

 AIMED ALLIANCE

STATE 2026 REPORT

Guardrails for Care:

*AI and the Future of
Patient Protection*

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INTRODUCTION

Artificial intelligence (AI) is becoming increasingly prevalent in Americans' daily lives and is playing a growing role in health care and health coverage decisions. As consumers turn to tools like ChatGPT, Gemini, and Claude to answer common health-related questions, health insurers are also using AI models to make determinations about consumers' benefits and coverage. Despite this widespread use, consumers, patient groups, and advocacy organizations often lack a clear understanding of how these tools are used and the legal and regulatory frameworks that may apply.

Recognizing the need to better inform and empower consumers and advocacy organizations, Aired Alliance developed this report to examine the existing and evolving landscape of AI in health care. The report outlines current federal protections, highlights how states are working to address gaps, and explores where consumers fit into these conversations. As part of this effort, Aired Alliance evaluated state approaches to AI strategy and governance, consumer protections, and future readiness. A comprehensive 50-state analysis is included as an appendix to this report.



BACKGROUND

Most current AI systems are generally described by functionality as relying on **reactive machine learning** and **limited memory learning**. “Reactive” machine systems are designed to perform a specific task, while “limited memory” systems use past and present data to inform an outcome or answer.¹ Generative AI tools, such as ChatGPT, can be understood as more advanced forms of limited memory systems, as they rely on large datasets and contextual inputs to generate responses, along with other systems such as chatbots and virtual assistants (e.g., Siri, Alexa, Google Assistant, Cortana).² Consumers’ use of generative AI tools has rapidly grown within the last two years, with nearly a third of U.S. adults using generative AI.³

Beyond growing consumer adoption, the range of recommended applications for AI is also expanding. For instance, in April 2026, OpenAI launched a new version of ChatGPT intended to support physicians, nurse practitioners, physician assistants and pharmacists with documentation and medical research.⁴ The practitioner-focused model has already been implemented by major hospitals including Boston Children’s Hospital and Memorial Sloan Kettering Cancer Center, among others.⁵

This growth has extended beyond the private sector, as public sector entities are increasingly promoting and expanding their use to improve efficiency in health care. For example, in January 2026, the Utah Department of Commerce announced the launch of *Doctronic*, an AI system intended to provide consumers with a faster, automated pathway to renew medications.⁶ The system was designed to facilitate prescription refills through an autonomous platform.⁷ However, shortly after the program’s launch, the Utah Medical Licensing Board called for its suspension, emphasizing that prescription refills require “clinical decision-making to safely adjust doses, monitor for side effects, contraindications, or new drug interactions . . .” tasks that cannot be performed by the proposed AI system.⁸ Despite these concerns, the Utah Department of Commerce indicated that the program would continue to operate as planned.⁹ Accordingly, as both the public and private sector use of AI continues to grow, the need for patients, providers, and caregivers to understand their existing and emerging protections is more pressing than ever.

FEDERAL SCOPE OF AUTHORITY

Under the Trump Administration, federal AI policy has largely focused on deregulation and innovation, rather than the development of regulatory frameworks to safeguard the use of AI.¹⁰ In July 2025, the White House launched *America's AI Action Plan*, which is organized around three pillars: accelerating the use of AI, building American AI infrastructure, and strengthening U.S. leadership in international AI diplomacy and security.¹¹

For consumers and health care providers, the most relevant provisions of the Action Plan relate to the emphasis on accelerating innovation. Under this pillar, federal agencies are directed to identify regulations that hinder innovation and adoption of AI, encourage the use of open-source AI systems and models, prioritize AI skill growth and development, invest in AI-enabled science and automated cloud-enabled labs, build robust data sets, and implement an AI evaluation system. Importantly, the development of such evaluation systems reflects a recognition of the need for federal agencies to assess their own AI systems to ensure compliance with existing laws and regulations.¹²

This innovation-focused, deregulatory approach is reflected in the Centers for Medicare and Medicaid Services' (CMS) proposed Wasteful and Inappropriate Service Reduction (WISeR) Model. Beginning January 1, 2026, the WISeR Model began using AI in Medicare to process prior authorization requests with the goal of improving efficiency, enhancing explanations for benefit decisions, and steering patients to more cost-effective, evidence-based care options.¹³ However, within the first three months of 2026, health care providers began speaking publicly about the access challenges the WISeR Model had caused including delays in access to treatments, technical glitches, and communication challenges between contractors and claims processors.¹⁴

The emphasis on innovation and efficiency is not without limits, as federal regulators have also demonstrated a willingness to intervene where AI use may raise safety or oversight concerns. For example, in 2025, Harrison.ai, an AI technology company, petitioned the Food and Drug Administration (FDA) to partially exempt certain AI-powered Computer-Aided Triage and Notification (CADt) devices from premarket notification requirements under Section 510(k) of the Food, Drug, and Cosmetic Act (FD&C Act).¹⁵ Under federal law, such exemptions may be granted only when: (1) the device does not have a significant history of false or misleading claims or inherent risks or characteristics; (2) the characteristics necessary for its safe and effective performance are well established; (3) changes that could impact safety and effectiveness are readily detectable before causing harm or will not materially increase the risk, injury, incorrect diagnosis, or treatment; and (4) any changes to the device would not likely result in a change in the device's classification.¹⁶ The FDA denied the petition, explaining that prior approvals of similar devices do not eliminate the need for individualized review.¹⁷ The agency reasoned that each device must be individually evaluated for safety, effectiveness, technological characteristics, and potential variations in clinical indications and algorithmic performance.¹⁸

Similarly, the FDA has expressed concern regarding the use of AI in pharmaceutical manufacturing.¹⁹ In April 2026, the FDA sent a warning letter to a drug manufacturing facility, citing insanitary conditions and inappropriate use of AI to "create drug product specifications, procedures, and master production or control records . . ." ²⁰ The FDA determined that the use of AI without human oversight or review was inappropriate, particularly where AI-generated documents were not independently verified for accuracy and adherence to federal requirements.²¹ The Agency indicated that once production resumed, the manufacturer would need to implement human oversight of AI-generated labels to ensure compliance with federal law.²²

Accordingly, while the federal government has not prioritized creating AI-specific regulatory frameworks, federal agencies have demonstrated a willingness to apply and enforce existing protections to AI-enabled systems. Against this backdrop, the following analysis identifies existing protections that may apply to the use of AI in health care and health insurance to help better inform consumers, providers, and caregivers navigating this evolving landscape.



The Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) governs how consumers' health information is protected and managed by "covered entities."²³ It is designed to safeguard consumers' health data while allowing information to be easily shared among health care providers to support high-quality, coordinated care.²⁴ HIPAA applies to health plans, health care providers, health care clearinghouses, and their business associates.²⁵ Under the law, entities must protect "individually identifiable health information," which includes identifiers such as an individual's name, address, date of birth, Social Security number, as well as other demographic information related to an individual's physical or mental health condition, the provision of care, or payment for care.

However, in the context of AI, there are important limitations. HIPAA does not restrict the use or disclosure of de-identified health information, and covered entities are not required to inform consumers when data has been de-identified and sold or otherwise utilized.²⁶ In addition, if sold de-identified data is later re-identified, the entity that disclosed the data cannot be held liable for the breach unless it had actual knowledge that the information could identify an individual.²⁷ HIPAA also permits the use and disclosure of identifiable information without authorization for certain purposes, including public health and research.²⁸

While these protections are important, particularly as hospitals and health systems are increasingly using AI models to improve dictation, charting, and other operating function, HIPAA only applies to *covered entities*. As such, consumers' medical and personal data can be collected, shared, or sold through channels outside of HIPAA's protections.

For example, social media platforms and internet search engines have acknowledged that user inputs, including health-related questions, are used to train and improve AI models.²⁹ Given the volume and specificity of health-related inquiries, these platforms and chatbots collect extensive information about individual users. As these chatbots become more sophisticated and user-friendly, consumers may disclose greater amounts of personal health information. Accordingly, consumers should be cautious about the medical history they provide to AI systems, as this data may be aggregated, shared, or even sold without their knowledge.

Some actors have also engaged in more aggressive consumer data collection practices. For example, in 2024, the Federal Trade Commission settled a case with a data broker company that collected and sold data related to consumers' locations at medical and reproductive health clinics, places of worship, and domestic abuse shelters.³⁰ These practices underscore the gaps in existing protections and highlight how sensitive health-related data can be collected and monetized outside of traditional health care frameworks. Taken together, these risks demonstrate the need for greater transparency and consumer awareness regarding how personal health information is collected, used, and shared in an increasingly AI-driven landscape.

Key Considerations for Policymakers and Patients



Policy Considerations

- Require clear and conspicuous disclosures explaining how consumers' data is collected, used, and shared; how consumers can request copies of their data; and how consumers can request deletion of their data.
- Establish a right for consumers to receive these disclosures.



Patient Considerations

- Inform consumers about how their data is collected, used, and shared.
- Educate consumers on their right to know when their data is de-identified and sold.
- Ensure consumers are informed when their identifiable data is used in research or other HIPAA-approved initiatives.

