STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
DEPARTMENT OF HEALTH - *KA ʻOIHANA OLAKINO*

JOSH GREEN, MD
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 2, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

SENATE COMMITTEE ON LABOR AND TECHNOLOGY
Senator Brandon J.C. Elefante, Chair
Senator Rachele Lamosao, Vice Chair
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to Governor Josh Green, MD on Healthcare Innovation

RE: **SB 2281 -- RELATING TO THE USE OF ARTIFICIAL INTELLIGENCE IN HEALTH CARE.**

HEARING: Wednesday, February 4, 2026 @ 01:00 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports SB 2281 with comments.

SHPDA is in strong support of S.B. 2281. The State of Hawaiʻi has an important opportunity to proactively establish guardrails for the use of artificial intelligence in health care. SB 2281 appropriately centers transparency, patient awareness, and human oversight as AI tools become more common in clinical and administrative settings. These principles align with long-standing expectations in medicine that clinical judgment remains accountable to patients and that new technologies enhance — rather than replace — the provider-patient relationship.

We support the bill's intent to guarantee that patients are informed when AI systems contribute to critical health care decisions, and that there is a clear pathway for necessary human review when needed (for "when needed" please substitute "for any clinical decision-making such as establishing a diagnosis, treatment plan, prescription, medical order, and including for insurers, prior authorization denial determinations.

As AI capabilities evolve rapidly, statutory framework that emphasizes disclosure, oversight, and patient rights are prudent. SB 2281 strikes a thoughtful balance by permitting innovation while reinforcing trust and safety in care delivery.

Additionally, as the bill is implemented, it may be worth considering the potential administrative implications for smaller providers, including rural practices, federally qualified health centers, and independent primary care physicians. While the requirements in SB 2281 are reasonable and well-intentioned, these settings often operate with limited administrative capacity. Making sure that compliance expectations are clear and practical may help avoid unintended barriers to adoption of beneficial AI tools in communities where access to care is already fragile.

For these reasons, SHPDA supports SB 2281 and respectfully encourages continued attention to implementation details as the Department of Health develops guidance and rules. We defer to DOH on specifics, details and costs associated.

Mahalo for the opportunity to testify.

- -- Jack Lewin MD, Administrator, SHPDA

JOSH GREEN, M.D.
GOVERNOR OF HAWAI'I
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

STATE OF HAWAII
DEPARTMENT OF HEALTH
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KENNETH S. FINK, M.D., M.G.A., M.P.H.
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

Testimony COMMENTING on SB2281
RELATING TO THE USE OF ARTIFICIAL INTELLIGENCE IN HEALTH CARE**.**

SEN. JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

SEN. BRANDON J.C. ELEFANTE, CHAIR
SENATE COMMITTEE ON LABOR AND TECHNOLOGY

Hearing Date: February 4, 2026 Room Number: 225

Department Testimony: The Department of Health (DOH) provides the following comments on SB2281.

The proliferation of articial intelligence (AI) in society commands public attention, however there are no overarching federal laws specifically regulating AI in health care, rather, federal agencies have largely issued guidance due to statutory limitations. One exception is the U.S. Food and Drug Administration (FDA), which classifies AI tools as medical devices, or more specifically, "software as a medical device" for purposes of patient safety. Any AI-enabled medical device, software, or tool that diagnoses, treats, or prevents disease used in Hawaii should have FDA approval.

AI may be useful to assist the healthcare provider, but caution is prudent should AI be utilized to replace the healthcare provider. While the definition of "consequential decision" and "significant effect" may not be clearly defined, DOH supports a patient being informed when interacting with AI for healthcare purposes and having the opportunity to ask a healthcare provider any questions related to such AI use. DOH also supports that AI used for healthcare purposes has a mechanism to elevate to the attention of a healthcare provider or appropriately refer for emergency care.

DOH is uncertain of the value of the requirement for State oversight, validation, and reporting, should the AI-enabled medical device, software, or tool that diagnoses, treats, or prevents disease be FDA approved. As a result, compliance with SB2281's proposed regulatory requirements is premature given the rapid development of AI technology and high standards of health care self-regulation. It is also extremely unlikely that that State regulators would be able to keep pace with market-driven innovation.

