HOUSE HEALTH COMMITTEE AND COMMUNICATIONS & TECHNOLOGY COMMITTEE INFORMATIONAL MEETING

Tuesday, March 24th, 2026

9:00am

G-50, Irvis Office Building

Harrisburg, PA

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1. Call to Order

Panel One - Hospitals

Srinath Adusumalli, MD, MSHP, MBMI, FACC
Vice President and Chief Health Information Officer, University of Pennsylvania Health System

Robert Kruklitis, MD, PhD, MBA
Executive Vice President and Chief Clinical Officer, Guthrie

Panel Two - Providers

Lori Kreider, RN
Penn State Hershey Medical Center

Kirklan Kathe, MD
Forensic Psychiatry Fellow, University of Pennsylvania

Panel Three - Insurers

Michael Yantis
Vice President, State Government Affairs, Highmark Health

Michael Barber
Senior Director of Responsible AI, Highmark Health

Jonathan Greer
Insurance Federation of Pennsylvania

2. Adjournment

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PENNSYLVANIA HOUSE HEALTH AND COMMUNICATIONS AND TECHNOLOGY COMMITTEES

Perspectives on Adoption of Health Artificial Intelligence

Srinath Adusumalli, MD, MSHP, MBMI, FACC
Vice President and Chief Health Information Officer
University of Pennsylvania Health System

Associate Professor of Clinical Medicine and Informatics
Adjunct Professor of Healthcare Management
University of Pennsylvania Perelman School of Medicine and The Wharton School

February 3rd, 2026

Change is imperative

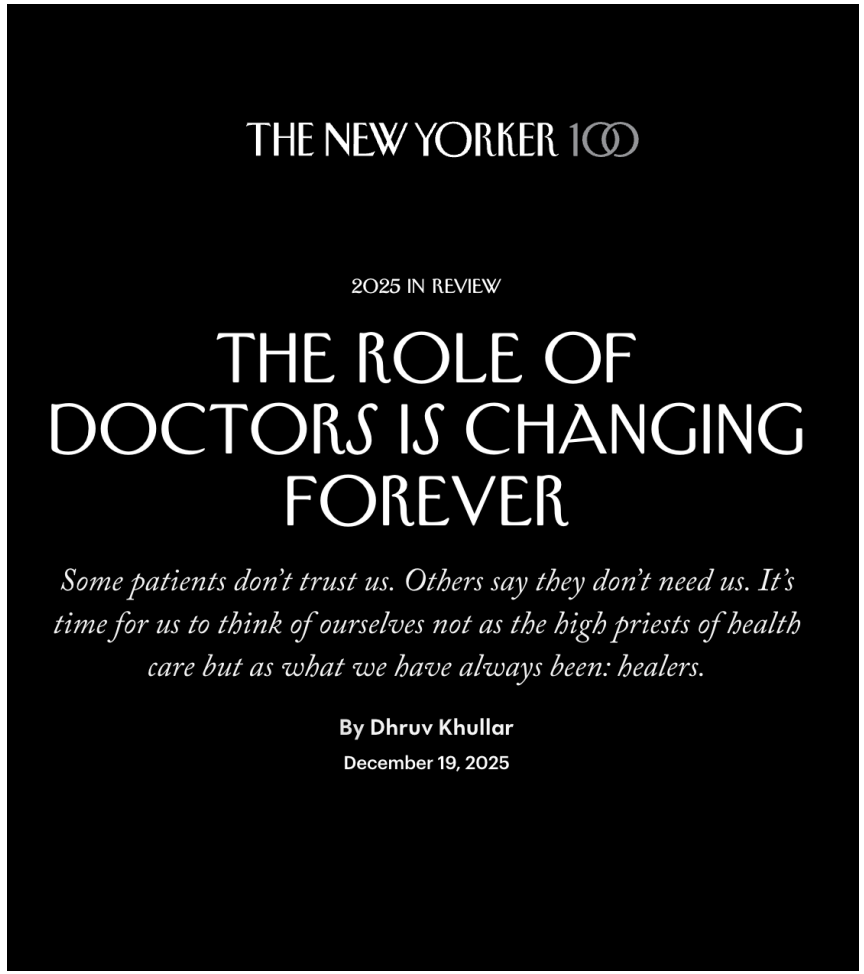
THE STATUS QUO IN HEALTHCARE DELIVERY IS NOT SUSTAINABLE

DEMAND SURPASSES CAPACITY OF CURRENT SYSTEMS

ADMINISTRATIVE BURDEN ON CLINICIANS

SYSTEM, EMPLOYER, PATIENT FINANCIAL PRESSURES MOUNTING

CONSUMERISM/ DEMOCRATIZATION OF MEDICAL INFORMATION



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What is Artificial Intelligence?

AI IS NOT NEW, BUT IT'S INCREASING ACCESSIBILITY IS A RECENT DEVELOPMENT

Artificial Intelligence

- Technical solutions that mimic human intelligence
- Does not have to be a "learning" system
- Examples: Robotics, self-driving cars

Machine Learning

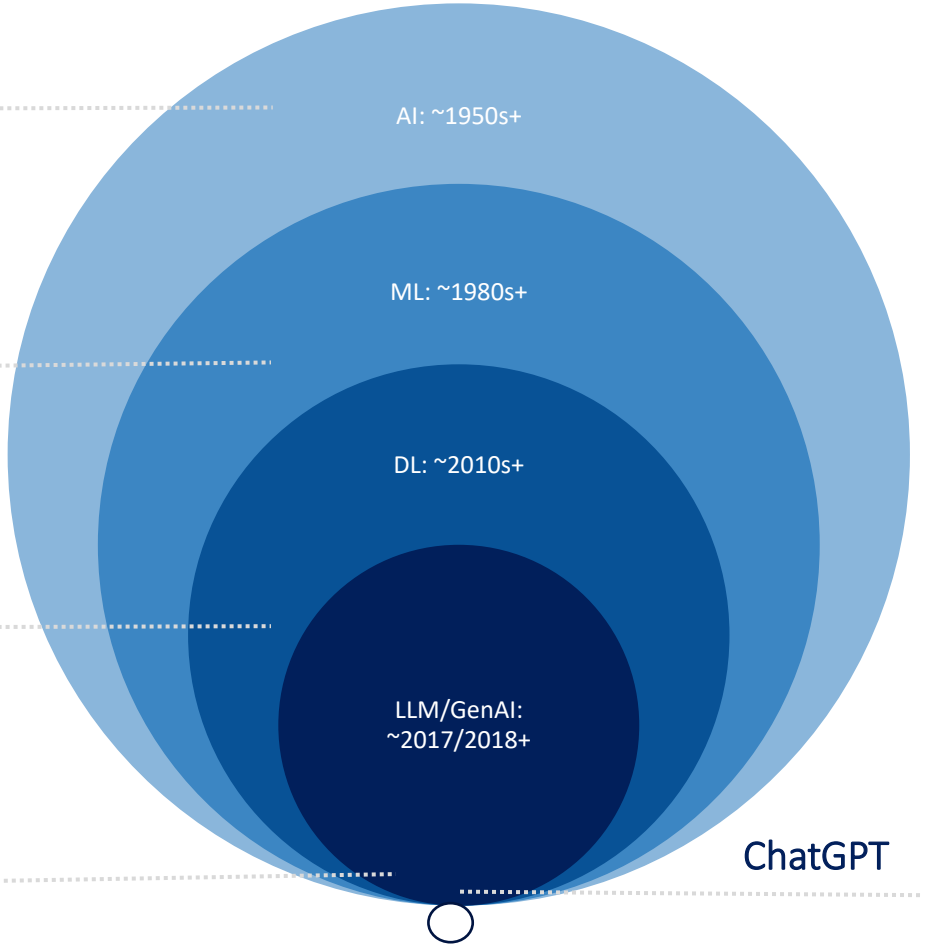
- Subset of AI that lets computer systems "learn" from data
- Until recently, focused on predictions & optimizations
- Examples: fraud detection, risk prediction, segmentation

Deep Learning

- Type of ML, uses "neural networks" to mimic human thinking
- Great expansion to harnessing unstructured data
- Examples: Image & document classification, modern NLP

Large Language Models / Generative AI

- Expanded on DL to specialize in "generative" capabilities
- Adds "creativity" and ease of interaction lacking previously
- Examples: summarization, create art, virtual assistants



Slide adapted from Srinivas Sridhara

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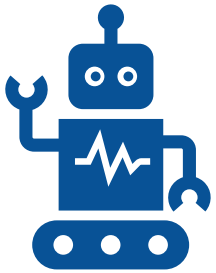
There have been several epochs of AI in healthcare

Approximate beginning year	1950s **AI 1.0** Symbolic AI and probabilistic models	2011 **AI 2.0** Deep learning	2018-2022 **AI 3.0** Foundation models
Core functionality and key features	Follows directly encoded rules (if-then rules or decision trees)	Predicts and/or classifies information Task-specific (1 task at a time); requires new data and retraining to perform new tasks	Generates new content (text, sound, images) Performs different types of tasks without new data or retraining; prompt creates new model behaviors
Training method	Rules based on expert knowledge are hand-encoded in traditional programming	Learning patterns based on examples labeled as ground truth	Self-supervised learning from large datasets to predict the next word or sentence in a sequence
Performance capabilities	Follows decision path encoded in its rules. *Eg, ask a series of questions to determine whether a picture is a cat or a dog.*	Classifies information based on training: *"Is this a cat or a dog?"* *"How many dogs will be in the park at noon?"*	Interprets and responds to complex questions: *"Explain the difference between a cat and a dog."*
Examples of performance	IBM's Deep Blue beat the world champion in chess **Health care:** Rule-based clinical decision support tools	Photo searching without manual tagging, voice recognition, language translation **Health care:** diabetic retinopathy detection, breast cancer and lung cancer screening, skin condition classification, predictions based on electronic health records	Writing assistants in word processors, software coding assistants, chatbots **Health care:** Med-PaLM and Med-PaLM-2, medically tuned large language models, PubMedGPT, BioGPT
Examples of challenges and risks	Human logic errors and bias in encoded rules lead to limited capability with real-world situations	Out-of-distribution problems (real-time data differs from training data) Catastrophic forgetting (not remembering early parts of a long sequence of text) Bias related to underlying training data	Hallucinations (plausible but incorrect responses based solely on predictions) Grounding and attribution Bias related to underlying training data and semantics of language in datasets

Howell MD, Corrado GS, DeSalvo KB. Three epochs of artificial intelligence in health care. *JAMA*. 2024;331(3):242-244. doi:10.1001/jama.2023.25057

AI in healthcare



Artificial intelligence

Development of computer systems/software which (automatically) perform tasks typically requiring human intelligence

- Problem-solving, learning from experience, understanding natural language, recognizing patterns, making decisions

Augmented intelligence

The use of artificial intelligence technologies to enhance human intelligence and decision-making

- Human-centered design, workflow integration critical

Focus areas for AI in health systems

Bolster access and appropriate triage to safe, high-quality care and diagnostic testing

Promote personalized and proactive management of health and disease

Train, recruit, retain, and delight care teams

Reduce administrative burden across care teams

Improve quality, safety, and equity of care delivery

Become thought leaders in responsible health AI evaluation and pragmatic implementation

Develop organizational competencies across our missions in the productive utilization of health AI

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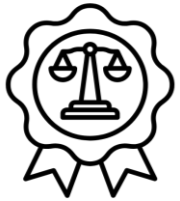
Our foundational principles

WHAT REMAINS TRUE AS WE AUGMENT CARE WITH TECHNOLOGY

PATIENT-CLINICIAN CONNECTION

HIGH-QUALITY, SAFE, EQUITABLE + ACCESSIBLE CARE



HUMAN-CENTERED AI: **PROACTIVELY MITIGATING RISKS, BIAS, + UNINTENDED HARM**

DELIGHTFUL PATIENT + CLINICIAN EXPERIENCES

CARE HAPPENS IN THE RIGHT SETTING: **HOME, COMMUNITY, CLINIC AND HOSPITAL**

Although technology offers an opportunity to reimagine how we provide care, we need to **maintain focus** on **our core principals**.

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High risk follow through

GENERATIVE AI FOR POPULATION HEALTH

Meet James.

In December 2024, James suffered a fall requiring a short hospital stay. During his admission, imaging revealed a 1.2cm, incidental pulmonary nodule requiring immediate follow up.

With no primary care provider in the system, this finding was lost to follow up.

In May 2025, HRFT **detected the overdue recommendation and facilitated direct pulmonology triage**. Additional testing confirmed cancer.

James **began radiation treatment earlier this month**.

Ambient intelligence

GENERATIVE AI FOR DOCUMENTATION AND MORE

"It has dramatically decreased my documentation burden and allowed me to have conversations with patients that don't require me to divert attention to the computer screen"

"I legitimately think this technology, once optimized, is the biggest advancement for outpatient primary care providers in decades"

"Far less time-saving than I had anticipated"

"The amount of time spent checking and correcting the generated text is equal to or exceeds the charting burden experienced without ambient"

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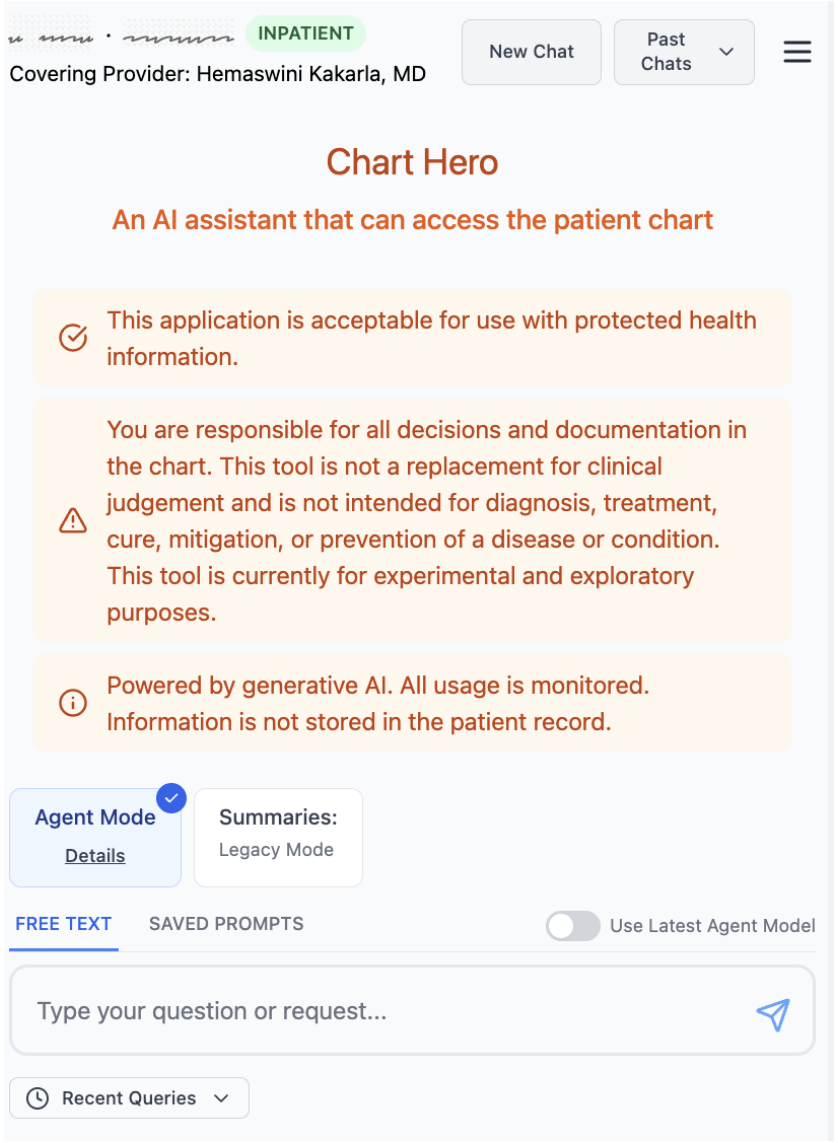
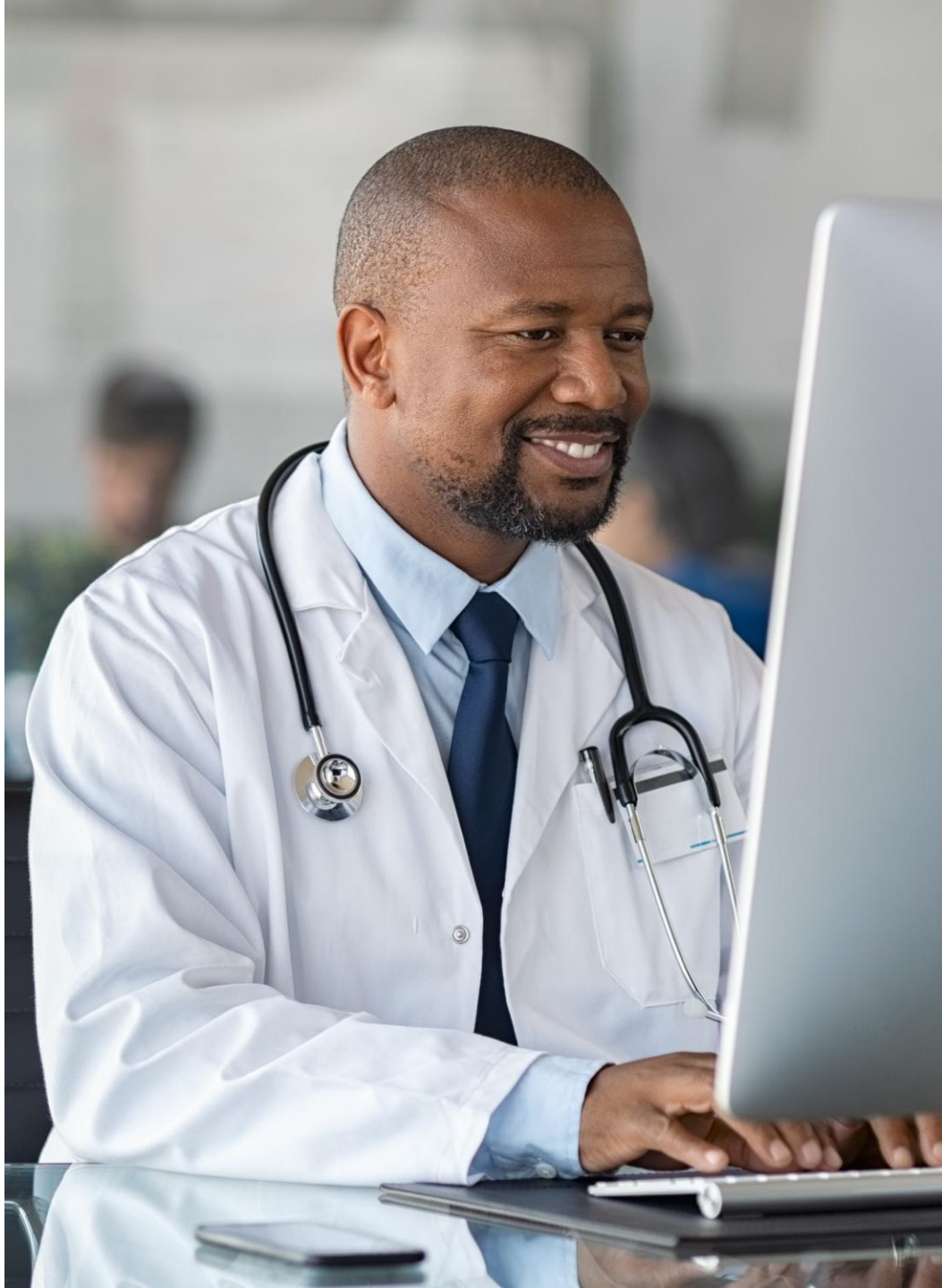
Chart Hero