Clinical Trials – Informed Consent and Participation

While clinical trials are conducted across all 50 states,³¹ this research is primarily regulated at the federal level by the FDA,³² alongside the U.S. Department of Health and Human Services (HHS) for federally-funded studies.³³ Through its Office for Human Research Protections (OHRP), HHS is responsible for overseeing compliance with the Common Rule, which governs the ethical conduct of human subjects research and the protection of participant rights.³⁴ The FDA is responsible for approving proposed clinical trials and ensuring the design, conduct, and analysis are consistent with federal law and good clinical practice regulations.³⁵ Central to both frameworks are the requirements that human participation be voluntary and based on legally-valid, informed consent.³⁶

Under 21 C.F.R. § 50.25 and 45 C.F.R. § 46.116, informed consent must provide prospective participants with the information that a reasonable person would consider material to the decision to participate. This includes, at a minimum, the study's purpose, procedures, reasonably foreseeable risks and discomforts, potential benefits, available alternatives, and the extent of confidentiality protections.³⁷

However, these requirements were developed before AI became a routine component of research and **do not address or require disclosure of whether AI was used in preclinical research**.³⁸ Informed consent has traditionally focused on information that directly affects a participant's participation, safety, rights, or decision-making, rather than the specific tools or methods that may shape the research or the development and interpretation of study findings. FDA's 2025 draft guidance on AI outlines a risk-based framework for engaging with the agency to establish the credibility of AI models, including recommended reporting on how models are developed, trained, validated, and monitored.³⁹ However, these suggested disclosures are directed to regulators, not to patients.⁴⁰ Similarly, as HHS observed in *Institutional Review Board (IRB) Considerations on the Use of Artificial Intelligence in Human Subjects Research*, many AI studies qualify for expedited review or consent waivers because they use existing data and are deemed minimal risk, leaving individuals unaware that their data is being used in research models.⁴¹

These transparency gaps continue after clinical trials and related research are complete. There is no general requirement for companies to disclose whether AI was used during the research process. FDA labeling requirements focus on what healthcare providers and patients need to safely and effectively use an approved product, such as indications, dosing, contraindications, warnings, and summaries of clinical evidence, rather than the methods used to develop that evidence.⁴²

As AI is increasingly used in areas like patient selection, treatment assignments or decisions, and data analysis, it raises concerns regarding bias, algorithmic errors, and lack of transparency that do not fit within existing consent requirements.⁴³ Without updates to federal regulations governing AI in clinical trials, informed consent risks falling short of its intended purpose, particularly when participants are not aware of tools that may influence their eligibility, treatment pathway, or data use.⁴⁴



Emerging academic and institutional frameworks are beginning to outline more robust expectations for AI-related informed consent. For example, the Multi-Regional Clinical Trials Center at Harvard and WCG developed a comprehensive IRB toolkit with decision trees and ethical considerations for AI research,⁴⁵ while Stanford health law professors propose that disclosure should depend on (1) the risk of harm from AI errors and (2) whether patients can meaningfully act on the information.⁴⁶ Similarly, University of Washington IRB guidance recommends clearly explaining AI's role, data use, risks, safeguards, and how results will be shared.⁴⁷ Although these frameworks are not binding, they collectively point toward a shift in expectations, suggesting that ethical AI research requires more transparent, context-specific informed consent.

Beyond these regulatory and consent considerations, AI is reshaping how clinical trials are conducted, particularly in participant recruitment. Historically, recruitment has been costly, slow, and inefficient, contributing to trial delays and under-enrollment.⁴⁸ AI is helping address these challenges by enabling more targeted and proactive identification of eligible participants.⁴⁹

For example, AI tools can analyze electronic health records, clinical notes, laboratory results, and claims data to identify patients who meet complex eligibility criteria, significantly reducing the need for time-intensive manual chart review.⁵⁰ These systems can also translate inclusion and exclusion criteria into structured, searchable formats, allowing for more efficient matching of patients to relevant studies and alerting providers when participation opportunities arise. In doing so, AI streamlines patient identification and recruitment processes, shifting trial enrollment from a resource-intensive, manual effort to a more proactive, data-driven approach that improves efficiency and expands access.

AI can also help improve diversity in clinical trials by identifying underrepresented populations and informing targeted outreach strategies that address systemic barriers such as social determinants of health, access issues, and cultural factors.⁵¹ At the same time, AI-enabled virtual screening and remote consent tools can reduce geographic and logistical barriers to participation through technologies like medical image analysis, patient data processing, and adaptive chatbots, ultimately supporting more inclusive and accessible trial enrollment.⁵²

Key Considerations for Policymakers and Patients



Policy Considerations

- Require clinical trials to clearly inform patients when and how AI is used throughout the research process, particularly where it may influence eligibility, treatment decisions, or the use of their data.



Patient Considerations

- Inform consumers on how their data is collected, used, and shared, and when their de-identified data is sold or used for permissible purposes under HIPAA.
- Clarify that consumers may ask their health care providers how their data is used in additional research, how to request that their data be excluded, and how data sharing may influence future clinical trial eligibility in the future.

Digital Health Technology

In addition to regulating the approval of prescription drugs, the FDA oversees approval of medical devices, including certain types of software that qualify as medical devices.⁵³ The FDA classifies devices into three categories based on their level of risk:



Class I:

Low-risk devices subject to *general controls* that provide reasonable assurance of safety and effectiveness.



Class II:

Moderate-risk devices subject to additional *special controls* that provide reasonable assurance of safety and effectiveness.



Class III:

High-risk devices that require both *general controls and a pre-market approval* to demonstrate reasonable assurance of safety and effectiveness.



Devices that were not on the market prior to 1976 are, by default, classified as Class III devices, regardless of the actual risk profile. However, manufacturers may request a reclassification through the *de novo classification* pathway.⁵⁴ These regulatory guardrails are designed to ensure that tools used to diagnose, treat or manage medical symptoms or conditions are adequately evaluated for safety and effectiveness before reaching consumers.

Although this framework was originally developed for physical devices, technological advances have required the FDA to evaluate software as a medical device (SaMD). SaMD is defined as “software intended to be used for one or more medical purposes that perform these purposes without being part of a hardware medical device.”⁵⁵ The FDA distinguishes this category software from tools that merely supports the manufacture, operation, or maintenance of a device.

In 2022, the FDA issued guidance and clarified that software remains subject to regulation as a medical device when it functions as an extension of a medical device, connects to a medical device (such as through display screens, sensors or similar components), or performs patient-specific analysis, outputs, or directives that are used to diagnose, treat, mitigate, cure, or prevent disease.⁵⁶ By contrast, the Agency has indicated that software designed to help manage patients' conditions, without providing a specific treatment or treatment suggestion, and automate routine tasks for health care providers is not considered a medical device. The FDA has also indicated that it intends to exercise enforcement discretion related to this type software.⁵⁷



While this approach reflects the current FDA policy, Congress is considering legislation, including the *Digital Health Screeners Act of 2026*, that would formalize these enforcement limitations.⁵⁸

These distinctions are particularly significant in the context of digital health care applications. Digital technologies have expanded consumers' ability to access care and support services more directly, but not all tools are subject to the same data protections and regulatory requirements. Prescription digital therapeutics (PDTs),⁵⁹ which are prescribed by a health care provider, are regulated similarly to medical devices and must comply with federal safeguards, like medical devices, and health data protection requirements under HIPAA. By contrast, wellness applications that help users manage a condition, diet, or other lifestyle habits, fall outside of FDA oversight and may use, process, and sell consumer data more liberally.

Accordingly, consumers and advocacy organizations should consider whether a given health-related application or device is subject to regulatory safeguards, as this distinction has important implications for data privacy protections.

Key Considerations for Policymakers and Patients



Policy Considerations

- Require applications to disclose to consumers when wellness, treatment adherence, or lifestyle tools that support patient health fall outside the scope of HIPAA. Disclosure requirements should be required more than once as consumers continue to share sensitive health information overtime.



Patient Considerations

- Ensure consumers are aware of when an application or device qualifies as an FDA-regulated medical device and is required to protect their health information confidential, as well as when tools that support treatment adherence fall outside those protections.
- Inform consumers of their rights to protect, modify, and delete non-HIPAA protected health.





TRENDS IN STATE ACTIVITY

Given the limited scope of federal legislation and regulation, Aamed Alliance also reviewed state regulatory and legislative activity related to AI to better understand how state policymakers are addressing these issues. The findings were organized into three categories: Strategy and Governance, Consumer Protections, and Future Readiness.

Strategy and Governance

The “Strategy and Governance” category examines state approaches to developing workplans, taskforces, or policies governing the use of AI. Although Aamed Alliance's initially focused on governance strategies related to health, the limited number of health-sector-specific developments lead to an expanded review of broader state AI governance initiatives to assess whether and how states are planning to regulate AI, including within health care contexts.

Aamed Alliance's research found that:



36 States have identified an entity responsible for shaping AI regulation.⁶⁰

25

Of these states have adopted formal AI strategies addressing either government use of AI or AI development within the state.⁶¹

8

Additional states have developed AI strategies without identifying a specific regulatory or legislative authority responsible for the policy – Indiana, Iowa, Michigan, Nebraska, New Mexico, North Dakota, Ohio, and South Dakota.

State Practice Examples:



[Mississippi Department of Information Technology Services Acceptable Use Policy for AI](#)⁶⁴



[The Nebraska Information Technology Commission standards and guidelines for the use of AI by state agencies](#)⁶⁵

While state efforts to recognize the need to identify how to use and regulate AI are important, the lack of uniform governance structures creates uncertainty about how AI will be regulated moving forward. For example, some states have established AI-focused task forces through legislation, while others have done so by executive order.⁶² In some cases, existing agencies have gained responsibility for AI regulation, while others have created new offices or appointed individuals to address the issue. From a practical perspective, the President of the National Association of State Chief Information Officers suggested in 2024 that states consider establishing dedicated AI leadership offices rather than assigning responsibility to a single individual.⁶³



Ultimately, without a centralized authority overseeing the use, development, and regulation of AI, states risk adopting fragmented approaches in which responsibility for ensuring AI is being used appropriately is distributed across multiple agencies. However, individual agencies may lack subject matter expertise in AI algorithms, systems, and data processing needed to effectively regulate these technologies in a rapidly evolving environment.

