



Maryland
Hospital Association

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

Position: *Oppose*
February 25, 2026
House Health Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in respectful opposition to House Bill 995.

While we agree that AI should not be used autonomously to conduct therapeutic communication, including assessment, diagnosis, or treatment of behavioral health conditions, HB 995 does not distinguish between AI that replaces clinical decision-making and AI that supports it as an adjunct tool that improves efficiency while keeping clinicians in control. AI does not replace clinical judgment in these cases; it merely enhances clinical care. This distinction is critical in modern health care delivery.

Emerging evidence points to the promising role AI can play in improving treatment planning, formulating preventive interventions, and facilitating preventive mental health care.^{1,2} The use of any such assistive AI technology should be accompanied by clinical oversight to ensure that AI-generated insights are accurate, reliable, and safe for patients. Hospitals support this goal. However, a prohibition on the adjunctive uses of AI in behavioral health care, outside of administrative tasks, could impede quality of care and limit the development and adoption of tools that can enhance the accessibility and efficacy of mental health care.

As written, although the bill primarily focuses on the practice of behavioral health practitioners, its prohibitive structure may have downstream effects on other clinicians who often address behavioral health needs. For instance, primary care doctors or emergency physicians may use AI-powered tools to screen for depression, self-harm tendencies, or suicidal risk. AI-enabled screening or triage support can be particularly valuable for providers without subject matter expertise or behavioral health training. The broad prohibition proposed by HB 995 could inadvertently discourage or restrict these appropriate uses, undermining early identification and intervention.

Finally, current bill language does not mirror the telehealth requirements around consent. Specifically, §1–231(D) in the bill requires a behavioral health care provider to obtain written

¹ Alhuwaydi AM. Exploring the Role of Artificial Intelligence in Mental Healthcare: Current Trends and Future Directions - A Narrative Review for a Comprehensive Insight. *Risk Manag Healthc Policy*. 2024 May 21;17:1339-1348.

² Olawade, D. B., Wada, O. Z., Odetayo, A., David-Olawade, A. C., Asaolu, F., & Eberhardt, J. (2024). Enhancing mental health with Artificial Intelligence: Current trends and future prospects. *Journal of medicine, surgery, and public health*, 3, 100099.

informed consent from each patient. This poses a challenge in telehealth situations where written consent is not always feasible and does not align with the existing telehealth consent framework in §1–1002 of the Health Occupations Article that allows either oral or written consent for telehealth services.

We support the need to ensure that behavioral health care remains grounded in clinical judgment and the therapeutic relationship. However, HB 995 imposes an overly broad prohibition on the use of AI in behavioral health care, unintentionally restricting the use of beneficial, clinically supervised technologies.

For these reasons, we request an unfavorable report on HB 995.

For more information, please contact:

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