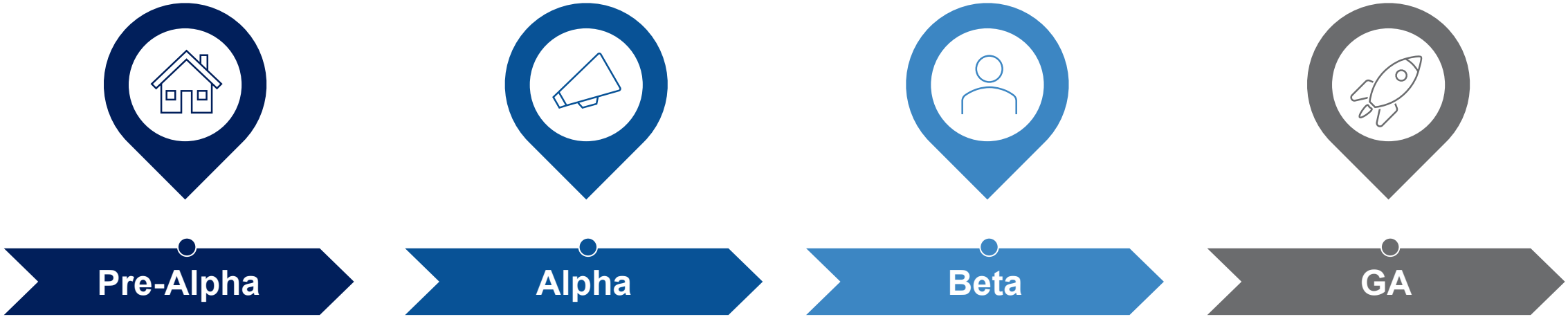
GENERATIVE AI CHATBOT FOR THE EHR





Rapid Cycle Validation of AI Applications

PROMOTE OR REJECT EACH TIME-BOUND STAGE



CHIO/CNIO Review

Targeted CHIO / CNIO review of capabilities

Quick clinical and operational value assessments

Single Site Review

Established innovation sites conduct pilots.

Assess feasibility, workflow integration, and clinical / operational value

Multisite Review

Multiple sites test capabilities.

Assess scalability, operational change management needs, training content

Scaled Deployment

General release across all sites

Ongoing monitoring and maintenance

Slide adapted from Srinivas Sridhara

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Data & AI Governance Focus Areas

MANAGING PATIENT, PROVIDER, FACULTY, AND ORGANIZATIONAL RISKS

Data & AI Governance			
Access & Compliance	Data Platforms	Data Standards	AI

Executive Committee Membership:

Emma Meagher, Senior Vice Dean, Clinical & Translational Research

Srinath Adusumalli, Chief Health Information Officer

Lauren Steinfeld, Chief Privacy Officer

Srinivas Sridhara, Chief Data & Analytics Officer

- Clinical & Operational Validation
- Data Rights, Data Security & Compliance
- Product & Service Rationalization
- Methods & Technical Review
- IP Rights
- Fairness & Bias

Slide adapted from Srinivas Sridhara

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Considerations for ensuring human-centric AI

Labor Arbitrage

- Job loss / limited hiring
- Upskilling
- Deskilling/mis-skilling/never skilling
- Training

Value Alignment

- Human / Org value alignment
- Collective vs. contextual values
- “Human” Relationships

Bias / Performance

- Bias acceleration or mitigation
- Inconsistent performance, including hallucinations, sycophancy

Security

- Deepfakes and Identity fraud
- Phishing / social engineering
- Cyberattacks

Privacy / Data Rights

- Consent & compliance
- Data use rights

Environment

- Energy consumption
- Water consumption

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Augmented intelligence will be woven throughout healthcare journeys

WE MUST LEARN HOW TO INCORPORATE IT SAFELY, RESPONSIBLY, AND EFFECTIVELY

- **Space to learn** by fostering innovation and safe, monitored pilots in service of and focused on patients and clinicians

- **Collaboration** between legislators and practitioners to develop effective and implementable safeguards for health AI

- **Right-sized** guardrails that recognize imperfections in systems of healthcare delivery and opportunities to improve on current practice, leveraging effective human and computer collaboration

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Testimony of Penn Medicine on AI in Healthcare

Joint Hearing of the Pennsylvania House Health and Communications & Technology Committees

Good morning, Chairpersons and members of the committees. Thank you for inviting us to share Penn Medicine's perspective on artificial and augmented intelligence in healthcare. My name is Srinath Adusumalli, and I am a practicing cardiologist as well as Vice President and Chief Health Information Officer for the University of Pennsylvania Health System. In my role, I leverage the experience I have as an actively practicing cardiologist in the inpatient, outpatient, consultative, imaging, and procedural settings to lead our informatics teams, who are clinician-technologists working to bridge our technology and operational and clinical teams. I am also an Associate Professor in the Departments of Medicine, Biostatistics, Epidemiology, and Informatics, and Healthcare Management at the Perelman School of Medicine and the Wharton School, where I specialize in teaching on topics surrounding the digital transformation of healthcare. Finally, I am a former President and Governor of the Pennsylvania Chapter of the American College of Cardiology, where I also work on topics related to digital transformation relevant to cardiologists.

What is AI and why it matters in healthcare

Artificial intelligence, or augmented intelligence as we refer to it in the healthcare context (AI), refers to computer systems that can analyze data, recognize patterns, and support decision-making in ways that approximate aspects of human reasoning. At Penn Medicine, we view AI as a tool or method that serves our larger objectives of bolstering access to high-quality, safe, and effective care, moving from reactive to proactive care, and creating delightful environments for our care teams to practice in. We believe that rather than replacing the human touch, AI supports, augments, and elevates it - providing tools that help clinicians process complex data, detect trends, and make better decisions. In some cases, this might even mean certain processes ultimately become automated, with humans on- or out of the loop, in service of access to care, quality and safety of care delivery, and furthering connection between our patients and care teams. As a result, AI can simplify administrative work, improve operational efficiency, and free clinicians to focus on what matters most: caring for patients.

AI is not a standalone solution; it works best when it is targeted towards specific opportunities, thoughtfully integrated into clinical processes, and rigorously evaluated in relation to the outcomes that matter most. At Penn Medicine, we have been developing our expertise around the development and implementation of predictive and generative AI for the last decade. We have been exploring AI as part of a broader effort to make healthcare easier, smarter, and more patient- and consumer-centered. To that point, our goal is not just to introduce technology, but to use this opportunity to reimagine care processes in ways that scale evidence-based practices, reduce unnecessary administrative burdens, and ultimately improve outcomes for patients across the

health system. Put another way, truly improving healthcare outcomes will require not only AI as a tool but also changes in processes and human behavior.

Penn Medicine's foundational principles when applying AI

Although technology offers an opportunity to reimagine how we provide care, we are also anchoring our focus on AI on several core principles which will not change including:

- Elevating patient, clinician, and care team connections
- Promoting high-quality, safe, equitable, and accessible care in the brick and mortar and virtual settings best suited for a patient and the care they need
- Ensuring AI is deployed in a human-centered way where risks are proactively identified and mitigated including transparency bias, security and privacy, value alignment, and environmental concerns
- Creating delightful patient and clinician experiences

Clinical applications today

AI is already making a tangible difference in several practical ways across patient, clinician, and operational experiences. Throughout our enterprise, AI supports decision-making through predictive modeling and rapid evidence synthesis. Tools can analyze data from multiple sources, identify patterns, and offer insights that help care teams deliver proactive care and experiences, anticipate complications, prioritize interventions, and make timely, informed decisions. Importantly, AI is designed to inform and enhance - but not override - trained clinical judgment. Recommendations are validated against clinical expertise to ensure patient safety and quality of care. Some specific examples of AI use cases include:

- Our internally developed **High-Risk Follow Through** program leverages generative AI to identify high risk findings on imaging studies and within other data in our EHR, such as pulmonary nodules at risk of transforming into lung cancer, and then connect those patients to expedited detailed diagnosis and treatment, highlighting the potential of AI to help facilitate access to expert care. This type of program can also be paired with advances in computer vision to help radiologists and cardiologists better identify findings of concern. We now have a number of examples of patients where lung nodules that were cancerous were caught in early, very treatable stages prior to progressing to more advanced and difficult to treat disease.

- **ChartHero** is an internally developed product in pilot phase integrated into our electronic health record, PennChart. It functions as a smart generative AI-based chatbot assistant, helping clinicians sift through large volumes of patient data to quickly surface the information most relevant to each encounter, and contextualizes those data in evidence from the medical literature. By highlighting trends, labs, medications, and prior diagnoses in a concise format, ChartHero allows clinicians to spend less time navigating

multiple screens and more time providing quicker access to care and connecting with patients. In my own experience with this tool, for example, I have been able to shave several minutes off navigating and preparing for visits which is time that is reinvested for a productive patient visit.

- Our **AI scribe tool** listens to clinical encounters and drafts summaries and clinical notes in real-time, reducing the documentation burden. Clinicians using the tool report significantly more face-to-face time with patients, a reduction in clerical fatigue, and improved engagement directly with patients during visits. Some even have noted this tool has kept them in the practice of medicine. This illustrates a broader principle of AI in healthcare: it is most effective when it amplifies human expertise rather than replacing it.
- Our **prior authorization** portfolio of solutions uses generative AI to help facilitate, and in some cases eliminate, utilization management interactions, ultimately facilitating access to care including procedures as well as critical medications.

Future potential

Looking ahead, AI offers transformative potential within and beyond hospital walls. In our "precision sites of care" program, for example, patients receiving acute care at home are supported with AI-driven monitoring tools that integrate text messages, video visits, wearable sensors, and remote monitoring platforms. These systems can use physiologic data to detect early clinical warning signs, connect patients to the right care at the right time - all while keeping clinicians informed and able to act swiftly when needed.

AI also has the potential to improve patient and caregiver communication. Behaviorally designed personalized educational content, medication reminders, and culturally sensitive guidance can be delivered through digital tools accessible at every stage of care—whether during hospital stays, clinic visits, recovery at home, or ongoing chronic disease management. When designed thoughtfully, AI not only increases efficiency but also improves equity, engagement, and accessibility, helping ensure that all patients receive timely, understandable, and actionable health information.

Lessons from other states

Other states are already leading the way in demonstrating AI's potential in healthcare. For example, Utah recently partnered with an AI platform called Doctronic to safely manage prescription renewals (a highly protocolized space) for patients with chronic conditions. This pilot addresses a critical gap in medication management - especially important for populations transitioning off Medicaid - by ensuring patients receive timely prescription refills without unnecessary delays. The Utah program operates under a regulatory sandbox framework, which allows innovation to be tested safely while ensuring oversight, monitoring outcomes, and protecting patients.

Across the country, states such as Arizona, Texas, and Wyoming are exploring similar regulatory sandboxes, where new products and services can be piloted under temporarily relaxed regulations while maintaining supervision. These programs strike a balance between fostering innovation and ensuring safety, providing a path to improve access, reduce delays, and enhance outcomes without compromising trust.

Pennsylvania is uniquely positioned to lead in this space. With our world-class universities, research institutions, health systems, and technology sector, the Commonwealth has the talent, infrastructure, and expertise to innovate in AI-driven healthcare. By engaging government partners strategically, Pennsylvania can foster safe pilots, establish clear regulatory guardrails, and create conditions for AI to improve patient care while supporting clinicians.

Governance, trust, and safety

While AI holds tremendous promise, real safeguards are essential. At Penn Medicine, every AI tool undergoes rigorous testing, validation, and ongoing monitoring. We evaluate performance, assess for bias, and ensure outputs reflect accurate, evidence-based information. Transparency is key: patients and clinicians need to understand, in a way that is contextualized and understandable to them, how AI is being applied, the data it relies on, and the limitations of the technology.

AI must be human-centered: it should support care teams, respect patient privacy, and maintain trust at every step. When guardrails are incorporated throughout development and implementation, AI can empower clinicians to work more efficiently and safely, rather than introducing risk or uncertainty.

That being said, we know that our current systems can be imperfect at times as well, so it will be critical to right size guardrails to ensure AI is held to an appropriate standard – not of perfection but of better than our current standard of care.

A common and understandable concern is whether AI will reduce or replace those in the healthcare workforce. At Penn Medicine, our experience has been the opposite. AI is being used to reduce administrative burden, not eliminate roles. These tools are designed to take on repetitive, high-volume tasks—such as documentation, chart review, and routine follow-ups—so clinicians, nurses, and staff can focus on higher-value work that requires human judgment, reasoning, empathy, and expertise. Just as important, we actively deeply engage our workforce as AI is rolled out, providing training, transparency, and opportunities for feedback. By involving clinicians and staff in the design, testing, and evaluation of AI tools, we ensure these technologies support - not disrupt - the care teams who deliver care every day.

Key lessons we've learned

From our pilots and research, five key lessons guide our approach to AI:

1. **Reduce burden** – AI can take on repetitive, time-consuming tasks, freeing clinicians to spend more time with patients.

2. **Support expertise** – AI informs decisions, but the care team remains the final authority.
3. **Improve communication** – AI can help engage patients and caregivers in actions beneficial to health, but only if tools are unbiased, accessible, and culturally sensitive.
4. **Streamline operations** – AI can increase efficiency and reduce delays, but must be monitored for unintended consequences.
5. **Enable the human touch** – By reducing administrative friction, AI restores space for care, compassion, and connection—the heart of healthcare.

Conclusion

AI is not here to replace clinicians; it is here to amplify their expertise, restore time for patients, and improve care delivery. We recognize that healthcare in Pennsylvania faces significant challenges ahead, including affordability, difficulty in access and navigation, provider and nurse workforce shortages, an aging population with deepening chronic disease burden, deep Medicaid cuts, and growing concerns about rural health access and hospital sustainability. While these issues are complex, AI presents a unique opportunity to help address many of them - by extending the reach of clinicians, improving efficiency, supporting medication management and chronic care, and enabling new models of care delivery. Its promise can only be realized when implemented thoughtfully, with strong governance and a clear focus on human-centered outcomes.

Pennsylvania has a unique opportunity to shape how AI is used safely, equitably, and effectively in healthcare. By drawing on our research institutions, hospitals, healthcare workforce, and technology sector - and by strategically partnering with government - the Commonwealth can lead in AI-driven healthcare innovation, improving access, quality, and outcomes for patients across Pennsylvania.

Thank you for the opportunity to share Penn Medicine’s perspective. We look forward to partnering deeply with you to ensure that AI fulfills its promise—empowering clinicians, protecting patients while improving access to high-quality, safe, equitable care, and improving health outcomes across the state.

Impact of Artificial Intelligence Adoption in Healthcare on Value and Quality

Pennsylvania House Health and Communications and Technology Committees

Robert Kruklitis MD, PhD, MBA

February 3, 2026

On behalf of The Guthrie Clinic, I would like to thank Chairs Frankel, Rapp, Ortitay, and Ciresi and members of the Pennsylvania House Health and House Communications and Technology Committees for allowing me to speak at today's hearing on the impact of artificial intelligence (AI) adoption in healthcare.

I am honored to join you in discussing this critical and timely topic.

My name is Dr. Robb Kruklitis, and I am an Executive Vice President and the Chief Clinical Officer for Guthrie.

Guthrie is an integrated rural health system with six hospitals, three of which are in Pennsylvania, across 11,000 square miles and supported by 10,000 employees.

Guthrie has been an early adopter of innovative tools and technologies, including AI. We view innovation not as optional, but as essential to delivering high-quality, accessible care, and we consider ourselves a leader in thoughtfully deploying AI to improve outcomes, support clinicians, and strengthen care delivery.

For the purposes of this hearing, I will focus on three areas where Guthrie is currently using AI: ambient listening, sepsis monitoring, and virtual sitting and workforce support.

Apart from ambient listening, these applications are supported through the Guthrie Pulse Center, a transformative care delivery model that utilizes highly trained, Guthrie-employed remote healthcare professionals who provide 24/7 clinical support. It's important to note that patients consent to the use of Guthrie's Pulse Center, it does not replace bedside staff,

it is never used for disciplinary purposes, and while AI may inform analysis, all decisions are subject to human review, judgment, and approval.

Ambient Listening

Ambient listening is an AI-powered tool that passively captures and analyzes provider–patient conversations to generate clinical documentation in the background. In doing so, it significantly reduces the administrative burden associated with electronic medical records, systems that have too often turned clinicians into data-entry clerks.

We routinely hear from patients who feel their provider is focused more on a screen than on them and from clinicians who report dissatisfaction because they entered healthcare to connect with patients, not to spend hours a day documenting visits. Ambient listening directly addresses both concerns.

At Guthrie, we have implemented ambient listening across primary care, specialty practices, and hospital settings to allow physicians and nurses to spend more time engaging with patients and less time typing. Patients provide consent, and clinicians retain full control: they review, edit, and approve all AI-generated documentation before it becomes part of the medical record. The result is improved patient experience, greater provider satisfaction, and more meaningful clinical encounters, without sacrificing accuracy or oversight.

