible guardrails that promote the responsible usage of AI in healthcare, rather than imposing restrictive measures that inhibit innovation and neglect the best interests of patients.

Accordingly, Johns Hopkins respectfully requests an **UNFAVORABLE** committee report on HB995.