The regulation of AI in health care and health insurance illustrates how these challenges may arise. For example:



15 states have enacted legislation limiting the use of AI in health insurance benefit decisions, treatment decisions, and the unlicensed practice of medicine.⁶⁶

However, the agency responsible for enforcement often depends on how the law is categorized. For consumers, this issue extends beyond inefficiency; it affects their ability to determine where to turn if problems arise.

For example, laws governing the use of AI in health insurance denials are typically regulated by health insurance commissioners. In contrast, requirements that AI does not provide unlicensed care often regulated by state licensure boards.



Five states have enacted laws requiring AI systems to disclose that users are interacting with a nonhuman system and to develop response protocols when users express self-harm or suicidal ideation.⁶⁷

Although these laws essentially regulate AI tools used in mental health contexts, they are often situated within existing consumer protection frameworks under the jurisdiction of the State Attorney General's offices.⁶⁸

AI AUTHORITIES

- ✓ Insurance Commissioner
- ✓ State Licensing Board
- ✓ Attorney General

Who should consumers turn to?

As a result, within this example, multiple agencies may have overlapping jurisdiction over health-related AI conduct. For consumers, this can mean potentially navigating **three different agencies to file a complaint** if AI is used improperly in their health care. Not only does this create logistical burdens for consumers, but it also raises practical questions about how conduct should be regulated when it implicates multiple frameworks, such as insurance law, licensure requirements, and consumer protection laws. For example, would consumer be responsible for exhausting one oversight body before turning to another. Without greater coordination, this fragmentation is likely to leave consumers uncertain about where to seek recourse when problems arise, ultimately depriving consumers of the meaningful protections legislators intended to enact.

Key Considerations for Policymakers and Patients



Policy Considerations

- Designate a single state agency responsible for the use, development, and oversight of AI.
- Establish coordination mechanisms to equip agencies with subject-matter expertise and facilitate joint enforcement of existing laws and protections as they apply to AI.



Patient Considerations

- Provide consumers with a clear pathway to engage state regulators and taskforces on AI-related issues.
- Incorporate consumer feedback on real-world AI use to inform regulatory and legislative priorities and strengthen protections.





Consumer Protections

The “Consumer Protections” category examines existing state laws to safeguard consumers' health data and provide oversight of AI systems. Given the limited scope of federal regulation, state authorities play an increasingly important role in protecting consumers' data and influencing coverage decisions. Aimed Alliance's research identified state data protection laws and insurance commissioner bulletins as two key mechanisms for oversight. However, while these frameworks establish an important baseline for oversight, they do not always provide clear or proactive remedies for consumers in practice.

To understand where state consumer protection laws apply, it is necessary to distinguish between health data that is protected and data that falls outside the scope of these safeguards. Importantly, health data shared with licensed practitioners for the purpose of diagnosis, treatment, or ongoing care of a condition is protected under HIPAA and cannot be disclosed unless it is de-identified or used for an enumerated permissible purpose. As a federal law, these requirements apply to health data across all 50 states.

At the same time, the increasing use of AI tools and chatbots is shifting how consumers seek health information. Many individuals are increasingly going outside the traditional health system to ask questions and receive information about their physical and mental health. Alarmingly, a 2026 survey found that one in three adults is turning to chatbots for health information.⁶⁹ Therefore, consumers must understand that the health information they disclose to AI systems is not protected health information subject to HIPAA's privacy protections, and that AI systems can use and sell this data.

As consumers continue to turn to AI systems for health information, they should understand whether and how they can protect their personal information from being processed and sold.



Only 23 states have enacted data protection laws that grant consumers with rights to control their data and how it is used.⁷⁰

Although these rights vary from state to state, they generally provide **rights to know their data is being collected, the types of information being collected, and whether the data is being used for a business purpose or sold**. These laws also often provide consumers with **rights to correct inaccuracies in their data, request that their data be deleted, and prohibit businesses from selling or sharing their data**. At this stage of AI use, development, and regulation, these protections are particularly significant, as they offer a mechanism for consumers to manage how their health-related data is handled by AI companies and to request deletion of any health data they have shared.



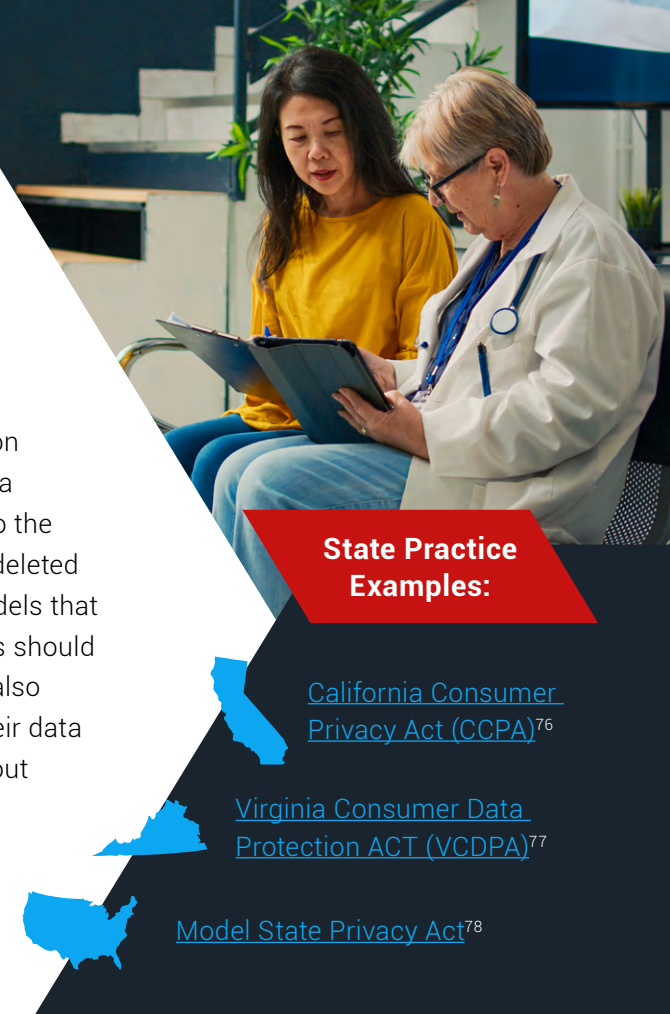
For consumers, data protection laws can provide meaningful safeguards because a business's failure to comply with these requirements may result in financial penalties.⁷¹ A clear financial penalty gives the law "teeth" and strengthens accountability and improves compliance. However, even where such laws exist, downstream protections remain limited. For example, if a consumer asks an AI chatbot how to manage a specific condition or shares personal health information they did not realize was unprotected, and later requests that the data be deleted, the information may already have been incorporated into the training of a new version of the chatbot. Although the data may be deleted and removed from future use, it likely cannot be extracted from models that have already been trained. Accordingly, regulators and policymakers should consider how to address downstream uses of data. This limitation also underscores the importance of ensuring consumers understand their data rights at the outset and are equipped to make informed choices about how their data is shared and used upon initial use.

Beyond data protection laws, existing legal frameworks governing health insurance can also provide safeguards for the use of AI in health insurance. The National Association of Insurance Commissioners' (NAIC) Model Bulletin on AI offers a useful example.

In December 2023, the NAIC adopted a Model Bulletin on the Use of Artificial Intelligence Systems by Insurers, which provides a framework for state regulators.⁷² The Model Bulletin explains how existing laws, such as the Unfair Trade Practices Model Act, the Unfair Claims Settlement Practices Model Act, model rating laws, market conduct surveillance laws, and anti-discrimination laws, apply to AI systems used within insurance.⁷³ It also emphasizes transparency, risk management, and human oversight, including meaningful human involvement in final decision-making processes. In addition, these bulletins often encourage or require insurers to assess their AI systems for bias, inaccuracies, and potential disparate impacts. Collectively, these efforts reflect a growing recognition that, while AI may improve administrative efficiency, its use must remain consistent with longstanding consumer protection principles embedded in state insurance law.

Since its adoption, **28 states** have implemented or issued similar bulletins using the Model Bulletin as a framework.⁷⁴ For consumers, this provides a clearer basis for challenging improper use of AI in a coverage or benefit determination. Some bulletins also illustrate how data and AI may be used to discriminate against consumers. For example, a 2022 bulletin from the California Insurance Commissioner notes that the use of large data sets and AI can result in unintentional discrimination, such as higher claim denials or lower settlement offers associated with certain ZIP codes, the use of biometric data in claims determinations, and the use of biometric and personal data in claims determinations or to limit underwriting for certain populations.⁷⁵

Ultimately, the NAIC Model Bulletin and similar state adoptions are important because they identify clear opportunities for regulators to apply existing laws to AI systems. Applying established legal frameworks helps introduce baseline safeguards as the broader legal and regulatory environments continue to develop. However, these bulletins and similar state adoptions are less effective if enforcement depends primarily



State Practice Examples:

[California Consumer Privacy Act \(CCPA\)](#)⁷⁶

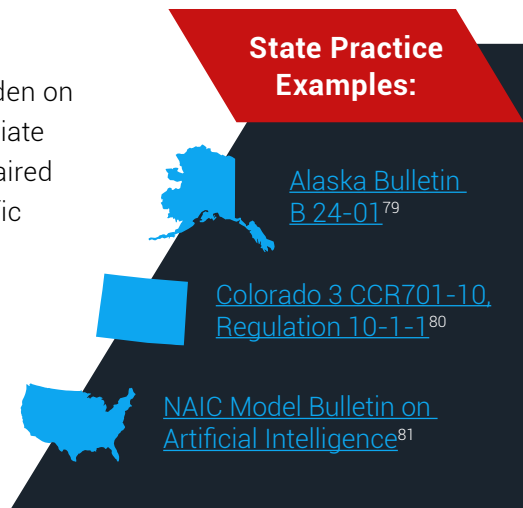
[Virginia Consumer Data Protection ACT \(VCDPA\)](#)⁷⁷

[Model State Privacy Act](#)⁷⁸



on consumer complaints. Reliance on consumers places a significant burden on individuals to navigate internal appeals processes and identify the appropriate regulatory authority. These frameworks would offer greater protection if paired with proactive oversight by regulators. Such oversight could include specific reporting requirements, such as disclosures explaining how AI is used in coverage determinations, as well as broader transparency obligations requiring insurers to identify all AI-enabled practices. By shifting responsibility to insurers and regulators, these measures would help reduce the burden on patients, caregivers, and health care providers while strengthening accountability in the use of AI.