Importantly, this technology is not replacing clinicians; it is augmenting them. Ambient listening supports providers by removing unnecessary administrative friction, allowing them to practice at the top of their license and focus on what matters most: caring for patients. When implemented thoughtfully, AI tools like this make care delivery more efficient, more effective, and more human. Rather than resisting these innovations, we should be leaning into them as responsible ways to support the healthcare workforce, improve patient experience, and sustain high-quality care, especially in rural settings.

Sepsis Monitoring and Treatment

As many know, sepsis is a life-threatening medical emergency that occurs when the body's response to an infection triggers widespread inflammation, leading to tissue damage, organ failure, and, in severe cases, death. Early recognition and rapid treatment are critical as every hour of delay significantly increases the risk of poor outcomes.

At the Pulse Center, nurses play a critical role in ensuring timely identification and treatment of sepsis by continuously monitoring patients for key clinical criteria and early warning signs.

As an example, a patient may present with relatively nonspecific symptoms, but when their laboratory results show an elevated white blood cell count and a chest X-ray reveals an infiltrate consistent with pneumonia, the AI-enabled system integrates those data points in real time. The system immediately alerts a Pulse Center nurse who reviews the clinical information, confirms concern for possible sepsis, and promptly notifies the bedside care team. This early escalation allows providers to initiate sepsis protocols, such as ordering blood cultures, administering antibiotics, and providing fluids, without waiting for further clinical deterioration.

By pairing advanced analytics with continuous, round-the-clock clinical oversight, the Pulse Center enables earlier identification and faster treatment of sepsis, significantly improving survival rates and patient outcomes.

Virtual Sitting and Workforce Support

Patient sitters are used in hospitals whenever a patient's condition -- physical, cognitive, or behavioral -- creates a risk to themselves or others so one-on-one observation is required.

High-risk patients, such as those at risk of falls, require constant attention, which can pull nurses and other clinicians away from other patients and critical tasks. By assigning sitters, the hospital ensures that these patients are monitored continuously, reducing the risk of adverse events. However, in-person sitters are resource-intensive, requiring dedicated personnel who could otherwise provide clinical care, which can strain staffing, especially in rural or smaller hospitals. They also do not scale efficiently; multiple high-risk patients require multiple sitters, which can be difficult to manage and costly to the healthcare system.

Through the Guthrie Pulse Center, virtual sitters provide a transformative approach to patient observation. Unlike traditional in-person sitters, a single tele-sitter can monitor up to 18 patients simultaneously, using AI-enabled cameras that highlight activity in yellow or red to immediately draw a tele-sitter's attention to patients who are moving, attempting to get out of bed, or otherwise at risk. This continuous, real-time oversight allows the Pulse Center team to intervene early, preventing incidents before they occur. The results have been remarkable: virtual sitters have contributed to an 87% reduction in patient falls with serious injury while optimizing staffing and enabling bedside teams to focus on direct care.

By pairing advanced technology with skilled, 24/7 clinical oversight, this approach enhances patient safety, boosts workforce efficiency, and provides a scalable, cost-effective solution for managing high-risk patients.

In addition, the Pulse Center recently launched a safety-focused initiative to protect our patient-facing staff. Unfortunately, instances of assault on healthcare workers have been

steadily increasing. To address this, we've implemented a system where employees use a designated code word if they feel unsafe or need support. When spoken, AI detects the word and immediately alerts a Pulse Center team member, who can monitor the room and notify hospital security if needed. Importantly, the situation is handled discreetly, without escalating unnecessarily, while ensuring staff safety is addressed promptly.

All of these initiatives deliver tangible value and directly enhance the quality of care. They illustrate how strategic innovation can enhance sustainability, improve outcomes, strengthen the patient and staff experience, and drive overall value across the health system.

Recommendation Number One:

We recommend that Pennsylvania establish and support pilot programs that enable hospitals, particularly rural and safety-net hospitals, to adopt and integrate AI technologies into care delivery. This would allow hospitals to test AI solutions safely and effectively, measure impacts, train staff and integrate AI into existing care models, and identify best practices and scalable models for statewide adoption.

Recommendation Number Two:

In addition to our hospitals in Pennsylvania, Guthrie has a strong presence in New York. This month, during her State of the State address, Governor Hochul directed the Department of Health to establish a consortium of healthcare and AI experts to share data, exchange best practices, and strengthen cross-sector collaboration in building, testing, and deploying safe and effective AI tools. The initiative also incentivizes partnerships between safety-net hospitals and other healthcare providers to ensure equitable access to AI solutions that improve quality and strengthen operations. Pennsylvania may wish to consider a similar approach to support the safe, equitable, and coordinated adoption of AI across the state, ensuring these innovations benefit patients, reduce disparities, and enhance rural and urban health systems.

Thank you again for allowing Guthrie to provide testimony on this topic. We welcome the opportunity to act as a resource and are happy to answer any questions.

Testimony of SEIU Healthcare PA
PA House Communications & Technology and Health Committee Hearing on Artificial Intelligence in Healthcare
March 24, 2026

I. Introduction

SEIU Healthcare PA is Pennsylvania's largest healthcare union, uniting over 25,000 frontline caregivers and support staff in hospitals, long-term care facilities, home and community based services, and state facilities.

II. AI has the potential to improve patient care - but it cannot remove the humanity from healthcare

As care providers, we strongly believe that our healthcare system needs *more* humanity and person-to-person connection with patients, not less. Human compassion, empathy and interaction are essential for the delivery of the highest quality care and the healing process. In recent decades, we have seen a relentless drive to decrease the time we can spend with our patients in order to cut labor costs and increase profits for health systems and insurance companies.

While we recognize that artificial intelligence (AI) offers potential for improving patient diagnoses and treatment in some areas, we also have serious concerns that it will be used to continue this trend of reducing the personal attention and time we're able to give our patients. All technological innovation must be in the service of improving care, not just making huge profits for tech and healthcare executives. Specifically, we cannot accept AI as a means of euphemistically increasing 'efficiency' of the care workforce if that means less time with patients or greater workloads. That would have long term negative impacts on the health of our communities.

III. Potential Impacts on Patients

The advent of AI in healthcare also raises other significant concerns around the impact on care providers' roles, patient safety and equitable care. AI systems can potentially harm patients by making mistakes and encouraging providers to over-rely on AI-generated recommendations,

reducing critical thinking and leading to further errors. When these mistakes occur, it is unclear who will be held liable, the healthcare workers, employers or AI companies.

Additionally, many AI models, because they are trained on non-representative data, can perpetuate or increase existing racial, gender and class disparities. This can lead to misdiagnoses or delayed treatment for already underserved populations.

Because many AI tools are ‘black boxes’ without transparency or a readily understood decision making process, care providers may not understand how an AI reached a specific diagnosis or treatment plan, making it difficult to trust and verify its recommendations. Patient privacy is also a worry, because AI systems have access to sensitive information, posing security risks.

We support the reforms proposed in House Bill 1925 as a strong starting point for implementation of AI in healthcare, especially a requirement that all clinical assessments must ultimately be made by a human decision maker - never independently by AI.

IV. Potential Impacts on the Frontline Workforce

We also have concerns about how AI will impact the well-being of our healthcare workforce, which is already facing immense stress, burnout and turnover. We fear that AI systems could be rolled out in a way that creates more tasks to be piled on top of fewer healthcare workers, causing further exhaustion and depletion of healthcare workers.

On the related issue of data centers, we have a number of concerns from a healthcare perspective. The process of approving, citing and building data centers should always involve the voices of the local community so that issues such as air and noise pollution, water availability and utility costs are addressed. Also, it is shameful that the big corporations building these data centers were granted tax exemptions, which are costing our state hundreds of millions of dollars, especially in the face of massive federal healthcare cuts. Big tech needs to pay its fair share to support our struggling hospitals, nursing homes, home care programs and clinics, including in both rural and urban areas.

V. Workers Must be Involved in Development and Implementation of AI Tools

To address this range of concerns, our union members are beginning a process to design solutions for our workplaces and through legislative and regulatory action. First and foremost, employers must involve frontline healthcare workers and our union in any implementation of AI. One option is the creation of committees, made up of both frontline workers and management, to plan out the implementation of new technologies, with the goal of ensuring innovation serves to improve patient care and jobs. We are the ones with the expertise who actually do the daily work of caring for patients and keeping our healthcare facilities and programs running, so we must have an equal voice in how this new technology is implemented. We are also exploring ways of incorporating AI issues into our union contract bargaining. And finally, we are discussing

what legislative and regulatory solutions would help protect our patients, communities and healthcare workforce.

Pennsylvania Psychiatric Society

Advocacy | Education | Community
Pennsylvania District Branch of the American Psychiatric Association

March 17, 2026

Committees on Health and Communications and Technology
Main Capitol Building
Harrisburg, PA

Email: Patrick O'Rourke - porourke@pahouse.net
Erika Fricke - EFricke@pahouse.net

My name is Dr. Kirkan Kathe. I am a board-certified psychiatrist, and a forensic psychiatry fellow at the University of Pennsylvania; I have completed college, medical school, and a four-year residency in psychiatry. I am here testifying on behalf of the Pennsylvania Psychiatric Society, an organization of nearly 1500 psychiatric physicians practicing in the Commonwealth, as well as the patients and families we devote our lives to treating.

Thank you for the opportunity to share our organization's experiences and hopes for the use of artificial intelligence in the care of patients with mental illness. We have noted with some concern efforts to greatly restrict this modality, which has the potential for significantly improving this care.

We had given written testimony during the first hearing, and so will not repeat the concerns about security and equity which we had mentioned before. Our directions had been to talk about what is going well and what is not in the use of AI in mental health care.

We should start with defining what we are talking about, which is the use of AI in clinical settings used by clinicians and their patients. We are definitely not talking about the autonomous chat bots which have proliferated on the internet, and about which there is well-deserved concern. Individuals may seek out such technology, which they can then use to try to help with emotional struggles, but which do not involve live people. Such technology may help some, but the danger of delaying necessary care, or of inadvertently worsening social isolation, cannot be understated. Our member psychiatrists have countless examples of folks who have spent too much time interacting with an algorithm when a clinician was needed.

What we are talking about is the use of AI in the clinical setting, which generally takes two forms; decision support, and record keeping. In this way the use is not much different than any other branch of medical care.

Decision support already exists in the number of applications that all physicians have at their fingertips to learn more about what is needed for care--drug-drug interactions, appropriate dosing in situations such as kidney failure or dehydration, diagnostic criteria for particular syndromes. AI integrated into an office visit can issue prompts to query patients about necessary data to complete a picture which can lead to more effective treatment, as well as prompt clinicians to order appropriate tests ("patient's last EKG was six months ago") or do screening tests for such things as tardive dyskinesia.

Where AI has the potential to be extremely helpful is by the use of ambient AI technology, where the computer microphone "listens" to the interview, and based on what it hears, begins to cue these interventions real time, as the interview progresses. And it is this listening which helps with a huge part of our job, record keeping. Ambient listening technology has been developed to listen to a session, and based on what it has heard, formulate a draft note for the patient's electronic health record. It can encompass the relevant and also the often-required minutiae. It is a massively liberating change, allowing physicians to focus directly on their patients, not their keyboards, saving the extra time that all of us have had to build into our workflow, deciding if we take notes while talking with our patients, or waiting till after the session ends. With ambient AI, at the end of the session, the technology presents a draft which can then be easily reviewed and corrected. It has cut down on the hours of “pajama time" physicians have to spend completing their notes after hours. The technology can also be used to develop and update treatment plans, a requirement of many licensing agencies and insurers, an administrative task tailor-made to be documented automatically, as the plan is discussed.

One problem with ambient AI in mental health settings, and the reason that it has lagged behind other areas of medicine, is the highly nuanced communication that happens in our sessions. It is not just what patients say, it is how they say it, what their body language and facial expression is like, and even how we feel as we talk to them, that constitutes a lot of our data. AI is being developed to do some of this, but it is lagging behind what we need. As an example, one of our members was using a prototype AI system while interviewing a patient with a psychotic disorder, schizophrenia. The patient suffered from delusions, one of which he described as his belief that his cat was in fact an alien, which was spying on him. He was not sure if he should take it to a shelter. AI recorded this in a note "patient having trouble with his cat" --a very different thing.

The requirements for note content and sometimes for actions during an exam continue to expand, and often feel divorced from the natural flow and content of any given session. AI can be extremely useful in prompting questions about these necessary elements for proper billing and regulatory requirements for documentation. Examples are: Remembering to ask smoking status at every visit. Counting how many body systems have been reviewed. Was suicide risk not just assessed but a level documented. AI programs are also being developed that use

responses to prompt areas of further inquiry that the physician might otherwise overlook; this has the potential to be highly beneficial to the patient. An example is where certain responses or patterns of response may suggest the patient is actually contemplating suicide although denying on the surface.

We often use patient-provided rating scales to assess progress. There are AI programs that can tailor the scales we administer based on the patient's prior responses and progress to date, personalizing them to the patient rather than administering the same general questions to everyone every time. These scales can be a mixed bag--many of our more seriously ill folks are just not adept at using such computer technology or are fearful of it, and overreliance on its use can instead create a barrier to care. We also do not want this sort of pre-visit querying to take the place of interactions with a clinician; we know that is the wrong direction to go in.

Patients need to be informed when ambient technology is in use (similar to recording), and many are worried about what happens to that recording; how can we assure them it is secure. This can lead to reluctance to talk about highly sensitive topics, destroying our ability to help. Individuals need to be assured that if they want the tech turned off, they can still receive the same quality of care.

In summary, our organization looks forward to using AI for the decision support and record keeping it can provide. We look forward to further discussions with the legislature and the administration on how best to use this exciting opportunity to add value to the care we seek to provide.

I would be happy to answer any questions at this time.

Thank you for the opportunity to provide this commentary.

Sincerely,

Kavita Fischer, MD, DFAPA
PaPS President

cc: Kenneth Certa, MD, DLFAPA (PaPS Government Relations Committee Co-Chair)
Kathleen Dougherty, MD, DLFAPA (PaPS Government Relations Committee Co-Chair)
Kirklan Kathe, MD

Comments on AI and Health Care
Submitted to:
Pennsylvania House Health Committee and House Communications and Technology Committee
February 3, 2026

Michael Yantis, Vice President, State Government Affairs
Julia McDowell, VP, AI Center of Excellence, Enterprise Analytics

Thank you for the opportunity to provide information regarding the transformative potential of Artificial Intelligence (AI) in healthcare, and to highlight the significant initiatives Highmark Health is undertaking in this critical field.

Highmark Health recognizes that the healthcare landscape is facing unprecedented challenges, which we believe necessitate innovative solutions. We are at a critical juncture where the status quo is simply unsustainable. The core issues we aim to address with AI include:

- Unsustainable Cost: The financial burden of healthcare continues to escalate at a rate that far outpaces inflation, creating immense strain on families, employers, and the national economy. This unchecked growth in costs impacts access and quality of care for countless Americans.
- Insufficient Access: Patients frequently encounter significant barriers to accessing timely medical care, including extended waiting periods for appointments – often weeks or even months, depending on geographic location and specialty. This lack of prompt access can lead to delayed diagnoses and poorer health outcomes.
- Poor Outcomes: Despite being one of the highest healthcare spending nations globally, our citizens do not consistently achieve the optimal health outcomes they deserve. This disparity underscores a systemic inefficiency in how care is delivered and managed.

These challenges highlight that we cannot effectively address today's complex healthcare problems with yesterday's methodologies. It is precisely this conviction that drives Highmark Health's deep commitment to the responsible and ethical application of AI. Our overarching goal is "**Unlocking possibilities. Unleashing potential**" through our work with AI, fundamentally aligning with our mission: **"To create a remarkable health experience, freeing people to be their best."**

Our Responsible AI program is not merely a technological endeavor; it is a strategic imperative designed to enhance all facets of the healthcare journey. We believe that leveraging AI will be instrumental in achieving our mission by focusing on three interdependent pillars:

1. Satisfying Experiences: By automating routine tasks, providing personalized information, and streamlining processes, AI can significantly improve the experience for both patients navigating their care journey and clinicians delivering it. This includes reducing administrative burdens and fostering more meaningful interactions.
2. Better Health Outcomes: AI's capacity for advanced analytics, predictive modeling, and early detection can lead to more accurate diagnoses, more effective treatment plans, and proactive interventions, ultimately improving the quality and effectiveness of care and leading to better patient health.
3. Affordability: By identifying and reducing administrative fraud, waste, and abuse optimizing resource allocation, and promoting preventive care, AI can contribute

significantly to making healthcare more efficient and, consequently, more affordable for individuals and the system as a whole.

AI is no longer a futuristic concept; it is actively delivering tangible value in healthcare today, making care more proactive, personalized, and efficient. Let me provide specific examples of how Highmark Health is already implementing AI:

1. Real-time Prior Authorization:
The current prior authorization process is a notorious administrative hurdle, frequently causing weeks of delays for patients awaiting crucial medical treatments or services. Through our innovative partnership with **Abridge**, we are developing and incubating solutions that are demonstrating significant improvements. Our goal is to transform this weeks-long administrative nightmare into near real-time approvals. This not only dramatically reduces administrative waste but, more importantly, ensures that patients receive critical care faster, avoiding unnecessary suffering and potential progression of illness. The immediate approval mechanism is designed to cut through bureaucratic delays that often exasperate both patients and providers.

2. Early, Proactive Cancer Screening:
AI holds immense potential to revolutionize cancer detection. We are actively deploying AI-driven solutions that not only enhance the accuracy of cancer diagnoses but also facilitate significantly earlier detection. Early diagnosis is consistently proven to be a critical factor in improving treatment outcomes, reducing the invasiveness of necessary interventions, and ultimately saving lives. For example, AI can analyze imaging scans or patient data to identify subtle patterns that might be missed by the human eye, prompting earlier and more effective clinical interventions.

3. Optimized Scheduling for Cancer Patients:
For individuals battling cancer, every moment counts. AI-driven solutions are being implemented to optimize scheduling and triage processes, ensuring that cancer patients receive the right care at the right time. This means minimizing wait times for appointments, diagnostic tests, and treatments, allowing them to focus on their recovery rather than navigating complex logistical challenges. By efficiently matching patient needs with available resources, AI helps reduce stress and improves the overall treatment experience during a highly vulnerable period.

These initiatives are not merely operational enhancements; they are fundamentally aligned with our nation's strategic goals for the Centers for Medicare & Medicaid Services (CMS), particularly supporting its three core pillars:

- Pillar 1: Prevention: Our AI applications facilitate a shift from reactive care to proactive, upstream interventions. By enabling earlier detection, predictive analytics for risk assessment, and personalized preventive strategies, AI supports a healthcare model focused on maintaining wellness and preventing disease progression.