Rather, in lieu of oversight from the Department of Health, health care providers that choose to use AI tools shall report the substance of SB2281 on their websites and other venues easily accessible to the public. Transparency is key to the provider-patient relationship, and it would be through this process that a clinician should disclose the use of AI.

Thank you for the opportunity to testify.

Offered Amendments:

<u>Chapter Selection</u>

Chapter 321, Hawaii Revised Statutes (HRS), is inappropriate for health care provider regulation since it is the core public health and prevention chapter. Rather, chapter 323, HRS, "Hospitals and Medical Facilites," may be a suitable alternative.

Hawaii Medical Association
1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

SENATE COMMITTEE ON LABOR AND TECHNOLOGY
Senator Brandon J.C. Elefante, Chair
Senator Rachele Lamosao, Vice Chair

Date: February 4, 2026
From: Hawaii Medical Association (HMA)
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

RE SB 2281 RELATING TO THE USE OF ARTIFICIAL INTELLIGENCE IN HEALTHCARE: DOH; Health Care Providers; Artificial Intelligence; Patient Interaction; Consequential Decisions; Disclosure; Notice; Oversight; Performance Evaluations; Recordkeeping; Reports; Rules
Position: Comments

HMA supports the intent of this measure to enhance patient safety, transparency, and trust as AI tools are increasingly integrated into clinical practice. Requirements for qualified, human oversight with reviewing and validating/overriding outputs used for consequential decisions reinforces physician-led, high quality and safe patient care.

Responsible adoption of AI has the potential to improve diagnostic accuracy, streamline administrative tasks, and augment clinician capacity, but it also raises legitimate concerns related to patient consent, accountability, and clinical reliability. HMA respectfully provides these concerns and recommendations:

- The requirements may create operational challenges for Hawaii doctors. HMA recommends a phased implementation timeline and additional DOH guidance to help smaller practices and rural providers build compliant AI governance structures without diverting core clinical resources.
- Hawaii healthcare practices and health systems may need further clarification of expectations for qualified clinical oversight and ensuring that physicians retain appropriate control and responsibility over AI-informed care decisions that safeguard both patient safety and clinician practice standards.

The AI regulatory landscape continues to evolve. HMA supports guidance and safeguards for physicians and patients, aligning Hawaii's statutory requirements with emerging national frameworks to help reduce fragmentation and promote safer, more consistent AI use for all Hawaii healthcare.

Thank you for allowing Hawaii Medical Association to submit comments on this measure.

2026 Hawaii Medical Association Public Policy Coordination Team
Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

2026 Hawaii Medical Association Officers
Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, • Immediate Past President
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

REFERENCES

American Medical Association. State Legislative Activity: AI in health care. American Medical Association, Nov 2025. https://www.ama-assn.org/system/files/issue-brief-state-legislative-update-ai-health-care.pdf Accessed Jan 25 2026.

American Medical Association. *AMA AI State Advocacy and Policy Priorities: State Legislative Activity: AI in Health Care*. American Medical Association, Dec 2024, https://www.ama-assn.org/system/files/issue-brief-ai-state-advocacy-policy-priorities.pdf Accessed Jan 25 2026.

2024 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

February 4, 2026 at 1:00 pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Angus L.K. McKelvey

Senate Committee on Labor and Technology

To: Chair Brandon J.C. Elefante
Vice Chair Rachele Lamosao

From: Paige Heckathorn Choy
Vice President, Government Affairs
Healthcare Association of Hawaii

Re: Submitting Comments
SB 2281, Relating to the Use of Artificial Intelligence in Health Care

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to provide **comments** with concerns regarding this measure, which seeks to regulate the use of artificial intelligence (AI) in healthcare. We share the legislature's interest in ensuring that AI is used responsibly in health care settings. However, we have concerns that this measure may disallow the use of this technology even when it can safely be used to increase efficiencies, lessen administrative burdens for healthcare workers and support the work of clinicians.