State Practice Examples:



Key Considerations for Policymakers and Patients



Policy Considerations

- Expand adoption of existing bulletin frameworks across states and strengthen enforcement activity. This includes prioritizing investigations into AI-related denials of care and taking corrective action where systems result in biased or non-compliant outcomes.
- Increase transparency, oversight, and reporting requirements to promote accountability and strengthen consumer trust in the use of AI in health insurance.



Patient Considerations

- Educate consumers on existing laws that apply to the use of AI in health insurance, particularly anti-discrimination and unfair or deceptive trade practices requirements.
- Inform consumers about how their data may be used and sold by businesses and AI systems, and how they can request that their data be corrected or deleted from the company database.

Future Readiness

The final “Future Readiness” category examines whether and how advocacy groups are engaging in discussions about AI in health care and health insurance at the state level, as well as how states are training both the public and government employees on AI systems and their potential impacts on institutions and consumers. More broadly, this category assesses how states are preparing for the future of health care and what role they envision for patients, caregivers, and providers.

Aimed Alliance’s research found:



36 36 states had advocacy organizations discussing the use of AI in health care.



47 47 unique groups were identified, ranging from hospital associations, health management systems, general AI and health consortiums, patient groups, and health care provider associations.



14 14 different health care provider or health professional associations commented on the use of AI.⁸²

By comparison, only a limited number of patient advocacy organizations were engaged in discussions related to AI that could directly impact patients and caregivers.

The relative absence of patient and caregiver perspectives is significant, as the priorities of consumers within the health care system can differ from those of providers. For example, a hospital may be more interested in using AI to improve electronic health records, billing, scheduling,⁸³ and diagnostic capabilities, while patients and caregivers may place greater emphasis on more limited uses of AI,⁸⁴ transparency, and preservation of the patient-provider relationship.⁸⁵ Ultimately, ensuring that AI is implemented effectively and equitably requires the perspectives and goals of all stakeholders, including hospitals, providers, and patients. However, at present, the patient perspective is not consistently reflected in these conversations.

Although federal or national advocacy organizations play an important role in representing consumer perspectives, and are more prevalent, the lack of state-specific organizations working at the intersection of AI and health is concerning, particularly because the limited federal approach to AI regulation places greater responsibility on states to ensure these systems remain safe for the public. Because state-based organizations are already embedded in state legislative and regulatory processes, they are well positioned to expand into AI-related health issues and to ensure that policymaking reflects the needs of patients and caregivers.

Capacity constraints and the evolving technical nature of AI may contribute to the hesitancy among some groups to engage on AI-related health issues. However, developing a sound understanding of AI is not unique to patient groups, and is developing across sectors, including among state employees and policymakers. Recognizing that AI is an emerging, cross-cutting issue, Aimed Alliance also examined how states are preparing their workforce and the public through AI training and education. This remains an area of early development, as only **21 states** have adopted or implemented AI-related training or AI literacy initiatives.⁸⁶



LESS THAN 50% of states have adopted or implemented AI-related training or AI literacy initiatives.

As states continue to build on this capacity, patients, providers, and advocacy organizations have a meaningful opportunity to engage with states in these early efforts to ensure the patient impact of AI is understood and implemented. In particular, proactive collaboration can help ensure the patient impact of AI is understood and considered in implementation as states develop policies, training programs, and governance frameworks for AI.

State Practice Examples:



Engaged California

a statewide initiative that will allow the public to provide feedback and answer questions related to their experience with AI and AI's impact on the economy. The initiative also envisions live discussions and forums across California to increase consumer input on policy recommendations.⁸⁷

Key Considerations for Policymakers and Patients



Policy Considerations

- Incorporate automatic, structured pathways for consumer and public participation when developing policy, regulatory, or legislative frameworks governing the use, development and oversight of AI. Such mechanisms can help ensure consumer impacts are addressed proactively rather than an afterthought.
- Provide accessible, free AI literacy training for both the public and government employees to support informed decision-making and promote inclusive development of AI systems.



Patient Considerations

- Engage patient groups in AI-related health care discussions to ensure the patient perspective is represented. As hospitals, providers, and data systems increasingly shape AI implementation, patient participation is essential to ensure these tools address patient needs without interfering with treatment decisions or the patient-provider relationship.





CONCLUSION

Artificial intelligence is already reshaping how patients access information, how health care is delivered, how clinical research is conducted, and how health insurance decisions are made. This research demonstrates that existing federal and state laws provide important, but incomplete, protections for consumers navigating this evolving landscape. In some areas, such as HIPAA-covered data or FDA-regulated products, established legal safeguards and oversight mechanisms continue to play a meaningful role. In others, including wellness applications, consumer-facing chatbots, and AI-supported benefit determinations, protections are fragmented, uneven, or difficult for patients to identify and use.

Moving forward, policymakers, regulators, providers, and advocacy organizations should treat patient protection as a central principle in the design and governance of AI in health care and health insurance. This includes strengthening transparency around when and how AI is used, preserving meaningful human oversight in decisions that affect care and coverage, expanding consumer rights over sensitive health data, and ensuring patients and advocacy groups have a direct role in shaping future reforms. While AI presents significant opportunities to improve efficiency and innovation, those benefits should not come at the expense of trust, informed decision-making, or the patient-provider relationship. A patient-centered approach to AI governance is essential to ensuring that innovation advances the public interest rather than outpacing it.



A photograph of two scientists, a woman and a man, in a laboratory setting. They are both wearing white lab coats and are focused on a microscope. The woman is standing and looking down at the microscope, while the man is sitting and also looking at the microscope. The background shows laboratory equipment and shelves. The entire image has a blue tint.

State Analysis of Health AI Laws and Actions



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Technology Quality Assurance Board is tasked with ensuring the responsible, secure and effective deployment of emerging technologies across the executive-branch agencies. The Board is composed of the Office of Information Technology, Dep't of Finance, Law Enforcement Agency, Dep't of Education, Medicaid Agency, Dep't of Revenue, and Dep't of Transportation. ⁸⁸
Is there an enacted AI law or regulation that applies to health insurance?	Yes. S.B. 63 (2026) requires any decision to deny, delay, or modify a prior authorization request based on medical necessity to be ultimately made or reviewed by a licensed physician or qualified health care professional. ⁸⁹
Is there an official state strategy on AI?	Yes. The Governor's Task Force on Generative Artificial Intelligence (GenAI) released a 2024 report that includes a list of ten overarching recommendations for GenAI utilization across the state's executive-branch agencies. ⁹⁰
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. S.B. 63 (2026) regulates data privacy within health plan utilization review functions powered by AI. The law requires health plans to ensure that patient data used in utilization review functions by AI is not used beyond its intended and stated purpose, consistent with HIPAA. ⁹¹
Is human oversight of AI required?	Yes. S.B. 63 (2026) requires human oversight in authorization decisions that would deny or defer a request. ⁹²
Is there a consumer complaint mechanism available unique to AI?	No. However, consumers can file a complaint with the Alabama Department of Insurance if they believe AI has been used improperly within their health insurance. ⁹³
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No.
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The Medical Association of the State of Alabama is advocating for a ban on the sole use of AI in making initial prior authorization determinations. ⁹⁴ The Alabama Hospital Association has stated that human oversight is critical if AI is going to continue to be used in healthcare determinations. ⁹⁵
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law that applies to health insurance?	No.
Is there an official state strategy on AI?	No.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. Alaska's data protection law focuses on requirements for data breach notifications.
Is human oversight of AI required?	No. There is no specific obligation to ensure human oversight of AI decisions or outcomes. However, there are requirements for continuous auditing and recalculations as necessary.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Alaska Department of Commerce, Community, and Economic Development if they believe AI has been used improperly within their health insurance. ⁹⁶
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. Alaska Department of Commerce, Community and Economic Development issued Bulletin 24-01 adopting the NAIC Model Bulletin. ⁹⁷
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. Governor Katie Hobbs established an AI Steering Committee to develop a statewide framework and governance strategy for the use of AI in Arizona. ⁹⁸ The Committee is expected to release its recommendations in Spring 2026.
Is there an enacted AI law that applies to health insurance?	Yes. H.B. 2175 (2025) prohibits a prior authorization reviewer from solely relying on AI when rendering an independent medical judgment. ⁹⁹
Is there an official state strategy on AI?	No. An official state strategy on AI is currently being developed by the Governor's AI Steering Committee.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. Arizona's data protection law focuses on notification requirements for data breaches but does not give consumers rights to their data or its management. ¹⁰⁰
Is human oversight of AI required?	Yes. H.B. 2175 (2025) prohibits a prior authorization reviewer from solely relying on AI when rendering an independent medical judgment. ¹⁰¹
Is there a consumer complaint mechanism available?	Yes. Consumers can file a complaint with the AG's office for fraud or deceptive marketing, including those fraud and deceptions developed by AI. The Arizona AG recently recognized the increasing use of AI-powered scams. ¹⁰² Consumers can also file a complaint with the Arizona Department of Insurance & Financial Institutions if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ¹⁰³
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The Arizona AI Ecosystem Committee , organized by the Arizona Technology Council, is dedicated to leading AZ into an AI era by providing leadership, expertise, and recommendations related to AI.
Are there state-funded training opportunities on AI?	The State of Arizona is working with InnovateUS to develop a workforce training on the responsible use of AI in day-to-day work. ¹⁰⁴