- Pillar 2: Empowerment: AI provides patients with accessible, on-demand, and personalized tools that empower them to take a more active and informed role in managing their own health journey. This can include personalized health insights, easy access to medical information, and tools for self-monitoring, fostering greater patient autonomy and engagement.
- Pillar 3: Value & Competition: By driving significant efficiencies, reducing administrative burdens, and optimizing resource utilization, AI helps healthcare providers succeed in value-based care models. Furthermore, it plays a crucial role in alleviating the pervasive burnout crisis among healthcare professionals by automating tedious tasks, allowing clinicians to focus more on patient care and less on administrative overhead.

We live in an era where we possess an unprecedented volume of healthcare data, presenting an immense opportunity to move further upstream in patient care. With advanced insights and predictive capabilities that were unimaginable even a decade ago, AI can transform this data from a daunting burden into a powerful clinical tool. Without the appropriate technological tools, this vast amount of data can paradoxically add to the workload and complexity faced by our dedicated clinicians.

If American clinicians are to effectively drive better care in this country, they require a new engine—a powerful suite of tools that augment their capabilities. This conversation is fundamentally about providing that engine. We are not suggesting that AI replaces the invaluable role of the doctor; rather, we advocate for continued collaborative efforts to build the innovative tools that our clinicians desperately need. These tools will enable them to spearhead the transformative changes in healthcare that we all aspire to achieve, ultimately leading to a healthier, more accessible, and more affordable healthcare system for all Americans.

Thank you again for your time and consideration. Highmark Health is committed to leading the way in responsible AI innovation to improve health outcomes, enhance patient experiences, and make healthcare more affordable for everyone.

Thank you for the opportunity to speak with you today about how the deployment of Artificial Intelligence is shaping value and quality in our healthcare system. My name is Jonathan Greer, and I am President and CEO of the Insurance Federation of Pennsylvania, a multi-line state trade association whose membership includes commercial health insurers. I am joined by our Executive Director of Government Affairs, Megan Barbour. We welcome the opportunity to share with you how AI is being used in health insurance, especially how it is improving consumer experience, strengthening clinical determinations, and helping us tackle the long-standing issues of administrative complexity and rising healthcare costs.

A System Under Strain

For far too long, Americans have been navigating a healthcare system that feels overly cumbersome, confusing, and expensive to them. An added problem is how consumers interact with the health care system and a lack of knowledge on the benefit design of their health insurance policy. These challenges create both financial and emotional strain.

With that as the backdrop, we are now at a point where AI is beginning to meaningfully reduce some of that friction. A recent NAIC survey found that 84% of health insurers are using AI or machine learning somewhere in their operations—particularly to improve utilization management, streamline care management, and enhance how they interact with consumers. With that context in mind, I'd like to highlight how these tools are already making a measurable difference.

Improving the Consumer Experience

To start, AI is directly improving the ways consumers interact with their health insurers. Conversational AI tools and chatbots now support millions of consumer interactions every day. These tools can provide quick, reliable answers to coverage questions, help members find in-network providers, guide patients through complex care pathways, and reduce time spent waiting on hold with call centers.

Beyond those day-to-day conveniences, AI is also improving the online shopping and enrollment experience, cutting down on the friction consumers typically feel when choosing or managing a plan.

More importantly, AI is helping bring true transparency to healthcare costs. Consumers can now simply ask their insurer, through an AI platform, “How much will I pay out of pocket for this procedure?” That clarity not only reduces uncertainty, it helps prevent surprise bills. And when the AI doesn’t have enough information, or when the consumer prefers speaking with a person, these systems seamlessly hand off the interaction to a human representative.

Care Management and Clinical Determinations

As we shift from consumer engagement to clinical operations, the value of AI becomes even more evident. Care management programs, which are essential for patients with complex needs, have historically been weighed down by administrative burdens. AI is helping change that.

AI for Risk Stratification and Early Intervention

By analyzing patterns in claims, diagnoses, and utilization, AI helps insurers identify members who may benefit from proactive care management. This allows for more precise and timely health scoring, along with more targeted interventions. In practice, this means fewer avoidable hospitalizations, better chronic disease management, and lower overall costs for patients and payers.

Improving Prior Authorization and Utilization Management

Another major area of improvement is prior authorization – the part of the healthcare experience that is often the most frustrating for patients and providers. Historically speaking, prior authorization has been viewed as a slow process that relies on manual review of medical records and varying interpretations of clinical guidelines. This is partly what led to the reforms contained in Act 146.

AI is transforming this process. It can analyze large volumes of clinical information in microseconds. It improves accuracy by reducing human error, increasing consistency across cases, automatically identifying complex requests for manual review, and reducing administrative burdens for both clinicians and insurers. In fact, multiple studies support that, leveraging these features, AI streamlines prior authorizations, leading to reduced delays in needed care and better outcomes for patients.

Supporting (Not Replacing) Clinicians

It is important to emphasize that AI is designed to support clinicians, not replace them. AI enhances clinical determinations by surfacing relevant medical documentation, aligning requests with evidence-based guidelines, and identifying inconsistencies or missing information. In doing so, it reduces inappropriate denials and helps create clearer, faster pathways to approval—while keeping clinicians firmly in control of the final decision.

Making Healthcare Less Expensive and Less Cumbersome

Of course, none of this works unless AI also helps address the administrative complexity that makes healthcare both costly and difficult to navigate. And here, too, AI is playing an increasingly important role.

AI-powered systems are now handling core administrative tasks such as claims intake and review, document extraction and classification, contract and invoice analysis, and call summarization and routing. These applications are well developed, widely used, and highly effective, allowing trained staff to focus on complex clinical issues or direct consumer support rather than paperwork.

In addition, predictive modeling enables insurers to identify claims likely to be denied or delayed, allowing earlier intervention. This reduces rework for providers and helps prevent unexpected bills for members. And by identifying unusual patterns or outliers, AI helps detect fraud more accurately and quickly than humans alone. Reducing fraud strengthens the integrity of the system and helps stabilize premiums for everyone.

Strengthening Consumer Protections with Governance and Oversight

Naturally, as the role of AI expands, so does the responsibility to use it ethically and transparently. Insurers fully recognize this. Health insurers already have governance frameworks modeled on NAIC's AI principles, emphasizing transparency, fairness, and accountability.

Our member companies have interdisciplinary teams that regularly test models for bias, validate accuracy, and conduct equity and compliance audits. These proactive guardrails, aligned with national standards, help ensure that AI enhances—not undermines—the consumer experience.

Conclusion

In closing, when insurers maintain strong governance and keep both clinicians and consumers at the center of decision-making, AI can meaningfully move us toward a healthcare system that is more affordable, more navigable, and ultimately more humane. While AI is not a cure-all, it is already relieving pressure points that for far too long have made the healthcare experience frustrating for consumers across Pennsylvania and throughout the country.

Thank you again for the opportunity to share this testimony. I welcome any questions.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

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Written Testimony
of
Dr. Molly Cowan, Director of Professional Affairs
Pennsylvania Psychological Association

Joint Hearing
Before the Pennsylvania House Communications and Technology Committee and House Health Committee

March 24, 2026

Chairmen Ciresi, Ortitay, Frankel, Chairwoman Rapp and Members of the House Communications and Technology Committee and House Health Committee, thank you for the opportunity to provide written testimony on the use of AI in the area of mental health. My name is Dr. Molly Cowan, and I am the Director of Professional Affairs for the Pennsylvania Psychological Association (PPA). PPA is a scientific and professional nonprofit organization representing the discipline and profession of psychology in Pennsylvania, as well as over 4,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. Through the application of psychological science and practice, our association's mission is to use psychological science and information to benefit society and improve lives.

On behalf of PPA and its member experts, I appreciate the opportunity to discuss the critical role of psychological science in understanding and shaping the development, implementation, and oversight of artificial intelligence.

The conversation surrounding AI often is dominated by discussions of code, processing power, and economic disruption. However, to view AI as a purely technological issue is to miss its most fundamental characteristic: AI is a tool built by humans, to be integrated into human systems, with profound and direct effects on human cognition, behavior, emotion, and interaction.

Therefore, a deep understanding of the human mind is not just relevant but absolutely essential to every stage of AI's lifecycle—from the cognitive biases of the engineers who design it, to the psychological principles that make its interfaces engaging, to its ultimate impact on child development, mental health, and the very fabric of our social structures. Psychological science must be central to the development, deployment, and oversight of AI to ensure it serves humanity effectively, ethically, and equitably. The current debate often frames AI as a matter of computer science, productivity enhancement, or national security. It is imperative that we also frame it as a public health and human development issue. This shift in perspective is critical, for it changes the metrics of success from solely raw innovation and efficiency to human well-being and safety.

Accordingly, policies governing the use of AI in mental health should prioritize human well-being and safety. As such, I will be focusing on how AI can be integrated into the mental health space effectively and how some use of AI in the mental health area can be detrimental to patient safety.

Artificial intelligence can be effectively integrated into the field of mental health by performing both administrative and supportive functions. AI is capable of handling administrative responsibilities such as managing client records, facilitating external referrals, and monitoring individual client progress. Tools such as BastionGPT, Reverb, PsychAssist, Heidi, and Vero allow providers to streamline administrative tasks leaving more time for direct service to clients. However, providers have to invest time to create personalized templates and train the models to fit their individual needs, which requires both an initial time investment and on-going monitoring for accuracy.

Furthermore, numerous psychological assessment tools now feature AI components, and it is essential that providers retain the ability to use these technologies. One of the primary companies developing psychological assessments, Pearson, is incorporating AI scoring and report writing software into many of its products, and third-party options like PsychAssist provide similar services. With proper human oversight and review, these products can minimize scoring errors, reduce bias, and generate personalized predictions, increasing the accuracy and quality of the results and decreasing the client's wait time.

In addition, AI enabled mental health devices are rapidly emerging. There are several FDA-cleared digital therapeutics that psychologists can prescribe including:

- EndeavorRx: ADHD video game treatment for children ages 8 to 12 for children with ADHD that uses selective stimulus-response engine which is a form of AI
- DaylightRx: Cognitive Behavioral Therapy (CBT) for anxiety and panic disorders that uses AI for user data analysis & personalization
- NightWare: for sleep disturbance due to nightmares and uses proprietary cloud-based AI for data analysis

- reSET-O: for opioid use disorder
- SleepioRx: an insomnia tool that uses AI for user data analysis and personalization
- MamaLift Plus: for postpartum depression - uses on-demand AI navigation assistant
- Rejoyn: for major depressive disorder for adults
- Freespira: for panic attacks and PTSD symptoms - uses AI for personalization and predictive analysis
- LumosityRX: ADHD treatment for adults

Each of these tools allow clients to maximize benefits and maintain progress from their psychological treatment by giving them personalized tools to use on their own.

Now I want to turn to some of my concerns regarding the use of AI in the mental health area. The use of AI in the mental health area can be detrimental to patient safety if consumers are not aware that the services being provided to them are not under the supervision of a mental health professional. This is especially true with the use of chatbots. While chatbots can emulate supportive dialogue, they lack authentic empathy, comprehensive understanding, and the clinical expertise necessary for addressing complex mental health concerns. Their inability to accurately interpret tone, nonverbal cues, cultural context, and nuanced emotional states limits their effectiveness compared to trained mental health professionals. These limitations elevate the risk of mismanaging critical conditions such as major depressive disorder, trauma-related diagnoses, or suicidal ideation; in urgent cases, chatbots may issue generic or unsuitable guidance rather than delivering timely, appropriate interventions. Excessive dependence on automated systems may also dissuade individuals from obtaining professional assistance, fostering a potentially misleading assurance of adequate support. Moreover, issues related to privacy and data protection complicate their implementation, as users may not be fully aware of how their

sensitive information is managed. Ultimately, effective therapy mandates accountability, ethical oversight, and genuine human interaction—elements that current automated solutions are unable to genuinely reproduce. Therefore, it is important that we do not allow the use of chatbots for providing direct services to clients unless it is being used under the supervision of a mental health professional. Typically, chatbots that are free for use require individuals to allow their content to be used to train the language model, and many people agree to the terms of service without fully understanding the potential for private information to be accessed by others, particularly if the site does not provide clear, easy-to-understand information upfront. Specific mental health chatbots have been developed, and while none are FDA-approved, some do have a research base. When evaluating the appropriateness of mental health chatbots such as Ash or Sonia, it is important to consider how transparent the developers are in being clear that the chatbot is not the same as seeking professional help, how well they direct individuals in crisis to appropriate resources, and how easy it is for the public to access the research studies that have been completed.

In addition, it is important to require mental health chatbot suppliers to safeguard confidential patient information, avoid misrepresentation, maintain transparency in advertising, and provide necessary disclosures to consumers. Moreover, it is important to prohibit AI systems from presenting themselves as mental health professionals or delivering mental health services without the participation of a licensed professional.

Lastly, it is important that there is more scientific research that focuses on the cognitive and social-emotional impacts of AI as well as funding for this research. The research should focus on the efficacy of AI-driven mental health tools, the impact of algorithmic decision-making on therapeutic alliances and the role of AI in addressing or exacerbating health

disparities. Research should aim to develop "psychologically informed" AI systems that prioritize human-centered design, mitigate algorithmic bias, build human trust and ethical interaction, ensuring that technological advances do not come at the cost of human social and mental well-being.

When developing policies in this area it is important to develop clear, uniform definitions that as consistent with existing professional licensing laws, ensure consumer protections are properly triggered, and reduce litigation risk. Ultimately, consistency strengthens legal clarity, improves compliance, and ensures that the intended policy goals are achieved without unintended consequences.

PPA is heartened by the focus on AI in the health professions and is eager to collaborate with these committees and members to advance this critical area and shape future legislation. By engaging psychology, other scientific disciplines, parents, caregivers, teachers, tech companies, and policymakers, we can collectively establish robust safeguards and craft comprehensive, thoughtful policy solutions that address the evolving challenges of AI in healthcare. PPA is a ready partner and looks forward to working with both committees to develop effective safeguards and promote responsible AI integration in healthcare.

PENNSYLVANIA ACADEMY of FAMILY PHYSICIANS

House Health Committee and House Communications and Technology Committee
Joint Informational Hearing on Impact of AI in Healthcare on Value and Quality
Tuesday, February 3, 2026

Testimony of Heather Beauparlant, DO, MBA, FAAFP, PAFP President

Chairs Frankel, Ciresi, Rapp, Ortitay, and Honorable Members of the House Health and Communications and Technology Committees,

On behalf of the nearly 6,000 physicians, residents, and medical student members of the Pennsylvania Academy of Family Physicians (PAFP), thank you for the opportunity to provide testimony on the emerging role of artificial intelligence (AI) in health care and its implications for patient care, workforce sustainability, and health-system performance. This testimony will focus on primary care, specifically family medicine.

Family medicine serves as the foundation of the nation's primary care infrastructure. As demands on clinicians continue to rise, driven by chronic disease burden, administrative complexity, and workforce shortages, AI technologies have begun to play a significant role in supporting clinical operations. These tools offer meaningful opportunities to improve efficiency, enhance diagnostic accuracy, and expand access to care, provided they are implemented responsibly and with appropriate oversight.

The American Academy of Family Physicians (AAFP), in partnership with Rock Health, released a report in June 2025 examining the use of AI and digital health to strengthen primary care. The report, *The Starfield Signal: A Shared Vision and Roadmap for AI in Primary Care*, is available at the following link: www.aafp.org/dam/AAFP/documents/practice_management/ai-road-map.pdf. I'd encourage everyone on the committees to read it.

AI is already being implemented across multiple areas of primary care practice:

- **Clinical Documentation and Administrative Support.** Automated transcription and summarization tools reduce time spent on charting and coding. Early evaluations indicate that AI-assisted documentation can meaningfully decrease

administrative burden, allowing clinicians to redirect time toward direct patient care.

- **Clinical Decision Support.** AI systems assist with risk stratification, guideline-based recommendations, and identification of care gaps. These tools support, but do not replace, physician judgment and are most effective when integrated into existing clinical workflows.
- **Patient Engagement and Access.** Symptom-triage systems, remote monitoring platforms, and virtual assistants help patients navigate care and maintain continuity between visits. Such tools are particularly valuable in rural and underserved communities where access to clinicians is limited.
- **Population Health and Chronic Disease Management.** Predictive analytics help identify high-risk patients, enabling earlier interventions and more efficient allocation of care-management resources.

The use of AI in health care can provide several benefits to patients and health systems. AI, when appropriately governed, can advance several core policy objectives, including:

- **Improved access.** Automated triage and remote monitoring extend the reach of family physicians.
- **Enhanced quality.** Decision-support tools help standardize care and reduce variation.
- **Reduced clinician burnout.** Streamlined documentation and administrative automation support workforce retention.
- **Better care coordination.** AI can integrate fragmented data sources, improving continuity across settings.

Despite its promise, AI comes with risks and policy concerns that may present significant challenges that warrant legislative attention:

- **Data Privacy and Security.** AI systems rely on large volumes of sensitive health information. Strong safeguards are required to ensure responsible data use and prevent unauthorized access.
- **Algorithmic Bias and Equity.** If AI tools are trained on non-representative datasets, they may perpetuate or exacerbate existing disparities in care. Oversight mechanisms must ensure fairness and transparency.
- **Clinical Reliability and Accountability.** AI-generated recommendations must be explainable, evidence-based, and subject to rigorous validation. Clear lines of accountability are essential when AI tools influence clinical decisions.

- **Impact on the Patient–Physician Relationship.** Family medicine is grounded in trust, continuity, and whole-person care. Policymakers should ensure that AI augments—not replaces—the human elements of primary care.

To maximize benefits and mitigate risks, the following actions are recommended:

1. Establish national standards for clinical AI tools, including transparency, validation, and post-market surveillance requirements.
2. Support workforce training to ensure clinicians understand AI capabilities, limitations, and ethical considerations.
3. Promote equitable AI development by requiring diverse datasets and bias-mitigation strategies.
4. Strengthen privacy protections to safeguard patient data used in AI systems.
5. Invest in primary care infrastructure, including interoperability and broadband access, to ensure AI tools can be deployed effectively across all communities.
6. Require transparency to patients when AI is being utilized in the decision-making process by insurers, hospitals and health care providers, as specified in H.B. 1925.
7. Regulate the use of AI, including a requirement that medical decisions and insurance coverage decisions, such as denial of prior authorizations, are made by qualified health professionals and not solely based on AI algorithms, as outlined in S.B. 1113.

