February 25, 2026

Representative Alyssa Black, Chairwoman of the
House Committee on Health Care
115 State Street
Room 42
Montpelier, VT 05633

RE: **AHIP Comments on H.814, An act relating to neurological rights and the use of artificial intelligence technology in health and human services**

To Chairwoman Black and Members of the House Committee on Health Care,

America's Health Insurance Plans (AHIP) appreciates the opportunity to provide comments on H.814, which regulates the use of artificial intelligence (AI) in health care, including its use in utilization review.

AHIP appreciates the Committee's recognition of the important role AI can play in health care as a tool for utilization reviews. We also acknowledge Section 9971(a)'s requirement that AI tools must comply with various applicable State and federal laws, as well as the requirement to have a human involved in medical necessity review under Section 9971(b). However, we urge the Committee to consider language to preserve national uniformity in the regulation of AI, which could undermine innovation and raise costs for consumers.

Artificial intelligence (AI) provides improvements in health care. Health plans are leveraging AI tools today to improve health outcomes, increase access to care, enhance consumer experience, and generate operational efficiencies that lower costs. For example:

- *Automated Algorithms* – to **approve** requests (denials based on clinical factors are not made without human review);
- *Machine Learning* – to automatically retrieve necessary documentation in the electronic health record;
- *Natural Language Processing* – to parse clinical notes to identify documentation;
- *Image Recognition* – to identify pictures, radiographic films, etc.;
- *Generative AI* – to pre-populate the PA request for the clinician to review and submit; and
- *Clinical Decision Support* – within the electronic health records to diminish the need for PA by ensuring care is evidenced-based.

Legislation should not restrict the use of AI that can benefit patients. AI can shorten decision making, reduce provider burden, increase administrative efficiency, ensure the safety and quality of care, and enhance affordability for patients.

AI Standards and Regulations Need to be Uniform

We urge the Committee to ensure the definitions in Section 9751, which include "Artificial intelligence," along with other terms, align with nationally accepted standards regarding AI-related terminology and

definitions (e.g., "Artificial Intelligence," "Machine Learning," "Algorithm"), such as those included in the National Institute of Standards and Technology (NIST) AI Risk Management Framework.[1] Consistent definitions improve clarity, support uniform implementation, build consumer trust, reduce compliance burdens, and enhance interoperability.

Furthermore, new legislation should not duplicate laws and instead only fill gaps in existing health data and consumer protection laws and regulations. Entities regulated under state insurance laws should generally be exempt from additional state AI legislation. Insurers comply with extensive federal and state laws already in place, including HIPAA, the Affordable Care Act, anti-discrimination laws, and laws related to corporate governance, laws that address health care privacy, security, bias, and laws that cover other AI-related areas. States should build on these existing areas of law, rather than enacting overlapping regulatory structures that create complexity, confusion, and unnecessary costs that divert consumer premiums away from care and cause consumer confusion.

For example, on March 12, 2024, the Department of Financial Regulation issued Insurance Bulletin No. 229: The Use of Artificial Intelligence Systems in Insurance, thereby adopting the NAIC's Model, which serves as a regulatory guide for insurance companies on the use of AI.

This includes transparency and explainability, which are critical to advance trust and accountability in the use of AI. Developers and programmers of AI tools should be required to provide their clients, such as deployers, with sufficient information to assess the safety, privacy, security, and other critical factors of an AI tool. This should include, at minimum, the purpose, governance process, data inputs, validation, and monitoring programs associated with the AI tool. Health plans should not be held liable for unknown factors associated with technology purchased from developers. Developers should hold that responsibility.

AI tools, however, should not be required to make full public disclosure of detailed proprietary information that could compromise intellectual property or cybersecurity. States should seek to balance sufficient disclosures for deployers, while at the same time avoiding a level of public disclosure that discourages innovation.

Thank you for your consideration of these comments. AHIP stands ready and willing to work with policymakers in Vermont and we look forward to more opportunities to provide input in this area. If you have any questions or concerns regarding our comments and would like to discuss these matters further, please contact Sarah Lynn Geiger at slgeiger@ahip.org or by phone (609) 605-0748.

Sincerely,

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cc: Members, House Committee on Health Care
         Jonathan Wolff, AHIP Retained Counsel

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[1] https://www.nist.gov/itl/ai-risk-management-framework.

ABOUT AHIP

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