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Arkansas AI & Analytics Center of Excellence, which was established to guide the responsible adoption of AI, recommended the already-existing governance body in the Data and Transparency Panel (DTP) for AI governance. ¹⁰⁵
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Arkansas AI & Analytics Center of Excellence has released an initial report on AI adoption for the state. ¹⁰⁶
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Arkansas Insurance Department if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Arkansas Insurance Department issued Bulletin 13-2024 adopting the NAIC Model Bulletin. ¹⁰⁷
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Heartland Forward is a group of state legislators and executive officers that focuses on developing responsible AI policies while advancing AI-powered economic growth opportunities. ¹⁰⁸ The Arkansas Center for Health Improvement held a forum on the future of health, which included a panel on AI. ¹⁰⁹
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>Yes.</p> <p>Governor Gavin Newsom signed an Executive Order in 2023 that outlines a framework for California to study the development, use, and risk of generative AI, and develop a deliberate and responsible process for the evaluation and deployment of AI in state government.¹¹⁰</p> <p>Within the Executive Order, the Government Operations Agency, the California Department of Technology, the Office of Data and Innovation, and Governor's Office of Business and Economic Development are responsible for collaborating with other agencies on various AI initiatives.</p>
Is there an enacted AI law that applies to health insurance?	<p>Yes.</p> <p>CA S.B. 1120 (2024) imposes certain requirements on the use of AI in benefit utilization policies.¹¹¹ The law requires an AI system to base its determination on the following criteria: (1) an enrollee's medical or other clinical history; (2) individual clinical circumstances presented by the prescribing providers; and (3) other relevant clinical information contained in the enrollee's medical records.¹¹² The law also prohibits an AI system from being discriminatory in violation of state or federal laws, and it cannot supplant a health care provider's decision-making.</p> <p>The law also requires AI systems to be subject to audit and compliance reviews by the state, have written policies and procedures, and periodically review performance, use, and outcomes to maximize accuracy and reliability.</p> <p>CA A.B. 489 (2025) makes it unlawful for AI or GenAI technologies to imply that their care, advice, reports, or assessments are being provided by a human healthcare professional with the appropriate license.¹¹³</p>
Is there an official state strategy on AI?	<p>No.</p> <p>However, in November 2023, California issued a report highlighting the benefits and risks of generative AI throughout the state.¹¹⁴ In alignment with these identified benefits, California has launched a number of AI projects. Examples of AI projects include the California Department of Public Health's testing of AI to assist with writing inspection reports for health care facilities and the use of AI to improve language translation for health care appointments by the California Health and Human Services Agency.¹¹⁵</p>
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>Yes.</p> <p>The California Consumer Privacy Act (CCPA) grants consumers the right to: (1) know about the personal information being collected, how it is used and shared; (2) delete personal information being collected; (3) opt-out of the sale or sharing of personal information; (4) correct inaccurate information; (5) limit information; and (6) non-discrimination when exercising their rights under the CCPA.¹¹⁶ However, health information identified under HIPAA and health records are exempt from the law.¹¹⁷</p>
Is human oversight of AI required?	<p>Yes.</p> <p>CA S.B. 1120 (2024) requires a determination of medical necessity to be made by a licensed physician or licensed health care provider competent to evaluate the specific clinical issues involved.¹¹⁸</p>
Is there a consumer complaint mechanism available?	<p>Yes.</p> <p>The California AG explicitly recognized that state and federal consumer protection and health care laws are applicable to companies using AI within California.¹¹⁹</p> <p>Consumers can file a complaint with the California Attorney General (AG) if they believe AI has been used in a deceptive or unfair manner.</p> <p>Consumers can file a complaint with the California Department of Insurance if they believe AI has been used improperly within their health insurance.</p>

<p>Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?</p>	<p>Yes.</p> <p>The California Department of Insurance issued guidance relating to the use of AI in utilization management, as mandated by S.B. 1120.¹²⁰ The Insurance Commissioner has also issued guidance on the use of AI, and other forms of "big data" being used to disproportionately deny claims from socioeconomically-disadvantaged communities.¹²¹</p> <p>The guidance document reiterates the requirements as enumerated in the law and states explicitly that the ACA requirements of Section 1577 apply to AI systems in health insurance.¹²²</p>
<p>FUTURE READINESS</p>	
<p>Are there state-based advocacy groups related to AI in health insurance or health care?</p>	<p>Yes.</p> <p>The California Health Care Foundation publishes resources on AI perspectives throughout the state, including patient, provider, and policymaker perspectives.¹²³</p> <p>Digital Democracy Cal Matters also provides an overview of state legislature activity on AI. Importantly, reports from Digital Democracy use AI to support their reporting and analysis.¹²⁴</p> <p>California consumers also have an opportunity to weigh-in on AI policy through the launch of Engaged California, an online platform that allows consumers to share their feedback on how AI is impact their work, lives, and the economy.¹²⁵</p>
<p>Are there state-funded training opportunities on AI?</p>	<p>Yes.</p> <p>Under a 2023 Executive Order, the state launched a public training program for state employees including a five-course series on AI essentials and knowledge.¹²⁶</p>



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>Yes.</p> <p>The Colorado AG is responsible for enforcing the AI consumer protection law.</p> <p>An AI Taskforce was also launched in 2022. The taskforce was charged with considering issues and proposing recommendations regarding protections for consumers and workers related to AI.¹²⁷</p> <p>The Governor also launched an AI Policy Working Group in 2025, focused on developing a policy framework to protect consumers and cultivate AI innovation within the state.¹²⁸</p>
Is there an enacted AI law that applies to health insurance?	<p>Yes.</p> <p>S.B. 205 (2024), Consumer Protections for Artificial Intelligence, requires developers of "high-risk" AI systems to use reasonable care to protect consumers from any "known or reasonably foreseeable risk." The law states that there is a rebuttable presumption that a developer used reasonable care if they made available (1) a statement disclosing specific information about the high-risk system; (2) information and documentation necessary to complete an impact assessment; (3) making a publicly available statement summarizing the types of high-risk systems that have been developed and substantially modified and how risks and reasonably foreseeable risks are mitigated; and (4) disclosing to the AG any known or reasonably foreseeable risks within 90 days of discovery.¹²⁹</p> <p>The law also requires deployers of high-risk systems to use reasonable care to protect consumers from known and foreseeable risks. A rebuttable presumption of reasonable care will be presumed when the deployer: (1) implements a risk management policy and program for the high-risk system; (2) completes an impact assessment of the high-risk system; (3) annually reviews the deployment of each high-risk system to ensure non-discrimination; (4) notifies a consumer of specified items if the high-risk system makes or will be a substantial deciding factor in making a consequential decision concerning the consumer; (5) provides a consumer with an opportunity to correct any incorrect personal information; (6) provides an opportunity to appeal, with human review; (7) provides a publicly available statement summarizing the types of risk and the nature, source, and extent of information collected and used by developer; and (8) discloses to the AG the discovery of discriminatory algorithms within 90 days of identification.¹³⁰</p> <p>The law applies to high-risk situations in education enrollment or opportunities; employment or employment opportunities; financial or lending services; essential government services; housing; insurance; and legal services.¹³¹</p> <p>However, the law's implementation has been postponed to June 30, 2026.¹³²</p>
Is there an official state strategy on AI?	<p>Yes.</p> <p>The Colorado Governor's Office of Information Technology has developed a "near term" strategic approach to Generative AI (GenAI).¹³³ The three pillars of the GenAI Strategy include governance, innovation, and education.¹³⁴</p>
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>Yes.</p> <p>The Colorado Privacy Act grants consumers the right to: (1) opt-out from the sale or use of their personal data; (2) know whether their personal data is being collected; (3) access the personal data the controller has on them; (4) correct personal data; (5) delete personal data; and (6) download and remove personal data from a platform in a format that allows transfer to another platform.¹³⁵</p> <p>However, health information identified under HIPAA and health records are exempt from the law.¹³⁶</p>

Is human oversight of AI required?	Yes, but limited to high-risk systems. Consumer Protections for Artificial Intelligence S.B. 205 (2024) requires high-risk systems to provide an opportunity to appeal an AI decision with human review. However, the law stipulates that this human review is only required if “technically feasible,” reducing the mandate to be permissible rather than mandatory. ¹³⁷
Is there a consumer complaint mechanism available?	Yes. The Colorado AG is responsible for enforcing S.B. 205 and grants the AG authority to promulgate rules to enforce the law’s requirements. ¹³⁸
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Commissioner of Insurance published Regulation 10-1-1 relating to the use of information sources, algorithms, and predictive models in insurance, including health insurance. ¹³⁹ The Regulation requires insurers to develop a governance and risk framework and imposes reporting requirements. ¹⁴⁰
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Twelve advocacy organizations published an open letter calling on Colorado lawmakers to strengthen the AI Act before it goes into effect in 2026.
Are there state-funded training opportunities on AI?	Yes. The Colorado Statewide Internet Portal Authority has launched a Learning Cohort to improve AI literacy. ¹⁴¹





STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The AI Advisory Group offers guidance and standards for emerging AI technology and ease adoption by the state. ¹⁴²
Is there an enacted AI law or regulation that applies to health insurance?	Yes. S.B. 10 (2025) prohibits the use of AI to make an adverse determination based on medical necessity. ¹⁴³
Is there an official state strategy on AI?	Yes. Connecticut's Policy AI-01 AI Responsible Use Framework includes a framework on guardrails, workforce, empowerment and education, and purposeful use to foster responsible AI innovation. ¹⁴⁴
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. However, Public Act 25-113 (S.B. 1295, 2025, amending the Connecticut Data Privacy Act) requires certain businesses to disclose in privacy notices whether they use personal/sensitive data to train large language models and grants consumers the right to opt out of automated decision-making systems (which can include AI) that use their data for "significant decisions," including health care. ¹⁴⁵ However, health information identified under HIPAA and health records are exempt from the law. ¹⁴⁶
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Connecticut Insurance Department if they believe AI has been used improperly within their health insurance. ¹⁴⁷
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Insurance Department issued Bulletin MC-25 adopting the NAIC Model Bulletin. ¹⁴⁸
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The Connecticut Health AI Collaborative aims to bring together healthcare professionals, AI experts, policymakers, and visionaries from around the state of Connecticut to develop groundbreaking applications that enhance diagnostics, revolutionize patient care, optimize medical processes, and reduce costs. ¹⁴⁹
Are there state-funded training opportunities on AI?	Yes. The state has launched a statewide higher education innovation challenge designed to expand AI education and workforce training, which includes an eight-week online program focused on AI fundamentals in healthcare business innovation. ¹⁵⁰



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law or regulation that applies to health insurance?	Yes. H.B. 191 (2026) clarifies that nonhuman entities, including AI, may not be licensed as professional nurses, APRNs, practical nurses, physicians, or PAs. ¹⁵¹
Is there an official state strategy on AI?	No.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Delaware Personal Data Privacy Act grants consumers the right to: (1) Access and confirm whether their personal data is being processed; (2) Correct inaccurate personal data; (3) Delete personal data; (4) Obtain a portable copy of their data; (5) Request a list of third parties with whom their data has been shared; and (6) Opt out of targeted advertising, the sale of personal data, and certain automated profiling decisions that have legal or similarly significant effects. ¹⁵² However, health information identified under HIPAA and health records are exempt from the law. ¹⁵³
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Delaware Insurance Commissioner's Consumer Services Division if they believe AI has been used improperly within their health insurance. ¹⁵⁴
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Department of Insurance issued Bulletin No. 148 adopting the NAIC Model Bulletin. ¹⁵⁵
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The Delaware Healthcare Association has advocated for legislation to establish AI licensing restrictions. ¹⁵⁶
Are there state-funded training opportunities on AI?	Yes. The State of Delaware launched an AI training curriculum for state employees focused on the responsible, effective, and ethical use of AI across state government. ¹⁵⁷



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	No.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Florida Digital Bill of Rights grants consumers the rights to: (1) confirm whether a controller is processing the consumer's personal data and access that data; (2) correct inaccuracies in the consumer's personal data, taking into account the nature and purposes of processing; (3) delete any or all personal data provided by or obtained about the consumer; (4) obtain a portable, and to the extent technically feasible, readily usable copy of the consumer's personal data if available in digital form; and (5) opt out of the processing of personal data for targeted advertising, the sale of personal data, and profiling that produces a legal or similarly significant effect on the consumer. ¹⁵⁸ However, health information identified under HIPAA and health records are exempt from the law. ¹⁵⁹
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a mediation request or insurance concern through the Division of Consumer Services' Consumer Assistance Portal if they believe AI has been used improperly within their health insurance. ¹⁶⁰
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. However, Insurance Commissioner Mike Yaworsky has encouraged lawmakers to ensure the Office of Insurance Regulation (OIR) can oversee insurers' AI use. ¹⁶¹
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. National Association of Social Workers – Florida Chapter advocated for House Bill 281 (2026), which would prohibit unregulated use of AI in therapeutic services. ¹⁶²
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Office of Artificial Intelligence aims to champion the responsible use of AI in state government. ¹⁶³
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	No. However, the Georgia Enterprise IT Strategic Plan 2025 includes some provisions on AI, ¹⁶⁴ and the state is in the process of developing a comprehensive AI Enablement Strategy. ¹⁶⁵
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Office of Commissioner of Insurance and Fire Safety's Consumer Complaint Portal if they believe AI has been used improperly within their health insurance. ¹⁶⁶
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No.
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>Yes.</p> <p>The Hawaii State Data Office is responsible for cultivating a data-driven, impact-focused, and citizen-centric culture to promote data sharing, integration, privacy protection, evidence-based policy making, and responsible use of data and AI.¹⁶⁷</p> <p>S.B. 3001 (2026) establishes a data taskforce charged with assisting Hawaii's Chief Data Officer. Members include one representative of the judiciary, the superintendent of education (or a designee), the director of health and human services (or a designee), the director of business, economic development and tourism (or a designee), the President of the University of Hawaii (or a designee), two members of the public representing non-profit organization stakeholders with experience in data, and two members to represent for-profit business stakeholders.¹⁶⁸</p>
Is there an enacted AI law that applies to health insurance?	<p>No.</p> <p>However, in 2026, the Hawaii legislature passed the Artificial Intelligence Disclosure and Safety Act (S.B. 3001).¹⁶⁹ The Act requires AI systems to clearly and conspicuously disclose to the user that the user is interacting with AI at the beginning of each session and at least once per hour of continuous interaction. It also requires protocols for responding to self-harm or suicidal ideation prompts, imposes additional safeguards for minors, and mandates reporting related to user interventions and crisis referrals.¹⁷⁰</p>
Is there an official state strategy on AI?	<p>Yes.</p> <p>The Hawaii State Data Office established <i>Data and AI Guiding Principles</i> and a <i>Data and AI Strategy</i>.¹⁷¹ The strategy includes goals relating to protecting privacy, ensuring security and compliance; improving quality, accuracy, and reliability; promoting accessibility and interoperability; accelerating efficiency and resident satisfaction; and ensuring equity and ethical responsible use of data and AI.</p>
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>No.</p> <p>Hawaii's personal data law focuses on notification requirements for data breaches, but it does not create consumer rights related to their data.¹⁷²</p>
Is human oversight of AI required?	<p>No.</p>
Is there a consumer complaint mechanism available?	<p>No.</p> <p>However, consumers can file a complaint with the Hawaii Insurance Division if they believe AI has been used improperly within their health insurance.</p>
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	<p>Yes.</p> <p>The Department of Commerce and Consumer Affairs issued Memorandum 2025-13A adopting the NAIC Model Bulletin.¹⁷³</p>
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	<p>Yes.</p> <p>Transform Hawai'i Government is a 501(c)(3) established to promote an open, transparent, and responsive Hawaii government.¹⁷⁴</p>
Are there state-funded training opportunities on AI?	<p>Yes.</p> <p>Through a partnership with Google, Hawaii is offering the "AI Essentials" and "Google Prompting Essentials" courses free to all state and county employees.¹⁷⁵</p>



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>Yes.</p> <p>The Office of Information Technology Services is the primary agency responsible for AI governance.¹⁷⁶</p> <p>Within the Office of Information Technology Services, there is an AI Executive Committee, Ethics Advisory Committee, Technical Review Board, and AI innovation team, each with a supportive role in developing regulations and monitoring the use of AI within the state.</p> <p>The Office of Information Technology Services also recognizes it is responsible for the framework, standard, and consultation used by agencies, but that each agency has a responsibility for managing AI implementation, use, and outcomes.</p>
Is there an enacted AI law that applies to health insurance?	No.
Is there an official state strategy on AI?	<p>Yes.</p> <p>The Office of Information Technology Services has published a governance policy, standard, and guideline framework for responsible innovation in Idaho.¹⁷⁷</p> <p>The framework outlines the governance policy, risk assessment methodologies, documentation requirements, use of third-party AI tools, and privacy and security requirements.¹⁷⁸</p>
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>No.</p> <p>Idaho's personal data law focuses on notification requirements for data breaches, but it does not create consumer rights related to their data.¹⁷⁹</p>
Is human oversight of AI required?	<p>Yes, within the state government's use.</p> <p>The state governance framework requires the implementation of mitigation strategies such as human review.¹⁸⁰</p> <p>The governance framework also explicitly states that "GenAI is a tool to augment human capabilities, not replace human judgment."¹⁸¹</p>
Is there a consumer complaint mechanism available?	<p>No.</p> <p>However, consumers can file a complaint with the Idaho Department of Insurance if they believe AI has been used improperly within their health insurance.</p>
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ¹⁸²
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Illinois Department of Innovation and Technology is the primary agency responsible for AI policy in state government, setting standards for responsible use. ¹⁸³
Is there an enacted AI law or regulation that applies to health insurance?	No. However, H.B. 1806 (2025) makes it illegal for AI systems to independently provide therapy, psychotherapy, or clinical recommendations without review and approval by a licensed professional. ¹⁸⁴ S.B. 1297 (2026) requires an operator to not knowingly and intentionally cause or program a conversational AI service to make any representation or statement that explicitly indicates that the conversational AI service is designed to provide professional mental or behavioral health care. ¹⁸⁵
Is there an official state strategy on AI?	Yes. AI is included in the Governor's five-year plan launched in 2024. ¹⁸⁶
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. The Illinois Personal Information Protection Act focuses on notification requirements for data breaches rather than providing consumers with rights to their data. ¹⁸⁷
Is human oversight of AI required?	Yes. The Wellness and Oversight Psychological Resources Act prohibits the use of AI to independently provide therapy without the review and approval by a licensed professional. The law also prohibits licensed professionals from using AI to (1) make independent therapeutic decisions; (2) directly interact with clients; (3) generate therapeutic or treatment recommendations without review and approval of a licensed professional; or (4) detect emotions or mental states. ¹⁸⁸
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Illinois Department of Insurance if they believe AI has been used improperly within their health insurance. ¹⁸⁹
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Illinois Department of Insurance issued Bulletin 2024-08 adopting the NAIC Model Bulletin. ¹⁹⁰
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The AI.Health4All Center for Health Equity at the University of Illinois College of Medicine focuses on improving fairness and reducing bias in healthcare through the utilization of innovative technologies. ¹⁹¹ Illinois State Medical Society advocates for legislation that would limit how insurers use AI systems to make or support adverse determinations that affect patients. ¹⁹²
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No. However, the Artificial Intelligence Task Force recommended establishing a permanent interim study committee for the purpose of studying and recommending legislation regarding issues related to emerging technologies, including AI. ¹⁹³
Is there an enacted AI law or regulation that applies to health insurance?	Yes. H.B. 1271 (2026) prohibits an insurer from using AI as the sole basis to downcode and requires an insurer to disclose in an easily accessible and readable manner when AI is used as part of a benefit decision or downcode. It also prohibits a health provider from using AI to submit a health benefits claim without the review of a provider or other person involved in the claim. ¹⁹⁴
Is there an official state strategy on AI?	Yes. The Office of the State Chief Data Officer has published the <i>State of Indiana Policy: Artificial Intelligence</i> . ¹⁹⁵ It outlines the state's policy for the adoption of the National Institute of Standards and Technology, Artificial Intelligence Risk Management Framework (AI RMF 1.0). ¹⁹⁶ The policy requires all state agencies to conduct an AI Readiness Assessment for all AI systems before usage by the agency. ¹⁹⁷ The Governor's Office has also launched "IN AI" a statewide initiative aimed at supporting businesses grow, create jobs, and increase wages with the use of human-centered AI. ¹⁹⁸ The initiative provides information on how to identify where AI can improve operations, provides tools and technical support, and connects businesses with talent to implement solutions. ¹⁹⁹
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Indiana Consumer Data Protection Act grants consumers the right to: (1) confirm if a controller is processing their personal data; (2) access their personal data; (3) correct inaccuracies in their data; (4) have their personal data deleted; (5) obtain a copy or summary of their personal data; and (6) opt-out of their personal data being processed for targeted advertising, sale of personal data, and profiling in furtherance of decisions that produce significant effects concerning the consumer. ²⁰⁰
Is human oversight of AI required?	Yes. H.B. 1271 (2026) requires human oversight in downcoding decisions by insurers and in coverage requests by health care providers. ²⁰¹
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Indiana Department of Insurance if they believe H.B. 1271 (2026) has been violated or if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No.
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Indiana Health Information Management Association, a non-profit association of health information professionals in Indiana, advocates on issues related to AI. ²⁰²
Are there state-funded training opportunities on AI?	No.

STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law or regulation that applies to health insurance?	Yes. H.B. 2635 (2026) prohibits health insurance companies from using AI as the sole basis to determine whether to deny a request for prior authorization or downcode the request. ²⁰³ S.F. 2417 (2026) requires AI systems to clearly and conspicuously disclose that the AI system is not human at least every three hours, adopt protocols to respond to users expressing suicidal ideation or self-harm, and ensure AI service does not represent or mislead itself as a professional providing psychological or behavioral health services. ²⁰⁴
Is there an official state strategy on AI?	Yes. The Iowa Department of Management has published the <i>Generative AI Policy</i> for state agencies. ²⁰⁵
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Iowa Consumer Data Protection Act grants consumers the right to request: (1) the types of personal data being processed; (2) the nature and purpose for collecting and processing data; (3) duration of processing; (4) to return or delete personal data; and (5) have their personal data protected. ²⁰⁶ However, health information identified under HIPAA and health records are exempt from the law. ²⁰⁷
Is human oversight of AI required?	Yes. Under H.B. 2635, human oversight is required in prior authorization and downcoding decisions.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Iowa Insurance Division if they believe AI has been used in violation of H.B. 2635. ²⁰⁸
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Iowa Insurance Commissioner issued Bulletin 24-04 adopting the NAIC Model Bulletin. ²⁰⁹
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The Iowa Medical Society advocates for legislation that prohibits health insurance companies from using AI to determine whether to deny a prior authorization request. ²¹⁰
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Kansas Legislative Artificial Intelligence Task Force is a 14-member team created to proactively identify opportunities, risks, and recommendations related to AI and to serve as an expert advisory board to legislative requests. ²¹¹
Is there an enacted AI law or regulation that applies to health insurance?	No. However, H.B. 2313 (2026) prohibits all medical and research facilities in the state from using genetic sequencers or operational or research software used for genetic analysis produced in or by a foreign adversary or affiliated entity. ²¹² The law also prohibits state agencies from allowing employees to access AI platforms of concern on state-owned or state-issued electronic devices. ²¹³ Prohibited countries of concern or foreign adversaries include China, Cuba, Iran, the Democratic People's Republic of Korea, Russia, and Venezuela. ²¹⁴
Is there an official state strategy on AI?	Yes. Kansas has issued a policy governing acceptable use of generative AI for Executive Branch agencies. ²¹⁵
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Kansas Department of Insurance if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No.
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Kansas Health Institute, Health Resources in Action, Wichita State University Community Engagement Institute partnered to inform AI in health policy development. ²¹⁶
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Commonwealth Office of Technology and Artificial Intelligence Governance Committee oversees ethical and responsible AI use, require public disclosure of AI applications, provide employee training, and prioritize personal privacy and data protection. ²¹⁷
Is there an enacted AI law or regulation that applies to health insurance?	No. However, S.B. 4 (2025) requires the Commonwealth Office of Technology to create the Artificial Intelligence Governance Committee to develop and implement policy standards for AI use by state government entities. ²¹⁸
Is there an official state strategy on AI?	Yes. The Commonwealth Office of Technology has published an Artificial Intelligence Policy. ²¹⁹
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Kentucky Consumer Data Protection Act grants consumers the right to: (1) confirm whether a controller is processing the consumer's personal data and access that data, unless doing so would require disclosure of a trade secret; (2) correct inaccuracies in the consumer's personal data, taking into account the nature and purposes of processing; (3) delete personal data provided by or obtained about the consumer; (4) obtain a portable, and to the extent technically practicable, readily usable copy of personal data previously provided to the controller, where processing is carried out by automated means, without requiring disclosure of trade secrets; and (5) opt out of processing of personal data for targeted advertising, the sale of personal data, or profiling that produces legal or similarly significant effects concerning the consumer. ²²⁰ However, health information identified under HIPAA and health records are exempt from the law. ²²¹
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Department of Insurance if they believe AI has been used improperly within their health insurance. ²²²
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Kentucky Department of Insurance issued Bulletin 2024-02 adopting the NAIC Model Bulletin. ²²³
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The University of Kentucky Center for Applied AI and AIM Alliance (Pathology/Radiology/Markey Cancer Center) focuses on responsible AI in medicine/research. ²²⁴
Are there state-funded training opportunities on AI?	Yes. S.B. 4 (2025) mandates employee education and training on AI use. ²²⁵



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Louisiana Innovation, a new division of Louisiana Economic Development, will develop the Louisiana Institute for Artificial Intelligence, a 501(c)(3) that will serve as the state's lead anchor for statewide AI strategy, focused on applied research and development, commercialization, workforce development and policy. ²²⁶
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Louisiana Office of Technology Services (OTS) issued an Artificial Intelligence Acceptable Use Policy for state agencies. ²²⁷
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The OTS' AI Acceptable Use Policy requires state agencies leveraging AI to protect the privacy and security of data in accordance with the OTS Information Security Policy and any applicable state and federal laws and policies. ²²⁸
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Department of Insurance if they believe AI has been used improperly within their health insurance. ²²⁹
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No.
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Maine Artificial Intelligence Task Force is charged with issuing AI policy recommendations. ²³⁰
Is there an enacted AI law or regulation that applies to health insurance?	Yes. L.D. 2082 (2026) requires consent before certain licensed professions use AI for supplementary support during recorded or transcribed therapy sessions and prohibits AI from making independent therapeutic decisions. ²³¹
Is there an official state strategy on AI?	Yes. The Maine Artificial Intelligence Task Force released a set of policy recommendations which includes three directives: (1) Prepare Maine's economy and workforce for the opportunities and risks likely to result from advances in AI; (2) Protect residents from potentially harmful uses of AI technologies; and (3) Explore the most promising uses for state agencies, quasi-state agencies, and other public entities such as municipalities to deploy AI technologies to address capacity gaps and improve service delivery to the populations they serve. ²³²
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Department of Insurance if they believe AI has been used improperly within their health insurance. ²³³
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No.
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Alliance for Addiction and Mental Health Services has advocated for the regulation of AI in mental health services. ²³⁴ The Maine Medical Association has advocated for prohibiting the use of AI in the denial of health insurance claims and requiring human oversight in medical insurance payment decisions. ²³⁵ NASW Maine Chapter has advocated for regulating the use of AI in therapy. ²³⁶
Are there state-funded training opportunities on AI?	No. However, the Task Force report recommends AI literacy/training for healthcare professionals. ²³⁷