Importantly, healthcare providers are already approaching AI with care. Many facilities have adopted internal governance policies based on recognized industry best practices, existing state and federal law and guidance from national accrediting bodies such as The Joint Commission. These policies are designed to ensure that AI tools are used in a manner that is ethical, equitable, and clinically appropriate.

Federal privacy requirements and HIPAA guidance are also shaping how providers are deploying this technology. All providers must carefully and thoroughly evaluate AI tools to ensure that

patient data is protected and that any use of data aligns with existing confidentiality and security obligations. These guardrails are enforced through compliance programs, accreditation surveys, and federal oversight.

While the applications and use of AI in healthcare are still being developed, we want to ensure that any state laws governing its use are carefully crafted. Some of the provisions in this measure could stifle innovation and cost savings. As a result, we would encourage the establishment of a multidisciplinary working group before moving forward with statutory mandates of this scope. This group should include providers, insurers, patient advocates, trusted technology vendors, and other impacted industries to ensure the best potential path forward for any laws and regulations.

Thank you for the opportunity to provide comments on this important matter.

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB BENIOFF WILCOX

Wednesday, February 4, 2026; 1:00p.m.
Conference Room 225 & Video Conference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair

Senate Committee on Labor and Technology

To: Senator Brandon Elefante, Chair
Senator Rachele Lamosao, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: SB 2281 – Comments With Concerns
Relating To The Use Of Artificial Intelligence In Health Care

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My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawaiʻi.

I write to provide comments with concerns on SB 2281 which requires health care providers using artificial intelligence (AI) in patient interactions to disclose to the patient that the patient is interacting with artificial intelligence. The bill also requires health care providers using AI in making consequential decisions relating to the patient to provide certain notice and statements to the patient; maintain a qualified AI oversight personnel who shall be a natural person that reviews, evaluates, and validates or overrides AI outputs; monitor and conduct regular performance evaluations of their AI systems; implement procedures to address identified deficiencies; maintain certain records; and requires certain health care providers using AI to submit annual reports to the Department of Health.

Many AI tools in use build on existing manually programmed workflows or electronic tools which do not require disclosure today. Providers and health systems are responsible for the output regardless of whether it is AI generated or not. Disclosure to the patient does not change this fact and adds unnecessary administrative burdens. For example, providers and health systems are required to review and approve artificial intelligence generated remote communication such as MyChart messages before they can be sent or

shared with a patient. AI use for note taking and shared with a patient in MyChart is similar to a student, staff, or scribe drafting a reply for review. Use of a student or scribe is not required for disclosure. Additionally, AI tools to remind patients of scheduled visits or care gaps improve on existing manually programmed tools which do not require disclosure.

Providing a written notice before or while using AI to make a 'consequential decision', or for an 'opportunity to correct health information', or an 'opportunity to appeal' is not practical or feasible. It would add unnecessary and unreasonable administrative burdens to health providers, and also would not meet the needs of the patient. Terms and conditions of treatment for health systems and providers already include use of EMRs and other technologies to enable care. Written notice is already provided to patients seeking care. Providing patients with written notice for each use of AI is unfeasible and as a result, patients would be receiving volumes of notifications for each visit. Furthermore, the definition of 'consequential decision' could be interpreted as applicable to something as routine as scheduling a visit with a PCP. It is also dependent upon the patient's definition of 'significant effect'.

Finally, the requirements in the bill for monitoring, preparing performance evaluations and record keeping would add undue financial and administrative burden to independent providers who are already struggling to stay afloat. Very few, if any, will have oversight personnel on staff with the qualifications to evaluate AI. Therefore, these providers would need to contract with a 3rd party to use something as valuable as ambient documentation. Instead of relieving work and financial burden for burned out providers in short supply, these requirements would either add to their burden or prevent them from adopting tools to help provide care.

Thank you for the opportunity to provide comments on this measure.