AI has the potential to strengthen family medicine by improving efficiency, enhancing clinical decision-making, and expanding access to care. Realizing this potential requires thoughtful policy frameworks that uphold patient safety, protect privacy, and preserve the core values of primary care. With appropriate oversight, AI can serve as a powerful tool to support clinicians and improve health outcomes for families and communities nationwide.

Thank you for your consideration.

Penn Medicine

PENNSYLVANIA HOUSE HEALTH AND COMMUNICATIONS AND TECHNOLOGY COMMITTEES

Perspectives on Adoption of Health Artificial Intelligence

Srinath Adusumalli, MD, MSHP, MBMI, FACC
Vice President and Chief Health Information Officer
University of Pennsylvania Health System

Associate Professor of Clinical Medicine and Informatics
Adjunct Professor of Healthcare Management
University of Pennsylvania Perelman School of Medicine and The Wharton School

February 3rd, 2026

Change is imperative

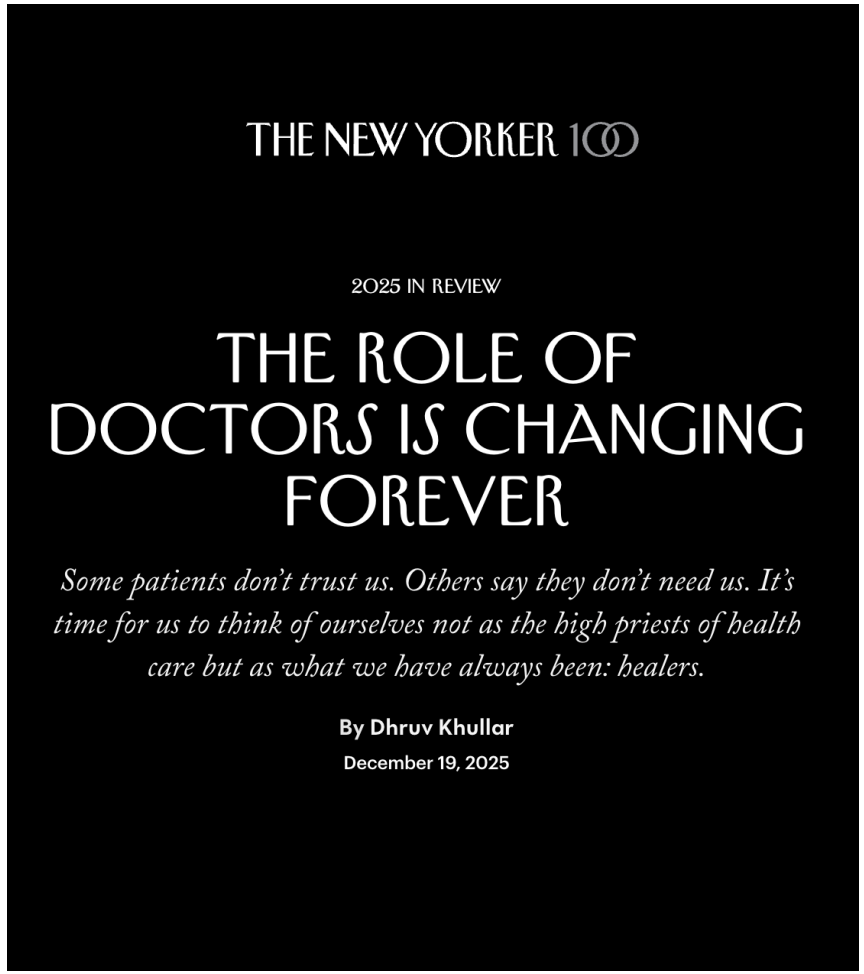
THE STATUS QUO IN HEALTHCARE DELIVERY IS NOT SUSTAINABLE

DEMAND SURPASSES CAPACITY OF CURRENT SYSTEMS

ADMINISTRATIVE BURDEN ON CLINICIANS

SYSTEM, EMPLOYER, PATIENT FINANCIAL PRESSURES MOUNTING

CONSUMERISM/ DEMOCRATIZATION OF MEDICAL INFORMATION



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What is Artificial Intelligence?

AI IS NOT NEW, BUT IT'S INCREASING ACCESSIBILITY IS A RECENT DEVELOPMENT

Artificial Intelligence

- Technical solutions that mimic human intelligence
- Does not have to be a "learning" system
- Examples: Robotics, self-driving cars

Machine Learning

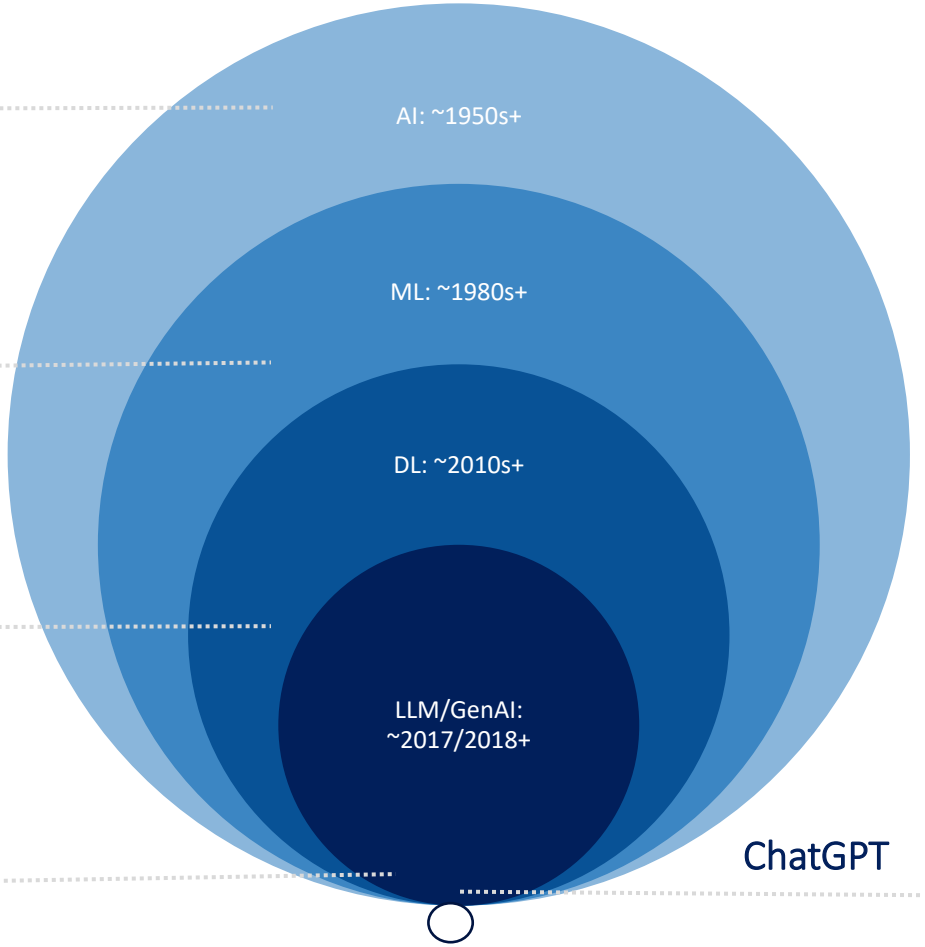
- Subset of AI that lets computer systems "learn" from data
- Until recently, focused on predictions & optimizations
- Examples: fraud detection, risk prediction, segmentation

Deep Learning

- Type of ML, uses "neural networks" to mimic human thinking
- Great expansion to harnessing unstructured data
- Examples: Image & document classification, modern NLP

Large Language Models / Generative AI

- Expanded on DL to specialize in "generative" capabilities
- Adds "creativity" and ease of interaction lacking previously
- Examples: summarization, create art, virtual assistants



Slide adapted from Srinivas Sridhara

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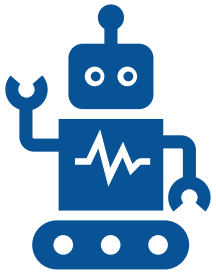
There have been several epochs of AI in healthcare

Approximate beginning year	1950s **AI 1.0** Symbolic AI and probabilistic models	2011 **AI 2.0** Deep learning	2018-2022 **AI 3.0** Foundation models
Core functionality and key features	Follows directly encoded rules (if-then rules or decision trees)	Predicts and/or classifies information Task-specific (1 task at a time); requires new data and retraining to perform new tasks	Generates new content (text, sound, images) Performs different types of tasks without new data or retraining; prompt creates new model behaviors
Training method	Rules based on expert knowledge are hand-encoded in traditional programming	Learning patterns based on examples labeled as ground truth	Self-supervised learning from large datasets to predict the next word or sentence in a sequence
Performance capabilities	Follows decision path encoded in its rules. *Eg, ask a series of questions to determine whether a picture is a cat or a dog.*	Classifies information based on training: *"Is this a cat or a dog?"* *"How many dogs will be in the park at noon?"*	Interprets and responds to complex questions: *"Explain the difference between a cat and a dog."*
Examples of performance	IBM's Deep Blue beat the world champion in chess **Health care:** Rule-based clinical decision support tools	Photo searching without manual tagging, voice recognition, language translation **Health care:** diabetic retinopathy detection, breast cancer and lung cancer screening, skin condition classification, predictions based on electronic health records	Writing assistants in word processors, software coding assistants, chatbots **Health care:** Med-PaLM and Med-PaLM-2, medically tuned large language models, PubMedGPT, BioGPT
Examples of challenges and risks	Human logic errors and bias in encoded rules lead to limited capability with real-world situations	Out-of-distribution problems (real-time data differs from training data) Catastrophic forgetting (not remembering early parts of a long sequence of text) Bias related to underlying training data	Hallucinations (plausible but incorrect responses based solely on predictions) Grounding and attribution Bias related to underlying training data and semantics of language in datasets

Howell MD, Corrado GS, DeSalvo KB. Three epochs of artificial intelligence in health care. *JAMA*. 2024;331(3):242-244. doi:10.1001/jama.2023.25057

AI in healthcare



Artificial intelligence

Development of computer systems/software which (automatically) perform tasks typically requiring human intelligence

- Problem-solving, learning from experience, understanding natural language, recognizing patterns, making decisions

Augmented intelligence

The use of artificial intelligence technologies to enhance human intelligence and decision-making

- Human-centered design, workflow integration critical

Focus areas for AI in health systems

Bolster access and appropriate triage to safe, high-quality care and diagnostic testing

Promote personalized and proactive management of health and disease

Train, recruit, retain, and delight care teams

Reduce administrative burden across care teams

Improve quality, safety, and equity of care delivery

Become thought leaders in responsible health AI evaluation and pragmatic implementation

Develop organizational competencies across our missions in the productive utilization of health AI

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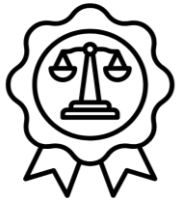
Our foundational principles

WHAT REMAINS TRUE AS WE AUGMENT CARE WITH TECHNOLOGY

PATIENT-CLINICIAN CONNECTION

HIGH-QUALITY, SAFE, EQUITABLE + ACCESSIBLE CARE



HUMAN-CENTERED AI: **PROACTIVELY MITIGATING RISKS, BIAS, + UNINTENDED HARM**

DELIGHTFUL PATIENT + CLINICIAN EXPERIENCES

CARE HAPPENS IN THE RIGHT SETTING: **HOME, COMMUNITY, CLINIC AND HOSPITAL**

Although technology offers an opportunity to reimagine how we provide care, we need to **maintain focus** on **our core principals**.

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High risk follow through

GENERATIVE AI FOR POPULATION HEALTH

Meet James.

In December 2024, James suffered a fall requiring a short hospital stay. During his admission, imaging revealed a 1.2cm, incidental pulmonary nodule requiring immediate follow up.

With no primary care provider in the system, this finding was lost to follow up.

In May 2025, HRFT **detected the overdue recommendation and facilitated direct pulmonology triage**. Additional testing confirmed cancer.

James **began radiation treatment earlier this month**.

Ambient intelligence

GENERATIVE AI FOR DOCUMENTATION AND MORE

"It has dramatically decreased my documentation burden and allowed me to have conversations with patients that don't require me to divert attention to the computer screen"

"I legitimately think this technology, once optimized, is the biggest advancement for outpatient primary care providers in decades"

"Far less time-saving than I had anticipated"

"The amount of time spent checking and correcting the generated text is equal to or exceeds the charting burden experienced without ambient"

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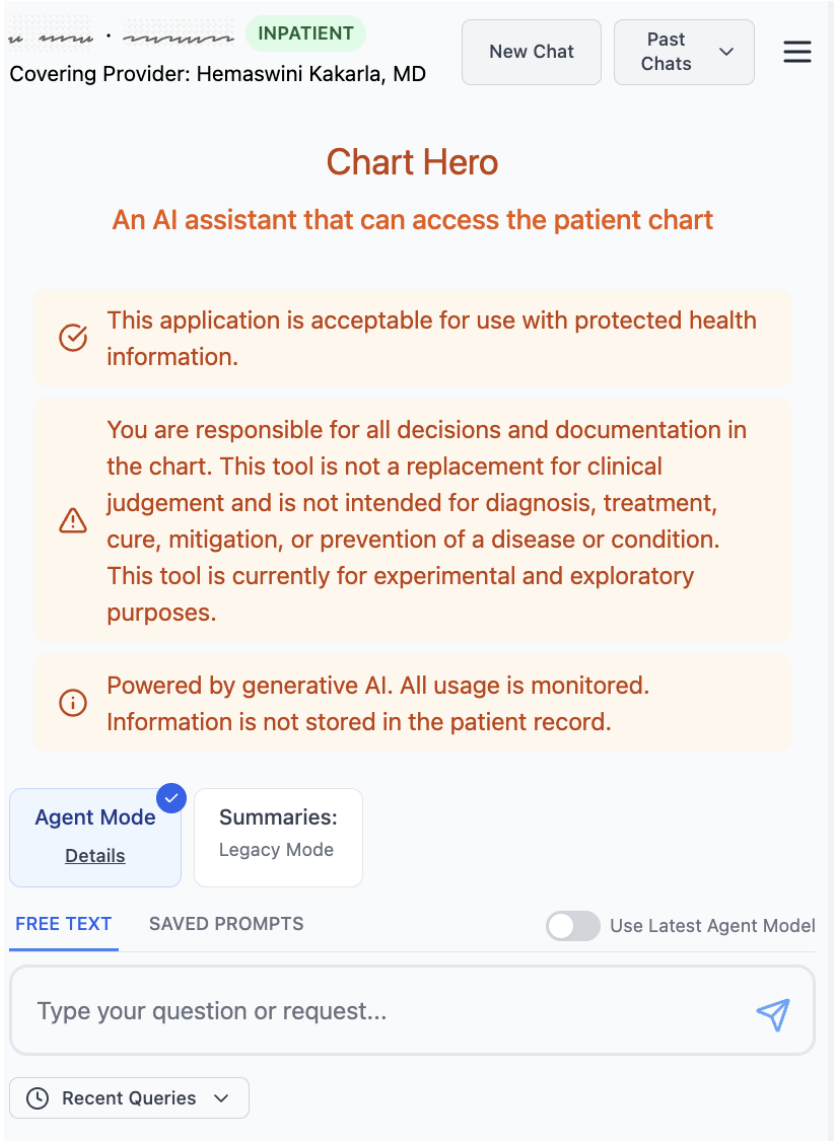
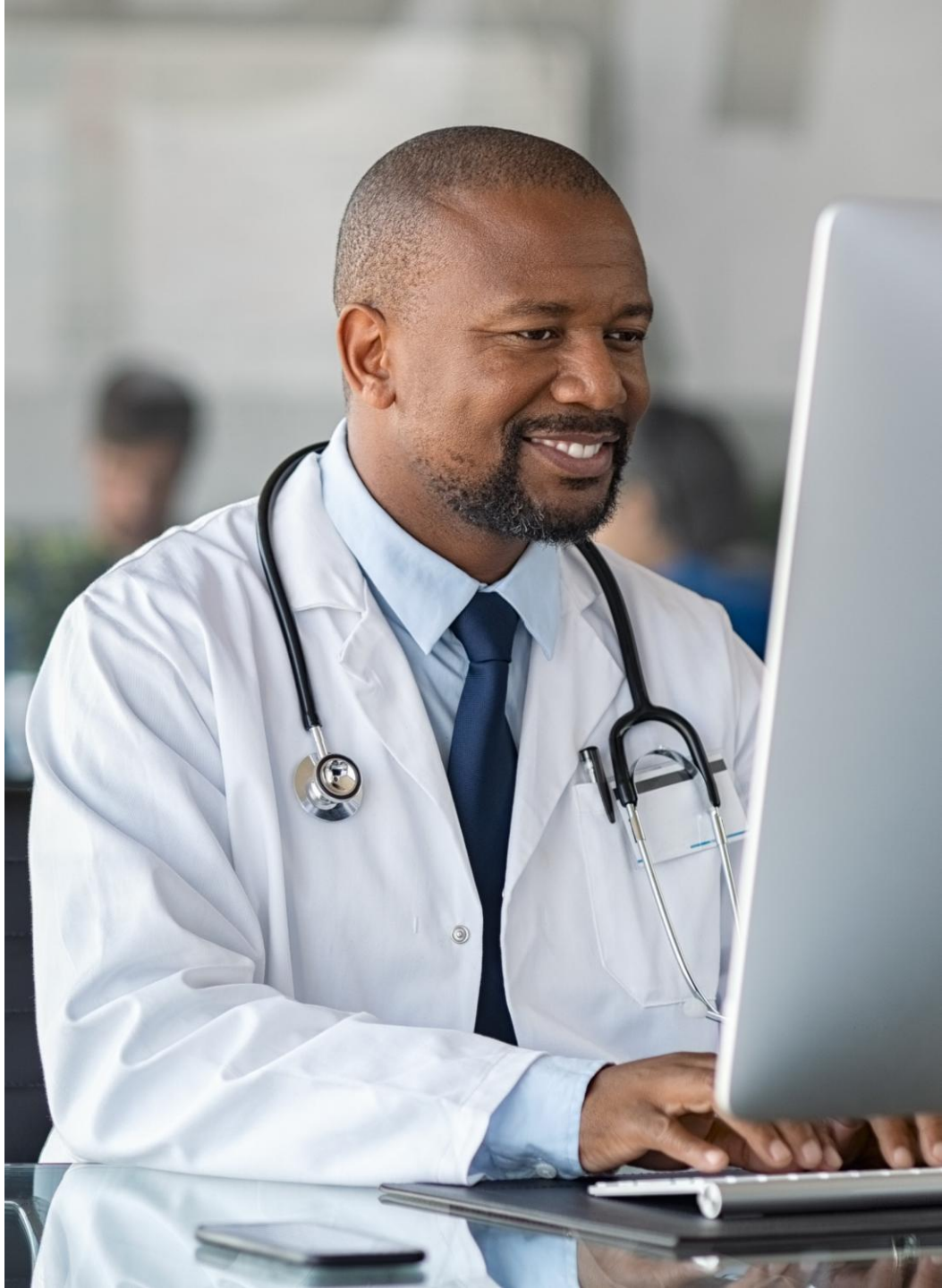
Chart Hero