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February 3, 2026

The Honorable Joy A. San Buenaventura
Chair, Senate Committee on Health and Human Services
Hawai'i State Legislature
Room 213, Hawaii State Capitol
415 S Beretania St., Honolulu, HI 96813

The Honorable Brandon J.C. Elefante
Chair, Senate Committee on Labor and Technology
Hawai'i State Legislature
Room 217, Hawaii State Capitol
415 S Beretania St., Honolulu, HI 96813

RE: ATA ACTION COMMENTS ON SENATE BILL 2281

Dear Chair San Buenaventura, Chair Elefante and Members of the Senate Committees on Health and Human Services and Labor and Technology,

On behalf of ATA Action, I am writing to provide comments for your consideration as you evaluate Senate Bill 2281 regarding the use of artificial intelligence (AI) in healthcare. While this legislation is well intended, we believe further refinement and stakeholder input is necessary before this legislation advances.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

As artificial intelligence has continued to become more refined, healthcare entities have begun to utilize this technology in many aspects of care delivery due to its potential to improve quality and service capacity at every stage of the care journey. AI-powered technologies are being deployed to analyze data quickly and accurately to assist providers in making better informed decisions and identifying diseases earlier. AI is also helping healthcare entities streamline administrative tasks – such as improving patient scheduling or medication refill requests – which frees up more time for patient care. Accordingly, legislators and regulators have begun to consider the proper guardrails for the use of AI in healthcare, allowing for increased innovation and efficiency while ensuring patient care is not compromised. With this in mind, in 2023 the ATA adopted AI Policy Principles (updated in 2025) to help guide policies that enhance patient and provider trust, safety, and efficacy of AI adoption as a tool in healthcare, including in telehealth.

While our organization stands in support of the intent behind SB 2281, we believe significant refinement and clarification is necessary before sweeping legislation like this is put into effect, along with a robust stakeholder process. Our concerns are enumerated below.

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Overly Broad Definitions Will Create Confusion and Burdens for Providers and Patients

The definition of a "consequential decision" in SB 2281 is very broad with "a decision that has a significant effect on the physical or mental health of a patient" having the potential to include essentially any patient recommendation. For example, it is widely accepted that a healthy diet and adequate amount of sleep can improve mental and physical health. Would a decision to recommend to a patient that they get more sleep or eat healthier be considered as a consequential decision under this legislation? Likewise, the definition of "substantial factor" is extremely broad as it includes any AI generated factor or recommendation that serves "as *a basis* to make a consequential decision," which has the potential to capture many use cases of AI in a healthcare setting.

Taken together these broad definitions could implement the requirements of the legislation for routine uses of AI, likely discouraging their use all together to the detriment of provider efficiency and patient care. For example, under these definitions a decision to prescribe or alter a dosage of blood pressure medication would be considered a "consequential decision." If a provider is using a blood pressure cuff with AI recommendations to assist whether to change blood pressure medication, the cuff's recommendations could be capable of altering the decision. Alternatively, a provider using an AI powered medical search platform for consultation, as providers do regularly, could also impact the provider's approach to prescribing blood pressure medication. These use cases, for one patient and one condition, would then prompt the litany of disclosure, notification, oversight and opt-out requirements entailed in SB 2281 – requirements that present enough operational challenges that they all but guarantee that beneficial AI uses will not be utilized in a healthcare context.

Concerns that Operational and Oversight Requirements are Unworkable in Healthcare Settings

As stated in the ATA's AI Policy Principles, transparency is crucial to building trust and protecting consumers within AI deployment and it should be clearly disclosed to users when they are interacting with AI or when AI is used to materially influence patient care. While this legislation speaks to that intent, as currently drafted, we fear these requirements are unworkable in a healthcare setting and could unintentionally discourage the use of new and innovative technologies by providers.

The series of requirements that apply anytime AI is used as a "substantial factor" in consequential decisions, including written statements describing the data used, the opportunity to correct personal data and several opt-outs, among other requirements, are overly onerous and undermine the efficiencies that the use of AI in healthcare can produce. Additionally, while the requirement for opportunity to appeal a consequential decision is considered during emergency situations, emergency situations are not contemplated for the rest of the requirements. This will force providers to choose between writing and providing the written statement and fulfilling opt-out requirements in an emergency, or not using beneficial AI uses to assist with patient care.