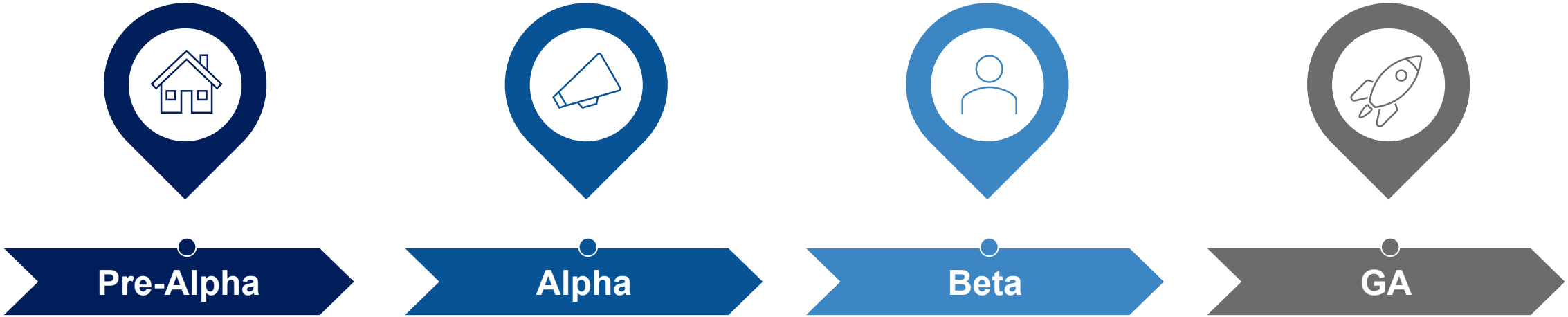
GENERATIVE AI CHATBOT FOR THE EHR





Rapid Cycle Validation of AI Applications

PROMOTE OR REJECT EACH TIME-BOUND STAGE



CHIO/CNIO Review

Targeted CHIO / CNIO review of capabilities

Quick clinical and operational value assessments

Single Site Review

Established innovation sites conduct pilots.

Assess feasibility, workflow integration, and clinical / operational value

Multisite Review

Multiple sites test capabilities.

Assess scalability, operational change management needs, training content

Scaled Deployment

General release across all sites

Ongoing monitoring and maintenance

Slide adapted from Srinivas Sridhara

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Data & AI Governance Focus Areas

MANAGING PATIENT, PROVIDER, FACULTY, AND ORGANIZATIONAL RISKS

Data & AI Governance			
Access & Compliance	Data Platforms	Data Standards	AI

Executive Committee Membership:

Emma Meagher, Senior Vice Dean, Clinical & Translational Research

Srinath Adusumalli, Chief Health Information Officer

Lauren Steinfeld, Chief Privacy Officer

Srinivas Sridhara, Chief Data & Analytics Officer

- Clinical & Operational Validation
- Data Rights, Data Security & Compliance
- Product & Service Rationalization
- Methods & Technical Review
- IP Rights
- Fairness & Bias

Slide adapted from Srinivas Sridhara

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Considerations for ensuring human-centric AI

Labor Arbitrage

- Job loss / limited hiring
- Upskilling
- Deskilling/mis-skilling/never skilling
- Training

Value Alignment

- Human / Org value alignment
- Collective vs. contextual values
- “Human” Relationships

Bias / Performance

- Bias acceleration or mitigation
- Inconsistent performance, including hallucinations, sycophancy

Security

- Deepfakes and Identity fraud
- Phishing / social engineering
- Cyberattacks

Privacy / Data Rights

- Consent & compliance
- Data use rights

Environment

- Energy consumption
- Water consumption

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Augmented intelligence will be woven throughout healthcare journeys

WE MUST LEARN HOW TO INCORPORATE IT SAFELY, RESPONSIBLY, AND EFFECTIVELY

- **Space to learn** by fostering innovation and safe, monitored pilots in service of and focused on patients and clinicians

- **Collaboration** between legislators and practitioners to develop effective and implementable safeguards for health AI

- **Right-sized** guardrails that recognize imperfections in systems of healthcare delivery and opportunities to improve on current practice, leveraging effective human and computer collaboration

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Testimony of Penn Medicine on AI in Healthcare

Joint Hearing of the Pennsylvania House Health and Communications & Technology Committees

Good morning, Chairpersons and members of the committees. Thank you for inviting us to share Penn Medicine's perspective on artificial and augmented intelligence in healthcare. My name is Srinath Adusumalli, and I am a practicing cardiologist as well as Vice President and Chief Health Information Officer for the University of Pennsylvania Health System. In my role, I leverage the experience I have as an actively practicing cardiologist in the inpatient, outpatient, consultative, imaging, and procedural settings to lead our informatics teams, who are clinician-technologists working to bridge our technology and operational and clinical teams. I am also an Associate Professor in the Departments of Medicine, Biostatistics, Epidemiology, and Informatics, and Healthcare Management at the Perelman School of Medicine and the Wharton School, where I specialize in teaching on topics surrounding the digital transformation of healthcare. Finally, I am a former President and Governor of the Pennsylvania Chapter of the American College of Cardiology, where I also work on topics related to digital transformation relevant to cardiologists.

What is AI and why it matters in healthcare

Artificial intelligence, or augmented intelligence as we refer to it in the healthcare context (AI), refers to computer systems that can analyze data, recognize patterns, and support decision-making in ways that approximate aspects of human reasoning. At Penn Medicine, we view AI as a tool or method that serves our larger objectives of bolstering access to high-quality, safe, and effective care, moving from reactive to proactive care, and creating delightful environments for our care teams to practice in. We believe that rather than replacing the human touch, AI supports, augments, and elevates it - providing tools that help clinicians process complex data, detect trends, and make better decisions. In some cases, this might even mean certain processes ultimately become automated, with humans on- or out of the loop, in service of access to care, quality and safety of care delivery, and furthering connection between our patients and care teams. As a result, AI can simplify administrative work, improve operational efficiency, and free clinicians to focus on what matters most: caring for patients.

AI is not a standalone solution; it works best when it is targeted towards specific opportunities, thoughtfully integrated into clinical processes, and rigorously evaluated in relation to the outcomes that matter most. At Penn Medicine, we have been developing our expertise around the development and implementation of predictive and generative AI for the last decade. We have been exploring AI as part of a broader effort to make healthcare easier, smarter, and more patient- and consumer-centered. To that point, our goal is not just to introduce technology, but to use this opportunity to reimagine care processes in ways that scale evidence-based practices, reduce unnecessary administrative burdens, and ultimately improve outcomes for patients across the

health system. Put another way, truly improving healthcare outcomes will require not only AI as a tool but also changes in processes and human behavior.

Penn Medicine's foundational principles when applying AI

Although technology offers an opportunity to reimagine how we provide care, we are also anchoring our focus on AI on several core principles which will not change including:

- Elevating patient, clinician, and care team connections
- Promoting high-quality, safe, equitable, and accessible care in the brick and mortar and virtual settings best suited for a patient and the care they need
- Ensuring AI is deployed in a human-centered way where risks are proactively identified and mitigated including transparency bias, security and privacy, value alignment, and environmental concerns
- Creating delightful patient and clinician experiences

Clinical applications today

AI is already making a tangible difference in several practical ways across patient, clinician, and operational experiences. Throughout our enterprise, AI supports decision-making through predictive modeling and rapid evidence synthesis. Tools can analyze data from multiple sources, identify patterns, and offer insights that help care teams deliver proactive care and experiences, anticipate complications, prioritize interventions, and make timely, informed decisions. Importantly, AI is designed to inform and enhance - but not override - trained clinical judgment. Recommendations are validated against clinical expertise to ensure patient safety and quality of care. Some specific examples of AI use cases include:

- Our internally developed **High-Risk Follow Through** program leverages generative AI to identify high risk findings on imaging studies and within other data in our EHR, such as pulmonary nodules at risk of transforming into lung cancer, and then connect those patients to expedited detailed diagnosis and treatment, highlighting the potential of AI to help facilitate access to expert care. This type of program can also be paired with advances in computer vision to help radiologists and cardiologists better identify findings of concern. We now have a number of examples of patients where lung nodules that were cancerous were caught in early, very treatable stages prior to progressing to more advanced and difficult to treat disease.

- **ChartHero** is an internally developed product in pilot phase integrated into our electronic health record, PennChart. It functions as a smart generative AI-based chatbot assistant, helping clinicians sift through large volumes of patient data to quickly surface the information most relevant to each encounter, and contextualizes those data in evidence from the medical literature. By highlighting trends, labs, medications, and prior diagnoses in a concise format, ChartHero allows clinicians to spend less time navigating

multiple screens and more time providing quicker access to care and connecting with patients. In my own experience with this tool, for example, I have been able to shave several minutes off navigating and preparing for visits which is time that is reinvested for a productive patient visit.

- Our **AI scribe tool** listens to clinical encounters and drafts summaries and clinical notes in real-time, reducing the documentation burden. Clinicians using the tool report significantly more face-to-face time with patients, a reduction in clerical fatigue, and improved engagement directly with patients during visits. Some even have noted this tool has kept them in the practice of medicine. This illustrates a broader principle of AI in healthcare: it is most effective when it amplifies human expertise rather than replacing it.
- Our **prior authorization** portfolio of solutions uses generative AI to help facilitate, and in some cases eliminate, utilization management interactions, ultimately facilitating access to care including procedures as well as critical medications.

Future potential

Looking ahead, AI offers transformative potential within and beyond hospital walls. In our "precision sites of care" program, for example, patients receiving acute care at home are supported with AI-driven monitoring tools that integrate text messages, video visits, wearable sensors, and remote monitoring platforms. These systems can use physiologic data to detect early clinical warning signs, connect patients to the right care at the right time - all while keeping clinicians informed and able to act swiftly when needed.

AI also has the potential to improve patient and caregiver communication. Behaviorally designed personalized educational content, medication reminders, and culturally sensitive guidance can be delivered through digital tools accessible at every stage of care—whether during hospital stays, clinic visits, recovery at home, or ongoing chronic disease management. When designed thoughtfully, AI not only increases efficiency but also improves equity, engagement, and accessibility, helping ensure that all patients receive timely, understandable, and actionable health information.

Lessons from other states

Other states are already leading the way in demonstrating AI's potential in healthcare. For example, Utah recently partnered with an AI platform called Doctronic to safely manage prescription renewals (a highly protocolized space) for patients with chronic conditions. This pilot addresses a critical gap in medication management - especially important for populations transitioning off Medicaid - by ensuring patients receive timely prescription refills without unnecessary delays. The Utah program operates under a regulatory sandbox framework, which allows innovation to be tested safely while ensuring oversight, monitoring outcomes, and protecting patients.

Across the country, states such as Arizona, Texas, and Wyoming are exploring similar regulatory sandboxes, where new products and services can be piloted under temporarily relaxed regulations while maintaining supervision. These programs strike a balance between fostering innovation and ensuring safety, providing a path to improve access, reduce delays, and enhance outcomes without compromising trust.

Pennsylvania is uniquely positioned to lead in this space. With our world-class universities, research institutions, health systems, and technology sector, the Commonwealth has the talent, infrastructure, and expertise to innovate in AI-driven healthcare. By engaging government partners strategically, Pennsylvania can foster safe pilots, establish clear regulatory guardrails, and create conditions for AI to improve patient care while supporting clinicians.

Governance, trust, and safety

While AI holds tremendous promise, real safeguards are essential. At Penn Medicine, every AI tool undergoes rigorous testing, validation, and ongoing monitoring. We evaluate performance, assess for bias, and ensure outputs reflect accurate, evidence-based information. Transparency is key: patients and clinicians need to understand, in a way that is contextualized and understandable to them, how AI is being applied, the data it relies on, and the limitations of the technology.

AI must be human-centered: it should support care teams, respect patient privacy, and maintain trust at every step. When guardrails are incorporated throughout development and implementation, AI can empower clinicians to work more efficiently and safely, rather than introducing risk or uncertainty.

That being said, we know that our current systems can be imperfect at times as well, so it will be critical to right size guardrails to ensure AI is held to an appropriate standard – not of perfection but of better than our current standard of care.

A common and understandable concern is whether AI will reduce or replace those in the healthcare workforce. At Penn Medicine, our experience has been the opposite. AI is being used to reduce administrative burden, not eliminate roles. These tools are designed to take on repetitive, high-volume tasks—such as documentation, chart review, and routine follow-ups—so clinicians, nurses, and staff can focus on higher-value work that requires human judgment, reasoning, empathy, and expertise. Just as important, we actively deeply engage our workforce as AI is rolled out, providing training, transparency, and opportunities for feedback. By involving clinicians and staff in the design, testing, and evaluation of AI tools, we ensure these technologies support - not disrupt - the care teams who deliver care every day.

Key lessons we've learned

From our pilots and research, five key lessons guide our approach to AI:

1. **Reduce burden** – AI can take on repetitive, time-consuming tasks, freeing clinicians to spend more time with patients.

2. **Support expertise** – AI informs decisions, but the care team remains the final authority.
3. **Improve communication** – AI can help engage patients and caregivers in actions beneficial to health, but only if tools are unbiased, accessible, and culturally sensitive.
4. **Streamline operations** – AI can increase efficiency and reduce delays, but must be monitored for unintended consequences.
5. **Enable the human touch** – By reducing administrative friction, AI restores space for care, compassion, and connection—the heart of healthcare.

Conclusion

AI is not here to replace clinicians; it is here to amplify their expertise, restore time for patients, and improve care delivery. We recognize that healthcare in Pennsylvania faces significant challenges ahead, including affordability, difficulty in access and navigation, provider and nurse workforce shortages, an aging population with deepening chronic disease burden, deep Medicaid cuts, and growing concerns about rural health access and hospital sustainability. While these issues are complex, AI presents a unique opportunity to help address many of them - by extending the reach of clinicians, improving efficiency, supporting medication management and chronic care, and enabling new models of care delivery. Its promise can only be realized when implemented thoughtfully, with strong governance and a clear focus on human-centered outcomes.

Pennsylvania has a unique opportunity to shape how AI is used safely, equitably, and effectively in healthcare. By drawing on our research institutions, hospitals, healthcare workforce, and technology sector - and by strategically partnering with government - the Commonwealth can lead in AI-driven healthcare innovation, improving access, quality, and outcomes for patients across Pennsylvania.

Thank you for the opportunity to share Penn Medicine’s perspective. We look forward to partnering deeply with you to ensure that AI fulfills its promise—empowering clinicians, protecting patients while improving access to high-quality, safe, equitable care, and improving health outcomes across the state.

Impact of Artificial Intelligence Adoption in Healthcare on Value and Quality

Pennsylvania House Health and Communications and Technology Committees

Robert Kruklitis MD, PhD, MBA

February 3, 2026

On behalf of The Guthrie Clinic, I would like to thank Chairs Frankel, Rapp, Ortitay, and Ciresi and members of the Pennsylvania House Health and House Communications and Technology Committees for allowing me to speak at today's hearing on the impact of artificial intelligence (AI) adoption in healthcare.

I am honored to join you in discussing this critical and timely topic.

My name is Dr. Robb Kruklitis, and I am an Executive Vice President and the Chief Clinical Officer for Guthrie.

Guthrie is an integrated rural health system with six hospitals, three of which are in Pennsylvania, across 11,000 square miles and supported by 10,000 employees.

Guthrie has been an early adopter of innovative tools and technologies, including AI. We view innovation not as optional, but as essential to delivering high-quality, accessible care, and we consider ourselves a leader in thoughtfully deploying AI to improve outcomes, support clinicians, and strengthen care delivery.

For the purposes of this hearing, I will focus on three areas where Guthrie is currently using AI: ambient listening, sepsis monitoring, and virtual sitting and workforce support.

Apart from ambient listening, these applications are supported through the Guthrie Pulse Center, a transformative care delivery model that utilizes highly trained, Guthrie-employed remote healthcare professionals who provide 24/7 clinical support. It's important to note that patients consent to the use of Guthrie's Pulse Center, it does not replace bedside staff,

it is never used for disciplinary purposes, and while AI may inform analysis, all decisions are subject to human review, judgment, and approval.

Ambient Listening

Ambient listening is an AI-powered tool that passively captures and analyzes provider–patient conversations to generate clinical documentation in the background. In doing so, it significantly reduces the administrative burden associated with electronic medical records, systems that have too often turned clinicians into data-entry clerks.

We routinely hear from patients who feel their provider is focused more on a screen than on them and from clinicians who report dissatisfaction because they entered healthcare to connect with patients, not to spend hours a day documenting visits. Ambient listening directly addresses both concerns.

At Guthrie, we have implemented ambient listening across primary care, specialty practices, and hospital settings to allow physicians and nurses to spend more time engaging with patients and less time typing. Patients provide consent, and clinicians retain full control: they review, edit, and approve all AI-generated documentation before it becomes part of the medical record. The result is improved patient experience, greater provider satisfaction, and more meaningful clinical encounters, without sacrificing accuracy or oversight.

Importantly, this technology is not replacing clinicians; it is augmenting them. Ambient listening supports providers by removing unnecessary administrative friction, allowing them to practice at the top of their license and focus on what matters most: caring for patients. When implemented thoughtfully, AI tools like this make care delivery more efficient, more effective, and more human. Rather than resisting these innovations, we should be leaning into them as responsible ways to support the healthcare workforce, improve patient experience, and sustain high-quality care, especially in rural settings.

Sepsis Monitoring and Treatment

As many know, sepsis is a life-threatening medical emergency that occurs when the body's response to an infection triggers widespread inflammation, leading to tissue damage, organ failure, and, in severe cases, death. Early recognition and rapid treatment are critical as every hour of delay significantly increases the risk of poor outcomes.