These same concerns apply to the oversight personnel requirements which would see "artificial intelligence oversight personnel" review, evaluate and validate or override any AI generated output before a provider can use it. As previously stated, this requirement undermines efficiency and does not take emergency situations where AI outputs may be useful into account. Furthermore, this requirement would be particularly onerous for small provider groups or digital entities who could opt against using beneficial AI uses in delivering care to avoid the cost of additional staff or contractors for this oversight role. Finally, the legislation currently provides little information or clarity on what would qualify an individual

as capable of serving as AI oversight personnel. While the Department of Health would be directed to undertake rulemaking to determine the qualifications of oversight personnel, this legislation would go into effect immediately upon passage, creating compliance confusion for providers currently using AI to assist in the delivery of healthcare while rulemaking is undertaken.

Consideration of FDA Cleared Devices

As currently drafted, SB 2281 does not take into account FDA-cleared products, treating all products the same, which we believe is harmful to patient care. FDA-regulated digital therapeutics and AI tools are held to rigorous standards, including quality management systems, cybersecurity requirements and mandatory adverse event reporting, ensuring both safety and efficacy. Our organization represents Digital Therapeutics, which are clinically validated and FDA regulated Software as a Medical Device products that incorporate artificial intelligence and other technologies into treatments delivered to patients through phones, tablets, computers, and VR headsets. The FDA approved its first prescription digital therapeutic in 2017 and has since approved more than 20 through this rigorous review process under both the Biden and Trump administrations.

These products undergo clinical validation, are subject to pre- and post-market oversight and involve regulated healthcare practitioners as gatekeepers, protecting patients throughout the care process. In contrast, unregulated mobile health apps operate without these safeguards, rely only on general consumer protections, and may compromise patient data while making unproven health claims. Maintaining the distinction between regulated and unregulated products is essential to protect patients while allowing safe, evidence-based digital interventions to thrive. Indeed, given the existing federal oversight, Colorado's AI Act – the country's first comprehensive AI law – exempts high-risk AI systems already approved, authorized, or certified by the Food and Drug Administration (FDA).

Record Keeping Provisions Should Consider Third-Party Vendors and Entities

The section of the bill regarding monitoring, performance evaluation and record keeping includes several commonsense requirements that put reasonable requirements on providers using AI to ensure patient safety and mitigate basis. However, this section would also place several requirements on the information that providers must maintain, such as the training data of artificial intelligence systems. Currently, there are few health care providers that are developing their own AI systems with most instead deploying AI systems developed by third-parties or vendors that the provider has purchased or licensed for their use. Therefore, providers are unlikely to have access to training data, as this would be closely guarded by the developer. ATA Action believes that this legislation needs to take this reality into account to ensure that impossible to meet requirements are not placed on providers using AI that is not developed in house.

Reporting Requirements Present Potentially Onerous Compliance Regimes

While we understand the intent behind the requirement to file annual reports to the Department of Health to ensure providers are compliant with the provisions of this legislation, our organization believes that this annual requirement is overly onerous and instead would be better served through a compliance statement or attestation. This would require providers to document their compliance program and have this information readily available for audit by the Department, without the tall task of an annual report. The annual report requirement would be particularly onerous for small provider groups or digital entities serving small, but crucial, client populations such as patients receiving treatment for opioid use disorder,

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reproductive health or mental health. These companies have small compliance teams and could opt against using innovative and beneficial AI systems in the healthcare setting, to the detriment of patients, in order to avoid expensive and onerous compliance regimes created by an annual reporting requirement. Furthermore, any reporting or compliance requirements should include common sense protections regarding proprietary information and intellectual property protections.

Thank you for the opportunity to comment and for your consideration of these important issues. As your committees consider this legislation the implications of AI regulations on healthcare entities, we are happy to serve as a resource. If you have any questions or would like to further discuss ATA Action's perspective on this critical issue, please contact us at hyoung@ataaction.org.

Kind regards,

Hunter Young

Hunter Young
Head of State Government Relations
ATA Action

TECHNET
THE VOICE OF AMERICAN INNOVATION

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February 3, 2026

Senator Joy A. San Buenaventura
Chair, Health and Human Services
Hawaii State Capitol
415 South Beretania Street, Room 225
Honolulu, HI 96813

Senator Brandon J.C. Elefante
Chair, Labor and Technology
Hawaii State Capitol
415 South Beretania Street, Room 225
Honolulu, HI 96813

Dear Chair San Buenaventura, Chair Elefante, and members of the committee

RE: SB 2281 (San Buenaventura) - Relating to the use of AI in Health Care - Concerns

On behalf of TechNet, we write to express concerns regarding SB 2281, which proposes a comprehensive framework governing the use of artificial intelligence in health care settings.

TechNet is the national, bipartisan network of technology CEOs and senior executives that promotes the growth of American innovation by advocating a targeted policy agenda at the federal and 50-state level. TechNet's diverse membership includes 100 dynamic American businesses ranging from startups to the most iconic companies on the planet and represents five million employees and countless customers in the fields of information technology, artificial intelligence, e-commerce, the sharing and gig economies, advanced energy, transportation, cybersecurity, venture capital, and finance.

We appreciate the Legislature's focus on patient protection and transparency, and we share the goal of ensuring AI is used responsibly in clinical and administrative contexts. However, as drafted, SB 2281 raises significant concerns related to scope, feasibility, and operational impact that warrant careful reconsideration.

<u>Overly Broad Scope</u>
As drafted, SB 2281 would apply to any "consequential decision" related to health care services. This scope is exceedingly broad and could encompass many, if not most, uses of AI in health care settings, including tools for scheduling, triage, documentation, fraud detection, and clinical decision support.

By failing to limit coverage to narrowly defined, high-risk uses that replace or directly inform consequential clinical decisions, the bill risks regulating routine, lower-risk applications in ways disproportionate to their actual risk profile.

Infeasible and Burdensome Patient-Facing Requirements

SB 2281 combines pre-use notice, post-decision notice, broad opt-out options, and mandatory third-party review alongside healthcare provider oversight. Collectively, these requirements are not practically feasible in real-world healthcare settings and may actually end up creating new inefficiencies in workflows. Specifically, the bill requires two overlapping and ongoing oversight mechanisms. We agree that the developers and/or deployers of AI systems should continuously develop internal evaluation and safety protocols. However, requiring every single decision that an AI system makes to be "reviewed and evaluated" by an "oversight personnel" defeats any of the efficiencies gained by utilizing the AI system in the first place – particularly given the broad context of what could be considered a "consequential decision."

Pre- and post-notice obligations related to AI use in "consequential decisions" would be difficult to implement consistently, especially when AI is integrated into complex clinical workflows or used intermittently as a supporting tool. Broad opt-out rights may conflict with clinical standards of care and could hinder providers' ability to deliver timely and effective treatment. Mandating a third-party review in addition to existing provider oversight would increase costs and delay care without clear evidence of improved patient outcomes.

Risk of Chilling Beneficial Innovation in Health Care

Health care providers are already subject to extensive regulatory, ethical, and professional obligations. SB 2281's expansive requirements could have the unintended effect of pushing providers away from AI-enabled tools, even where those tools improve safety or expand access, due to compliance risk rather than patient harm.

As with prior proposals in other jurisdictions, regulation that goes beyond addressing high-risk use cases and instead broadly constrains assistive technologies risks slowing innovation and entrenching less transparent, human-only decision-making processes that may be equally or more prone to error.

Workable Components Worth Preserving

We believe SB 2281 contains valuable elements that could form the basis for a more targeted approach. Specifically, transparency requirements related to patient communications—such as clear disclosure when AI is used to interact with patients—are workable and beneficial when appropriately scoped. Similarly, requirements for internal governance, monitoring, and compliance structures align with current best practices and can support the responsible deployment of care without disrupting care.