At the Pulse Center, nurses play a critical role in ensuring timely identification and treatment of sepsis by continuously monitoring patients for key clinical criteria and early warning signs.

As an example, a patient may present with relatively nonspecific symptoms, but when their laboratory results show an elevated white blood cell count and a chest X-ray reveals an infiltrate consistent with pneumonia, the AI-enabled system integrates those data points in real time. The system immediately alerts a Pulse Center nurse who reviews the clinical information, confirms concern for possible sepsis, and promptly notifies the bedside care team. This early escalation allows providers to initiate sepsis protocols, such as ordering blood cultures, administering antibiotics, and providing fluids, without waiting for further clinical deterioration.

By pairing advanced analytics with continuous, round-the-clock clinical oversight, the Pulse Center enables earlier identification and faster treatment of sepsis, significantly improving survival rates and patient outcomes.

Virtual Sitting and Workforce Support

Patient sitters are used in hospitals whenever a patient's condition -- physical, cognitive, or behavioral -- creates a risk to themselves or others so one-on-one observation is required.

High-risk patients, such as those at risk of falls, require constant attention, which can pull nurses and other clinicians away from other patients and critical tasks. By assigning sitters, the hospital ensures that these patients are monitored continuously, reducing the risk of adverse events. However, in-person sitters are resource-intensive, requiring dedicated personnel who could otherwise provide clinical care, which can strain staffing, especially in rural or smaller hospitals. They also do not scale efficiently; multiple high-risk patients require multiple sitters, which can be difficult to manage and costly to the healthcare system.

Through the Guthrie Pulse Center, virtual sitters provide a transformative approach to patient observation. Unlike traditional in-person sitters, a single tele-sitter can monitor up to 18 patients simultaneously, using AI-enabled cameras that highlight activity in yellow or red to immediately draw a tele-sitter's attention to patients who are moving, attempting to get out of bed, or otherwise at risk. This continuous, real-time oversight allows the Pulse Center team to intervene early, preventing incidents before they occur. The results have been remarkable: virtual sitters have contributed to an 87% reduction in patient falls with serious injury while optimizing staffing and enabling bedside teams to focus on direct care.

By pairing advanced technology with skilled, 24/7 clinical oversight, this approach enhances patient safety, boosts workforce efficiency, and provides a scalable, cost-effective solution for managing high-risk patients.

In addition, the Pulse Center recently launched a safety-focused initiative to protect our patient-facing staff. Unfortunately, instances of assault on healthcare workers have been

steadily increasing. To address this, we've implemented a system where employees use a designated code word if they feel unsafe or need support. When spoken, AI detects the word and immediately alerts a Pulse Center team member, who can monitor the room and notify hospital security if needed. Importantly, the situation is handled discreetly, without escalating unnecessarily, while ensuring staff safety is addressed promptly.

All of these initiatives deliver tangible value and directly enhance the quality of care. They illustrate how strategic innovation can enhance sustainability, improve outcomes, strengthen the patient and staff experience, and drive overall value across the health system.

Recommendation Number One:

We recommend that Pennsylvania establish and support pilot programs that enable hospitals, particularly rural and safety-net hospitals, to adopt and integrate AI technologies into care delivery. This would allow hospitals to test AI solutions safely and effectively, measure impacts, train staff and integrate AI into existing care models, and identify best practices and scalable models for statewide adoption.

Recommendation Number Two:

In addition to our hospitals in Pennsylvania, Guthrie has a strong presence in New York. This month, during her State of the State address, Governor Hochul directed the Department of Health to establish a consortium of healthcare and AI experts to share data, exchange best practices, and strengthen cross-sector collaboration in building, testing, and deploying safe and effective AI tools. The initiative also incentivizes partnerships between safety-net hospitals and other healthcare providers to ensure equitable access to AI solutions that improve quality and strengthen operations. Pennsylvania may wish to consider a similar approach to support the safe, equitable, and coordinated adoption of AI across the state, ensuring these innovations benefit patients, reduce disparities, and enhance rural and urban health systems.

Thank you again for allowing Guthrie to provide testimony on this topic. We welcome the opportunity to act as a resource and are happy to answer any questions.

Testimony of SEIU Healthcare PA
PA House Communications & Technology and Health Committee Hearing on Artificial Intelligence in Healthcare
March 24, 2026

I. Introduction

SEIU Healthcare PA is Pennsylvania's largest healthcare union, uniting over 25,000 frontline caregivers and support staff in hospitals, long-term care facilities, home and community based services, and state facilities.

II. AI has the potential to improve patient care - but it cannot remove the humanity from healthcare

As care providers, we strongly believe that our healthcare system needs *more* humanity and person-to-person connection with patients, not less. Human compassion, empathy and interaction are essential for the delivery of the highest quality care and the healing process. In recent decades, we have seen a relentless drive to decrease the time we can spend with our patients in order to cut labor costs and increase profits for health systems and insurance companies.

While we recognize that artificial intelligence (AI) offers potential for improving patient diagnoses and treatment in some areas, we also have serious concerns that it will be used to continue this trend of reducing the personal attention and time we're able to give our patients. All technological innovation must be in the service of improving care, not just making huge profits for tech and healthcare executives. Specifically, we cannot accept AI as a means of euphemistically increasing 'efficiency' of the care workforce if that means less time with patients or greater workloads. That would have long term negative impacts on the health of our communities.

III. Potential Impacts on Patients

The advent of AI in healthcare also raises other significant concerns around the impact on care providers' roles, patient safety and equitable care. AI systems can potentially harm patients by making mistakes and encouraging providers to over-rely on AI-generated recommendations,

reducing critical thinking and leading to further errors. When these mistakes occur, it is unclear who will be held liable, the healthcare workers, employers or AI companies.

Additionally, many AI models, because they are trained on non-representative data, can perpetuate or increase existing racial, gender and class disparities. This can lead to misdiagnoses or delayed treatment for already underserved populations.

Because many AI tools are ‘black boxes’ without transparency or a readily understood decision making process, care providers may not understand how an AI reached a specific diagnosis or treatment plan, making it difficult to trust and verify its recommendations. Patient privacy is also a worry, because AI systems have access to sensitive information, posing security risks.

We support the reforms proposed in House Bill 1925 as a strong starting point for implementation of AI in healthcare, especially a requirement that all clinical assessments must ultimately be made by a human decision maker - never independently by AI.

IV. Potential Impacts on the Frontline Workforce

We also have concerns about how AI will impact the well-being of our healthcare workforce, which is already facing immense stress, burnout and turnover. We fear that AI systems could be rolled out in a way that creates more tasks to be piled on top of fewer healthcare workers, causing further exhaustion and depletion of healthcare workers.

On the related issue of data centers, we have a number of concerns from a healthcare perspective. The process of approving, citing and building data centers should always involve the voices of the local community so that issues such as air and noise pollution, water availability and utility costs are addressed. Also, it is shameful that the big corporations building these data centers were granted tax exemptions, which are costing our state hundreds of millions of dollars, especially in the face of massive federal healthcare cuts. Big tech needs to pay its fair share to support our struggling hospitals, nursing homes, home care programs and clinics, including in both rural and urban areas.

V. Workers Must be Involved in Development and Implementation of AI Tools

To address this range of concerns, our union members are beginning a process to design solutions for our workplaces and through legislative and regulatory action. First and foremost, employers must involve frontline healthcare workers and our union in any implementation of AI. One option is the creation of committees, made up of both frontline workers and management, to plan out the implementation of new technologies, with the goal of ensuring innovation serves to improve patient care and jobs. We are the ones with the expertise who actually do the daily work of caring for patients and keeping our healthcare facilities and programs running, so we must have an equal voice in how this new technology is implemented. We are also exploring ways of incorporating AI issues into our union contract bargaining. And finally, we are discussing

what legislative and regulatory solutions would help protect our patients, communities and healthcare workforce.

Pennsylvania Psychiatric Society

Advocacy | Education | Community
Pennsylvania District Branch of the American Psychiatric Association

March 17, 2026

Committees on Health and Communications and Technology
Main Capitol Building
Harrisburg, PA

Email: Patrick O'Rourke - porourke@pahouse.net
Erika Fricke - EFricke@pahouse.net

My name is Dr. Kirkan Kathe. I am a board-certified psychiatrist, and a forensic psychiatry fellow at the University of Pennsylvania; I have completed college, medical school, and a four-year residency in psychiatry. I am here testifying on behalf of the Pennsylvania Psychiatric Society, an organization of nearly 1500 psychiatric physicians practicing in the Commonwealth, as well as the patients and families we devote our lives to treating.

Thank you for the opportunity to share our organization's experiences and hopes for the use of artificial intelligence in the care of patients with mental illness. We have noted with some concern efforts to greatly restrict this modality, which has the potential for significantly improving this care.

We had given written testimony during the first hearing, and so will not repeat the concerns about security and equity which we had mentioned before. Our directions had been to talk about what is going well and what is not in the use of AI in mental health care.

We should start with defining what we are talking about, which is the use of AI in clinical settings used by clinicians and their patients. We are definitely not talking about the autonomous chat bots which have proliferated on the internet, and about which there is well-deserved concern. Individuals may seek out such technology, which they can then use to try to help with emotional struggles, but which do not involve live people. Such technology may help some, but the danger of delaying necessary care, or of inadvertently worsening social isolation, cannot be understated. Our member psychiatrists have countless examples of folks who have spent too much time interacting with an algorithm when a clinician was needed.

What we are talking about is the use of AI in the clinical setting, which generally takes two forms; decision support, and record keeping. In this way the use is not much different than any other branch of medical care.

Decision support already exists in the number of applications that all physicians have at their fingertips to learn more about what is needed for care--drug-drug interactions, appropriate dosing in situations such as kidney failure or dehydration, diagnostic criteria for particular syndromes. AI integrated into an office visit can issue prompts to query patients about necessary data to complete a picture which can lead to more effective treatment, as well as prompt clinicians to order appropriate tests ("patient's last EKG was six months ago") or do screening tests for such things as tardive dyskinesia.

Where AI has the potential to be extremely helpful is by the use of ambient AI technology, where the computer microphone "listens" to the interview, and based on what it hears, begins to cue these interventions real time, as the interview progresses. And it is this listening which helps with a huge part of our job, record keeping. Ambient listening technology has been developed to listen to a session, and based on what it has heard, formulate a draft note for the patient's electronic health record. It can encompass the relevant and also the often-required minutiae. It is a massively liberating change, allowing physicians to focus directly on their patients, not their keyboards, saving the extra time that all of us have had to build into our workflow, deciding if we take notes while talking with our patients, or waiting till after the session ends. With ambient AI, at the end of the session, the technology presents a draft which can then be easily reviewed and corrected. It has cut down on the hours of “pajama time" physicians have to spend completing their notes after hours. The technology can also be used to develop and update treatment plans, a requirement of many licensing agencies and insurers, an administrative task tailor-made to be documented automatically, as the plan is discussed.

One problem with ambient AI in mental health settings, and the reason that it has lagged behind other areas of medicine, is the highly nuanced communication that happens in our sessions. It is not just what patients say, it is how they say it, what their body language and facial expression is like, and even how we feel as we talk to them, that constitutes a lot of our data. AI is being developed to do some of this, but it is lagging behind what we need. As an example, one of our members was using a prototype AI system while interviewing a patient with a psychotic disorder, schizophrenia. The patient suffered from delusions, one of which he described as his belief that his cat was in fact an alien, which was spying on him. He was not sure if he should take it to a shelter. AI recorded this in a note "patient having trouble with his cat" --a very different thing.

The requirements for note content and sometimes for actions during an exam continue to expand, and often feel divorced from the natural flow and content of any given session. AI can be extremely useful in prompting questions about these necessary elements for proper billing and regulatory requirements for documentation. Examples are: Remembering to ask smoking status at every visit. Counting how many body systems have been reviewed. Was suicide risk not just assessed but a level documented. AI programs are also being developed that use

responses to prompt areas of further inquiry that the physician might otherwise overlook; this has the potential to be highly beneficial to the patient. An example is where certain responses or patterns of response may suggest the patient is actually contemplating suicide although denying on the surface.

We often use patient-provided rating scales to assess progress. There are AI programs that can tailor the scales we administer based on the patient's prior responses and progress to date, personalizing them to the patient rather than administering the same general questions to everyone every time. These scales can be a mixed bag--many of our more seriously ill folks are just not adept at using such computer technology or are fearful of it, and overreliance on its use can instead create a barrier to care. We also do not want this sort of pre-visit querying to take the place of interactions with a clinician; we know that is the wrong direction to go in.

Patients need to be informed when ambient technology is in use (similar to recording), and many are worried about what happens to that recording; how can we assure them it is secure. This can lead to reluctance to talk about highly sensitive topics, destroying our ability to help. Individuals need to be assured that if they want the tech turned off, they can still receive the same quality of care.

In summary, our organization looks forward to using AI for the decision support and record keeping it can provide. We look forward to further discussions with the legislature and the administration on how best to use this exciting opportunity to add value to the care we seek to provide.

I would be happy to answer any questions at this time.

Thank you for the opportunity to provide this commentary.

Sincerely,

Kavita Fischer, MD, DFAPA
PaPS President

cc: Kenneth Certa, MD, DLFAPA (PaPS Government Relations Committee Co-Chair)
Kathleen Dougherty, MD, DLFAPA (PaPS Government Relations Committee Co-Chair)
Kirklan Kathe, MD

Comments on AI and Health Care
Submitted to:
Pennsylvania House Health Committee and House Communications and Technology Committee
February 3, 2026

Michael Yantis, Vice President, State Government Affairs
Julia McDowell, VP, AI Center of Excellence, Enterprise Analytics

Thank you for the opportunity to provide information regarding the transformative potential of Artificial Intelligence (AI) in healthcare, and to highlight the significant initiatives Highmark Health is undertaking in this critical field.

Highmark Health recognizes that the healthcare landscape is facing unprecedented challenges, which we believe necessitate innovative solutions. We are at a critical juncture where the status quo is simply unsustainable. The core issues we aim to address with AI include:

- Unsustainable Cost: The financial burden of healthcare continues to escalate at a rate that far outpaces inflation, creating immense strain on families, employers, and the national economy. This unchecked growth in costs impacts access and quality of care for countless Americans.
- Insufficient Access: Patients frequently encounter significant barriers to accessing timely medical care, including extended waiting periods for appointments – often weeks or even months, depending on geographic location and specialty. This lack of prompt access can lead to delayed diagnoses and poorer health outcomes.
- Poor Outcomes: Despite being one of the highest healthcare spending nations globally, our citizens do not consistently achieve the optimal health outcomes they deserve. This disparity underscores a systemic inefficiency in how care is delivered and managed.

These challenges highlight that we cannot effectively address today's complex healthcare problems with yesterday's methodologies. It is precisely this conviction that drives Highmark Health's deep commitment to the responsible and ethical application of AI. Our overarching goal is "**Unlocking possibilities. Unleashing potential**" through our work with AI, fundamentally aligning with our mission: **"To create a remarkable health experience, freeing people to be their best."**

Our Responsible AI program is not merely a technological endeavor; it is a strategic imperative designed to enhance all facets of the healthcare journey. We believe that leveraging AI will be instrumental in achieving our mission by focusing on three interdependent pillars:

1. Satisfying Experiences: By automating routine tasks, providing personalized information, and streamlining processes, AI can significantly improve the experience for both patients navigating their care journey and clinicians delivering it. This includes reducing administrative burdens and fostering more meaningful interactions.
2. Better Health Outcomes: AI's capacity for advanced analytics, predictive modeling, and early detection can lead to more accurate diagnoses, more effective treatment plans, and proactive interventions, ultimately improving the quality and effectiveness of care and leading to better patient health.
3. Affordability: By identifying and reducing administrative fraud, waste, and abuse optimizing resource allocation, and promoting preventive care, AI can contribute

significantly to making healthcare more efficient and, consequently, more affordable for individuals and the system as a whole.

AI is no longer a futuristic concept; it is actively delivering tangible value in healthcare today, making care more proactive, personalized, and efficient. Let me provide specific examples of how Highmark Health is already implementing AI:

1. Real-time Prior Authorization:
The current prior authorization process is a notorious administrative hurdle, frequently causing weeks of delays for patients awaiting crucial medical treatments or services. Through our innovative partnership with **Abridge**, we are developing and incubating solutions that are demonstrating significant improvements. Our goal is to transform this weeks-long administrative nightmare into near real-time approvals. This not only dramatically reduces administrative waste but, more importantly, ensures that patients receive critical care faster, avoiding unnecessary suffering and potential progression of illness. The immediate approval mechanism is designed to cut through bureaucratic delays that often exasperate both patients and providers.

2. Early, Proactive Cancer Screening:
AI holds immense potential to revolutionize cancer detection. We are actively deploying AI-driven solutions that not only enhance the accuracy of cancer diagnoses but also facilitate significantly earlier detection. Early diagnosis is consistently proven to be a critical factor in improving treatment outcomes, reducing the invasiveness of necessary interventions, and ultimately saving lives. For example, AI can analyze imaging scans or patient data to identify subtle patterns that might be missed by the human eye, prompting earlier and more effective clinical interventions.

3. Optimized Scheduling for Cancer Patients:
For individuals battling cancer, every moment counts. AI-driven solutions are being implemented to optimize scheduling and triage processes, ensuring that cancer patients receive the right care at the right time. This means minimizing wait times for appointments, diagnostic tests, and treatments, allowing them to focus on their recovery rather than navigating complex logistical challenges. By efficiently matching patient needs with available resources, AI helps reduce stress and improves the overall treatment experience during a highly vulnerable period.

These initiatives are not merely operational enhancements; they are fundamentally aligned with our nation's strategic goals for the Centers for Medicare & Medicaid Services (CMS), particularly supporting its three core pillars:

- Pillar 1: Prevention: Our AI applications facilitate a shift from reactive care to proactive, upstream interventions. By enabling earlier detection, predictive analytics for risk assessment, and personalized preventive strategies, AI supports a healthcare model focused on maintaining wellness and preventing disease progression.

- Pillar 2: Empowerment: AI provides patients with accessible, on-demand, and personalized tools that empower them to take a more active and informed role in managing their own health journey. This can include personalized health insights, easy access to medical information, and tools for self-monitoring, fostering greater patient autonomy and engagement.
- Pillar 3: Value & Competition: By driving significant efficiencies, reducing administrative burdens, and optimizing resource utilization, AI helps healthcare providers succeed in value-based care models. Furthermore, it plays a crucial role in alleviating the pervasive burnout crisis among healthcare professionals by automating tedious tasks, allowing clinicians to focus more on patient care and less on administrative overhead.

We live in an era where we possess an unprecedented volume of healthcare data, presenting an immense opportunity to move further upstream in patient care. With advanced insights and predictive capabilities that were unimaginable even a decade ago, AI can transform this data from a daunting burden into a powerful clinical tool. Without the appropriate technological tools, this vast amount of data can paradoxically add to the workload and complexity faced by our dedicated clinicians.

If American clinicians are to effectively drive better care in this country, they require a new engine—a powerful suite of tools that augment their capabilities. This conversation is fundamentally about providing that engine. We are not suggesting that AI replaces the invaluable role of the doctor; rather, we advocate for continued collaborative efforts to build the innovative tools that our clinicians desperately need. These tools will enable them to spearhead the transformative changes in healthcare that we all aspire to achieve, ultimately leading to a healthier, more accessible, and more affordable healthcare system for all Americans.

Thank you again for your time and consideration. Highmark Health is committed to leading the way in responsible AI innovation to improve health outcomes, enhance patient experiences, and make healthcare more affordable for everyone.

Thank you for the opportunity to speak with you today about how the deployment of Artificial Intelligence is shaping value and quality in our healthcare system. My name is Jonathan Greer, and I am President and CEO of the Insurance Federation of Pennsylvania, a multi-line state trade association whose membership includes commercial health insurers. I am joined by our Executive Director of Government Affairs, Megan Barbour. We welcome the opportunity to share with you how AI is being used in health insurance, especially how it is improving consumer experience, strengthening clinical determinations, and helping us tackle the long-standing issues of administrative complexity and rising healthcare costs.

A System Under Strain

For far too long, Americans have been navigating a healthcare system that feels overly cumbersome, confusing, and expensive to them. An added problem is how consumers interact with the health care system and a lack of knowledge on the benefit design of their health insurance policy. These challenges create both financial and emotional strain.

With that as the backdrop, we are now at a point where AI is beginning to meaningfully reduce some of that friction. A recent NAIC survey found that 84% of health insurers are using AI or machine learning somewhere in their operations—particularly to improve utilization management, streamline care management, and enhance how they interact with consumers. With that context in mind, I'd like to highlight how these tools are already making a measurable difference.

Improving the Consumer Experience

To start, AI is directly improving the ways consumers interact with their health insurers. Conversational AI tools and chatbots now support millions of consumer interactions every day. These tools can provide quick, reliable answers to coverage questions, help members find in-network providers, guide patients through complex care pathways, and reduce time spent waiting on hold with call centers.

Beyond those day-to-day conveniences, AI is also improving the online shopping and enrollment experience, cutting down on the friction consumers typically feel when choosing or managing a plan.

More importantly, AI is helping bring true transparency to healthcare costs. Consumers can now simply ask their insurer, through an AI platform, “How much will I pay out of pocket for this procedure?” That clarity not only reduces uncertainty, it helps prevent surprise bills. And when the AI doesn’t have enough information, or when the consumer prefers speaking with a person, these systems seamlessly hand off the interaction to a human representative.

Care Management and Clinical Determinations

As we shift from consumer engagement to clinical operations, the value of AI becomes even more evident. Care management programs, which are essential for patients with complex needs, have historically been weighed down by administrative burdens. AI is helping change that.

AI for Risk Stratification and Early Intervention

By analyzing patterns in claims, diagnoses, and utilization, AI helps insurers identify members who may benefit from proactive care management. This allows for more precise and timely health scoring, along with more targeted interventions. In practice, this means fewer avoidable hospitalizations, better chronic disease management, and lower overall costs for patients and payers.

Improving Prior Authorization and Utilization Management

Another major area of improvement is prior authorization – the part of the healthcare experience that is often the most frustrating for patients and providers. Historically speaking, prior authorization has been viewed as a slow process that relies on manual review of medical records and varying interpretations of clinical guidelines. This is partly what led to the reforms contained in Act 146.

AI is transforming this process. It can analyze large volumes of clinical information in microseconds. It improves accuracy by reducing human error, increasing consistency across cases, automatically identifying complex requests for manual review, and reducing administrative burdens for both clinicians and insurers. In fact, multiple studies support that, leveraging these features, AI streamlines prior authorizations, leading to reduced delays in needed care and better outcomes for patients.

Supporting (Not Replacing) Clinicians

It is important to emphasize that AI is designed to support clinicians, not replace them. AI enhances clinical determinations by surfacing relevant medical documentation, aligning requests with evidence-based guidelines, and identifying inconsistencies or missing information. In doing so, it reduces inappropriate denials and helps create clearer, faster pathways to approval—while keeping clinicians firmly in control of the final decision.

Making Healthcare Less Expensive and Less Cumbersome

Of course, none of this works unless AI also helps address the administrative complexity that makes healthcare both costly and difficult to navigate. And here, too, AI is playing an increasingly important role.

AI-powered systems are now handling core administrative tasks such as claims intake and review, document extraction and classification, contract and invoice analysis, and call summarization and routing. These applications are well developed, widely used, and highly effective, allowing trained staff to focus on complex clinical issues or direct consumer support rather than paperwork.

In addition, predictive modeling enables insurers to identify claims likely to be denied or delayed, allowing earlier intervention. This reduces rework for providers and helps prevent unexpected bills for members. And by identifying unusual patterns or outliers, AI helps detect fraud more accurately and quickly than humans alone. Reducing fraud strengthens the integrity of the system and helps stabilize premiums for everyone.

Strengthening Consumer Protections with Governance and Oversight

Naturally, as the role of AI expands, so does the responsibility to use it ethically and transparently. Insurers fully recognize this. Health insurers already have governance frameworks modeled on NAIC's AI principles, emphasizing transparency, fairness, and accountability.

Our member companies have interdisciplinary teams that regularly test models for bias, validate accuracy, and conduct equity and compliance audits. These proactive guardrails, aligned with national standards, help ensure that AI enhances—not undermines—the consumer experience.

Conclusion

In closing, when insurers maintain strong governance and keep both clinicians and consumers at the center of decision-making, AI can meaningfully move us toward a healthcare system that is more affordable, more navigable, and ultimately more humane. While AI is not a cure-all, it is already relieving pressure points that for far too long have made the healthcare experience frustrating for consumers across Pennsylvania and throughout the country.

Thank you again for the opportunity to share this testimony. I welcome any questions.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

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Written Testimony
of
Dr. Molly Cowan, Director of Professional Affairs
Pennsylvania Psychological Association

Joint Hearing
Before the Pennsylvania House Communications and Technology Committee and House Health Committee

March 24, 2026

Chairmen Ciresi, Ortitay, Frankel, Chairwoman Rapp and Members of the House Communications and Technology Committee and House Health Committee, thank you for the opportunity to provide written testimony on the use of AI in the area of mental health. My name is Dr. Molly Cowan, and I am the Director of Professional Affairs for the Pennsylvania Psychological Association (PPA). PPA is a scientific and professional nonprofit organization representing the discipline and profession of psychology in Pennsylvania, as well as over 4,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. Through the application of psychological science and practice, our association's mission is to use psychological science and information to benefit society and improve lives.

On behalf of PPA and its member experts, I appreciate the opportunity to discuss the critical role of psychological science in understanding and shaping the development, implementation, and oversight of artificial intelligence.

The conversation surrounding AI often is dominated by discussions of code, processing power, and economic disruption. However, to view AI as a purely technological issue is to miss its most fundamental characteristic: AI is a tool built by humans, to be integrated into human systems, with profound and direct effects on human cognition, behavior, emotion, and interaction.

Therefore, a deep understanding of the human mind is not just relevant but absolutely essential to every stage of AI's lifecycle—from the cognitive biases of the engineers who design it, to the psychological principles that make its interfaces engaging, to its ultimate impact on child development, mental health, and the very fabric of our social structures. Psychological science must be central to the development, deployment, and oversight of AI to ensure it serves humanity effectively, ethically, and equitably. The current debate often frames AI as a matter of computer science, productivity enhancement, or national security. It is imperative that we also frame it as a public health and human development issue. This shift in perspective is critical, for it changes the metrics of success from solely raw innovation and efficiency to human well-being and safety.

Accordingly, policies governing the use of AI in mental health should prioritize human well-being and safety. As such, I will be focusing on how AI can be integrated into the mental health space effectively and how some use of AI in the mental health area can be detrimental to patient safety.

Artificial intelligence can be effectively integrated into the field of mental health by performing both administrative and supportive functions. AI is capable of handling administrative responsibilities such as managing client records, facilitating external referrals, and monitoring individual client progress. Tools such as BastionGPT, Reverb, PsychAssist, Heidi, and Vero allow providers to streamline administrative tasks leaving more time for direct service to clients. However, providers have to invest time to create personalized templates and train the models to fit their individual needs, which requires both an initial time investment and on-going monitoring for accuracy.

Furthermore, numerous psychological assessment tools now feature AI components, and it is essential that providers retain the ability to use these technologies. One of the primary companies developing psychological assessments, Pearson, is incorporating AI scoring and report writing software into many of its products, and third-party options like PsychAssist provide similar services. With proper human oversight and review, these products can minimize scoring errors, reduce bias, and generate personalized predictions, increasing the accuracy and quality of the results and decreasing the client's wait time.

In addition, AI enabled mental health devices are rapidly emerging. There are several FDA-cleared digital therapeutics that psychologists can prescribe including:

- EndeavorRx: ADHD video game treatment for children ages 8 to 12 for children with ADHD that uses selective stimulus-response engine which is a form of AI
- DaylightRx: Cognitive Behavioral Therapy (CBT) for anxiety and panic disorders that uses AI for user data analysis & personalization
- NightWare: for sleep disturbance due to nightmares and uses proprietary cloud-based AI for data analysis

- reSET-O: for opioid use disorder
- SleepioRx: an insomnia tool that uses AI for user data analysis and personalization
- MamaLift Plus: for postpartum depression - uses on-demand AI navigation assistant
- Rejoyn: for major depressive disorder for adults
- Freespira: for panic attacks and PTSD symptoms - uses AI for personalization and predictive analysis
- LumosityRX: ADHD treatment for adults

Each of these tools allow clients to maximize benefits and maintain progress from their psychological treatment by giving them personalized tools to use on their own.

Now I want to turn to some of my concerns regarding the use of AI in the mental health area. The use of AI in the mental health area can be detrimental to patient safety if consumers are not aware that the services being provided to them are not under the supervision of a mental health professional. This is especially true with the use of chatbots. While chatbots can emulate supportive dialogue, they lack authentic empathy, comprehensive understanding, and the clinical expertise necessary for addressing complex mental health concerns. Their inability to accurately interpret tone, nonverbal cues, cultural context, and nuanced emotional states limits their effectiveness compared to trained mental health professionals. These limitations elevate the risk of mismanaging critical conditions such as major depressive disorder, trauma-related diagnoses, or suicidal ideation; in urgent cases, chatbots may issue generic or unsuitable guidance rather than delivering timely, appropriate interventions. Excessive dependence on automated systems may also dissuade individuals from obtaining professional assistance, fostering a potentially misleading assurance of adequate support. Moreover, issues related to privacy and data protection complicate their implementation, as users may not be fully aware of how their

sensitive information is managed. Ultimately, effective therapy mandates accountability, ethical oversight, and genuine human interaction—elements that current automated solutions are unable to genuinely reproduce. Therefore, it is important that we do not allow the use of chatbots for providing direct services to clients unless it is being used under the supervision of a mental health professional. Typically, chatbots that are free for use require individuals to allow their content to be used to train the language model, and many people agree to the terms of service without fully understanding the potential for private information to be accessed by others, particularly if the site does not provide clear, easy-to-understand information upfront. Specific mental health chatbots have been developed, and while none are FDA-approved, some do have a research base. When evaluating the appropriateness of mental health chatbots such as Ash or Sonia, it is important to consider how transparent the developers are in being clear that the chatbot is not the same as seeking professional help, how well they direct individuals in crisis to appropriate resources, and how easy it is for the public to access the research studies that have been completed.

In addition, it is important to require mental health chatbot suppliers to safeguard confidential patient information, avoid misrepresentation, maintain transparency in advertising, and provide necessary disclosures to consumers. Moreover, it is important to prohibit AI systems from presenting themselves as mental health professionals or delivering mental health services without the participation of a licensed professional.

Lastly, it is important that there is more scientific research that focuses on the cognitive and social-emotional impacts of AI as well as funding for this research. The research should focus on the efficacy of AI-driven mental health tools, the impact of algorithmic decision-making on therapeutic alliances and the role of AI in addressing or exacerbating health

disparities. Research should aim to develop "psychologically informed" AI systems that prioritize human-centered design, mitigate algorithmic bias, build human trust and ethical interaction, ensuring that technological advances do not come at the cost of human social and mental well-being.

When developing policies in this area it is important to develop clear, uniform definitions that as consistent with existing professional licensing laws, ensure consumer protections are properly triggered, and reduce litigation risk. Ultimately, consistency strengthens legal clarity, improves compliance, and ensures that the intended policy goals are achieved without unintended consequences.

PPA is heartened by the focus on AI in the health professions and is eager to collaborate with these committees and members to advance this critical area and shape future legislation. By engaging psychology, other scientific disciplines, parents, caregivers, teachers, tech companies, and policymakers, we can collectively establish robust safeguards and craft comprehensive, thoughtful policy solutions that address the evolving challenges of AI in healthcare. PPA is a ready partner and looks forward to working with both committees to develop effective safeguards and promote responsible AI integration in healthcare.

PENNSYLVANIA ACADEMY of FAMILY PHYSICIANS

House Health Committee and House Communications and Technology Committee
Joint Informational Hearing on Impact of AI in Healthcare on Value and Quality
Tuesday, February 3, 2026

Testimony of Heather Beauparlant, DO, MBA, FAAFP, PAFP President

Chairs Frankel, Ciresi, Rapp, Ortitay, and Honorable Members of the House Health and Communications and Technology Committees,

On behalf of the nearly 6,000 physicians, residents, and medical student members of the Pennsylvania Academy of Family Physicians (PAFP), thank you for the opportunity to provide testimony on the emerging role of artificial intelligence (AI) in health care and its implications for patient care, workforce sustainability, and health-system performance. This testimony will focus on primary care, specifically family medicine.

Family medicine serves as the foundation of the nation's primary care infrastructure. As demands on clinicians continue to rise, driven by chronic disease burden, administrative complexity, and workforce shortages, AI technologies have begun to play a significant role in supporting clinical operations. These tools offer meaningful opportunities to improve efficiency, enhance diagnostic accuracy, and expand access to care, provided they are implemented responsibly and with appropriate oversight.

The American Academy of Family Physicians (AAFP), in partnership with Rock Health, released a report in June 2025 examining the use of AI and digital health to strengthen primary care. The report, *The Starfield Signal: A Shared Vision and Roadmap for AI in Primary Care*, is available at the following link: www.aafp.org/dam/AAFP/documents/practice_management/ai-road-map.pdf. I'd encourage everyone on the committees to read it.

AI is already being implemented across multiple areas of primary care practice:

- **Clinical Documentation and Administrative Support.** Automated transcription and summarization tools reduce time spent on charting and coding. Early evaluations indicate that AI-assisted documentation can meaningfully decrease

administrative burden, allowing clinicians to redirect time toward direct patient care.

- **Clinical Decision Support.** AI systems assist with risk stratification, guideline-based recommendations, and identification of care gaps. These tools support, but do not replace, physician judgment and are most effective when integrated into existing clinical workflows.
- **Patient Engagement and Access.** Symptom-triage systems, remote monitoring platforms, and virtual assistants help patients navigate care and maintain continuity between visits. Such tools are particularly valuable in rural and underserved communities where access to clinicians is limited.
- **Population Health and Chronic Disease Management.** Predictive analytics help identify high-risk patients, enabling earlier interventions and more efficient allocation of care-management resources.

The use of AI in health care can provide several benefits to patients and health systems. AI, when appropriately governed, can advance several core policy objectives, including:

- **Improved access.** Automated triage and remote monitoring extend the reach of family physicians.
- **Enhanced quality.** Decision-support tools help standardize care and reduce variation.
- **Reduced clinician burnout.** Streamlined documentation and administrative automation support workforce retention.
- **Better care coordination.** AI can integrate fragmented data sources, improving continuity across settings.

Despite its promise, AI comes with risks and policy concerns that may present significant challenges that warrant legislative attention:

- **Data Privacy and Security.** AI systems rely on large volumes of sensitive health information. Strong safeguards are required to ensure responsible data use and prevent unauthorized access.
- **Algorithmic Bias and Equity.** If AI tools are trained on non-representative datasets, they may perpetuate or exacerbate existing disparities in care. Oversight mechanisms must ensure fairness and transparency.
- **Clinical Reliability and Accountability.** AI-generated recommendations must be explainable, evidence-based, and subject to rigorous validation. Clear lines of accountability are essential when AI tools influence clinical decisions.

- **Impact on the Patient–Physician Relationship.** Family medicine is grounded in trust, continuity, and whole-person care. Policymakers should ensure that AI augments—not replaces—the human elements of primary care.

To maximize benefits and mitigate risks, the following actions are recommended:

1. Establish national standards for clinical AI tools, including transparency, validation, and post-market surveillance requirements.
2. Support workforce training to ensure clinicians understand AI capabilities, limitations, and ethical considerations.
3. Promote equitable AI development by requiring diverse datasets and bias-mitigation strategies.
4. Strengthen privacy protections to safeguard patient data used in AI systems.
5. Invest in primary care infrastructure, including interoperability and broadband access, to ensure AI tools can be deployed effectively across all communities.
6. Require transparency to patients when AI is being utilized in the decision-making process by insurers, hospitals and health care providers, as specified in H.B. 1925.
7. Regulate the use of AI, including a requirement that medical decisions and insurance coverage decisions, such as denial of prior authorizations, are made by qualified health professionals and not solely based on AI algorithms, as outlined in S.B. 1113.

AI has the potential to strengthen family medicine by improving efficiency, enhancing clinical decision-making, and expanding access to care. Realizing this potential requires thoughtful policy frameworks that uphold patient safety, protect privacy, and preserve the core values of primary care. With appropriate oversight, AI can serve as a powerful tool to support clinicians and improve health outcomes for families and communities nationwide.

Thank you for your consideration.