We support thoughtful, evidence-based approaches to AI governance in health care and appreciate the Legislature's engagement on this important issue. However, SB 2281, as drafted, applies too broadly and imposes patient-facing requirements that cannot be feasibly operationalized in real-world health care settings.

We respectfully urge the Committee to consider narrowing the bill's scope to truly high-risk uses, reassessing infeasible notice and opt-out provisions, and building on the

workable components related to transparency and internal governance. We stand ready to engage constructively as the Legislature considers refinements.

If you have any questions regarding our position, please contact Robert Boykin at rboykin@technet.org or 408.898.7145.

Sincerely,

Robert Boykin
Executive Director for California and the Southwest
TechNet

SB-2281
Submitted on: 2/3/2026 10:09:53 AM
Testimony for HHS on 2/4/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shaila Marie Tugaoen	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Members of the Committee,

My name is Shaila Marie Tugaoen, and I am submitting written testimony in **support of SB2281.**

I am currently a Masters of Social Work student at UH Mānoa and I plan to enter clinical practice as a future licensed clinical social worker. As a future clinician, I recognize that the use of artifical intelligence (AI) will increase in health care settings, including in areas that affect mental health care, clinical decision-making, and patient engagement. While the use of AI has the potential to improve effiency, I also recognize the serious ethical concerns related to transperency, accountability, informed consent and patient trust. These concerns are especially important when working with vulnerable populations seeking behavioral health services.

SB2281 takes a responsible approach by requiring health care providers and clinicians to disclose when patients are interacting with AI and when it is used for clinical decision-making. These safegaurds align with social work values and ethical standards. Requiring and maintaining a qualified human oversight and regular performance evaluations ensures AI serves as a technological support rather than replacing professional responsibility and clinical judgement.

As a future clinical social worker, I strongly believe that patients deserve to understand the clinical decision-making of their care and to know that a trained human professional is remained responsible for their well-being.

SB2281 promotes transparency, patient autonomy, and ethical use of emerging technologies in healthcare. For these reasons, I respectfully urge the committee to **pass SB2281.**

Mahalo for the opportunity to submit testimony.

Best,

Shaila Marie Tugaoen

Masters of Social Work Student / Future Clinical Social Worker

SB-2281
Submitted on: 1/31/2026 1:40:39 PM
Testimony for HHS on 2/4/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jacob Wiencek	Individual	Support	Written Testimony Only

Comments:

Aloha Committeemembers,

The proliferation of A.I. is one of the greatest technological changes since the advent of the Industrial Revolution. We have got to adapt properly to it and we only have one shot. SB2281 strikes the right balance on integrating A.I. while protecting patient rights and privacy.

I urge the committee to **SUPPORT** this bill!

SB-2281
Submitted on: 1/30/2026 9:22:03 PM
Testimony for HHS on 2/4/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nancy D Moser	Individual	Support	Written Testimony Only

Comments:

Thank you

LATE

Aloha,

My name is Aretha Matsushima and I am in support of SB2281 to ensure that the privacy and protection of clients are upheld with the emergence of Artificial Intelligence (AI) in the healthcare and social assistance sector.

As a future healthcare social worker, I feel that clients should receive the highest standard of care possible. While AI strives to improve clerical processes and overall functioning, there are risks involved in regards to errors, bias, and security breaches. Upon doing research on this topic within my field, I found that there is a lack of formal regulation for AI in client settings.

As the utilization of AI for clinical documentation becomes more commonplace, there should be some form of regulation established for ethical reasons. Oversight is required to ensure that AI systems remain integral to their purpose and do not replace the role/judgement of healthcare professionals.

In addition, it is important that AI usage be disclosed to the patient to protect human rights. Patients should have the ability to refuse the use of AI during provider interactions as they are able to refuse treatments. Not all patients will feel comfortable with the idea of AI and health providers should respect their wishes.

Therefore, this is why I am in favor of SB2281 to preserve ethical standards and rights of all patients in healthcare.

Respectfully,

Aretha M.