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Maryland Department of Information Technology is the primary agency regulating AI usage within state government, guided by Maryland's Responsible AI Policy and responsible for ensuring ethical and safe AI implementation.
Is there an enacted AI law or regulation that applies to health insurance?	Yes. H.B. 795 (2025) requires human review of an adverse determination made by AI. ²³⁸ H.B. 820 (2025) requires AI tools to base determinations on individual patient medical history, clinical circumstances, and relevant medical records, and explicitly prohibits basing decisions solely on group datasets, and mandates that AI tools don't replace healthcare provider decision-making. ²³⁹
Is there an official state strategy on AI?	Yes. The Maryland AI Enablement Strategy & AI Study Roadmap outlines a five-part plan: governance, capacity-building, innovation, workforce, and studies in key issue areas, including health care. ²⁴⁰
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Maryland Online Data Privacy Act grants consumers the right to: (1) confirm whether a controller is processing the consumer's personal data; (2) access the consumer's personal data; (3) correct inaccuracies in the consumer's personal data; (4) require a controller to delete personal data, unless retention of the personal data is required by law; (5) obtain a copy of the consumer's personal data processed by the controller in a portable and, to the extent technically feasible; (6) obtain a list of the categories of third parties to which the controller has disclosed the consumer's personal data; (7) opt out of the processing of personal data for purposes of targeted advertising, the sale of personal data, or profiling in furtherance of solely automated decisions that produce legal or similarly significant effects concerning the consumer. ²⁴¹ However, health information identified under HIPAA and health records are exempt from the law. ²⁴²
Is human oversight of AI required?	Yes. H.B. 795 (2025) requires human review of an adverse determination made by AI. ²⁴³
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Maryland Insurance Administration if they believe AI has been used improperly within their health insurance. ²⁴⁴
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. Maryland Insurance Administration issued Bulletin 24-11 adopting the NAIC Model Bulletin. ²⁴⁵ Executive Order 01.01.2024.02 outlines responsible principles for AI in state government and creates an AI Subcabinet of the Governor's Executive Council responsible for promoting AI principles, providing advice and recommendations on AI, and facilitating statewide coordination on the responsible, ethical, and productive use of AI across state agencies. ²⁴⁶
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. MedChi has advocated for legislation to establish guardrails for the use of AI by PBMs and insurers. ²⁴⁷
Are there state-funded training opportunities on AI?	Yes. Maryland invested \$4 million via Department of Labor for AI training grants, apprenticeships, and cybersecurity programs. ²⁴⁸ Maryland Health Care Commission hosts the Health Care AI Symposium series for ethical/responsible AI in health. ²⁴⁹



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Massachusetts AI Strategic Task Force aims to lead the state in AI innovation while ensuring its responsible and ethical development. ²⁵⁰
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Massachusetts AI Strategic Task Force issued a 2024 report outlining recommendations to promote responsible and ethical AI innovation. ²⁵¹
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. Massachusetts' data protection law focuses on setting minimum standards for safeguarding personal information to ensure its security and confidentiality, protect against anticipated threats, and prevent unauthorized access or use. ²⁵²
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Division of Insurance if they believe AI has been used improperly within their health insurance. ²⁵³
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Division of Insurance issued Bulletin 2024-10 adopting the NAIC Model Bulletin. ²⁵⁴
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Massachusetts College of Emergency Physicians advocates for regulating the use of AI in PA programs. ²⁵⁵
Are there state-funded training opportunities on AI?	Yes. Governor Maura Healey launched a new statewide partnership with Google to offer all Massachusetts residents access to AI and career certificate training programs at no cost through the Grow with Google program. ²⁵⁶



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Michigan Department of Technology, Management & Budget published <i>Guidelines and Responsibilities for the Adoption and Usage of Artificial Intelligence</i> . ²⁵⁷ The Michigan Civil Rights Commission has also published <i>Proposed Guiding Principles for the Elimination and Prevention of Artificial Intelligence Bias and Discrimination</i> . ²⁵⁸
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. Michigan's data protection law focuses on notification requirements for breaches and does not provide consumers with affirmative rights to their data. ²⁵⁹
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Department of Insurance and Financial Services if they believe AI has been used improperly within their health insurance. ²⁶⁰
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Department of Insurance and Financial Services issued Bulletin 2024-20-INS adopting the NAIC's Model Bulletin. ²⁶¹
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The Citizens Research Council of Michigan, ²⁶² a privately-funded non-profit public affairs firm, highlighted the challenges of and opportunities with AI in health care. ²⁶³ The Michigan Health & Hospital Association ²⁶⁴ advocates for developing practical, evidence-based guidelines that prioritize patient safety and care quality through responsible and effective use of AI. ²⁶⁵
Are there state-funded training opportunities on AI?	No. However, the Michigan Department of Labor and Economic Opportunity has published a report highlighting the need to invest in AI skill development. ²⁶⁶



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Director of Artificial Intelligence at Minnesota IT Services works with state agencies to create ethical frameworks for AI. ²⁶⁷
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Minnesota IT Services launched the <i>Transparent Artificial Intelligence Governance Alliance</i> which partners with state agencies to harness AI's ability for enhancing government efficiency and reducing bias and inequity. ²⁶⁸
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Minnesota Consumer Data Privacy Act grants consumers the right to: (1) be provided a list of third parties to whom their data was sold; (2) opt-out of a business selling their data; (3) obtain a copy of their data; (4) know what information has been collected; (5) correct inaccuracies; (6) have data deleted; and (7) question profiling and automated decisions that affect the consumer. ²⁶⁹ The law also allows consumers the right to know how their data was used in rendering an automated decision, and, if feasible, what information informed the decision and could have changed the result. ²⁷⁰ If inaccurate data was used, consumers have the right to have data corrected and re-evaluated. However, health information identified under HIPAA and health records are exempt from the law. ²⁷¹
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Department of Commerce if they believe AI has been used improperly within their health insurance. ²⁷²
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ²⁷³
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The Minnesota e-Health Initiative is launching two work groups focused on the topics of AI and Bridging Information and Care. ²⁷⁴ Applied AI is a 501(c)(3) working to develop and educate the next generation of AI leaders in Minnesota. ²⁷⁵
Are there state-funded training opportunities on AI?	No. However, Minnesota launched nebulaONE an AI-powered system to support state employees' work. ²⁷⁶



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Mississippi Artificial Intelligence Regulation Task Force is responsible for developing and proposing revisions to the Mississippi Code for the regulation of AI technologies. ²⁷⁷ Beginning in 2026, the Task Force is required to submit an annual report until December 2027. The first report was published in January 2026.
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Mississippi Department of Information Technology Services has published the <i>Acceptable Use Policy for AI</i> , ²⁷⁸ outlining the requirements and guidelines for AI in state government. ²⁷⁹
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Mississippi Insurance Department if they believe AI has been used improperly within their health insurance. ²⁸⁰
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ²⁸¹
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	Yes. Mississippi Artificial Intelligence Network is run by the Mississippi Gulf Coast Community College and is the official statewide model for AI workforce development. ²⁸²



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law or regulation that applies to health insurance?	No. H.B. 2372 (2026) prohibits an AI system from advertising or representing that the AI system can act as a mental health professional, is capable of providing therapy or psychotherapy services, or can make a mental health diagnosis. ²⁸³
Is there an official state strategy on AI?	No. However, Executive Order 26-02 orders various state agencies to develop and publish frameworks, policies, and recommendations on the use and application of AI. ²⁸⁴ All ordered reports are due to the Governor's office by Nov. 30, 2026.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. ²⁸⁵ Missouri's data protection law addresses notification requirements for data breaches but does not give consumers rights to their data. ²⁸⁶
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Missouri Department of Insurance. ²⁸⁷ Consumers can file complaints with the AG if they believe H.B. 2372 has been violated. ²⁸⁸
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No.
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	Yes. The Missouri Department of Higher Education and Workforce Development (MDHEWD) has partnered with Coursera to offer a free 60-hour AI Literacy course. ²⁸⁹



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>Yes.</p> <p>The Montana Blockchain and Digital Innovation Task Force is responsible for building expertise and recommending policies to promote, support, and appropriately regulate financial technology and digital innovation in Montana.²⁹⁰</p> <p>The Task Force is required to submit its findings to the Economic Affairs Interim Committee and the Legislative Council by July 1, 2026.</p>
Is there an enacted AI law that applies to health insurance?	No.
Is there an official state strategy on AI?	No.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>Yes.</p> <p>The Montana Consumer Data Privacy Act grants consumers the right to: (1) confirm how their personal data is used and processed; (2) correct inaccuracies; (3) delete personal data; (4) obtain a copy of personal data; and (5) opt out of processing of the consumer's personal data, including when used by profiling in furtherance of automated decisions. However, health information identified under HIPAA and health records are exempt from the law.²⁹¹</p>
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	<p>No.</p> <p>However, consumers can file a complaint with the Montana Commissioner of Securities and Insurance if they believe AI has been used improperly within their health insurance.</p>
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ²⁹²
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.

STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No. However, the Nebraska Information Technology Commission is responsible for developing the standards and guidelines for AI use by state agencies. ²⁹³
Is there an enacted AI law or regulation that applies to health insurance?	Yes. L.B. 77 (2025) prohibits AI from being the sole basis for denying, delaying, or modifying a utilization review request for health care services. The law also requires plans to disclose on their website if AI-based algorithms are used or will be used in the utilization review process. ²⁹⁴ State employees are also prohibited from using applications, software, or platforms created or owned by the Chinese Communist Party. ²⁹⁵
Is there an official state strategy on AI?	Yes. In November 2024, the Nebraska Information Technology Commission published standards and guidelines for the use of AI by state agencies. ²⁹⁶
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Data Privacy Act grants consumers the right to: (1) confirm if their personal data is being processed; (2) confirm who has access to their personal data; (3) request the correction of inaccuracies; (4) request their data be deleted; (5) obtain a copy of their data; and (6) request to opt out of processing of the consumer's personal data for targeted advertising, sale of personal data, and profiling. ²⁹⁷ However, health information identified under HIPAA and health records are exempt from the law. ²⁹⁸
Is human oversight of AI required?	Yes. L.B. 77 (2025) requires human oversight of utilization decisions, denials, or delays. ²⁹⁹
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Nebraska Department of Insurance if they believe AI has been used improperly within their health insurance. ³⁰⁰ Consumers can file a complaint with the AG if they believe their data has been used in violation of the Data Privacy Act. ³⁰¹
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Nebraska Department of Insurance issued Guidance Document "Use of Artificial Intelligence by Insurers" adopting the NAIC's Model Bulletin. ³⁰²
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Nebraska Hospital Association advocates for the use of AI to improve patient outcomes, diagnosis, and wait times. ³⁰³
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law that applies to health insurance?	No. However, A.B. 406 prohibits an AI provider or person, without professional mental or behavioral health care credentials, from making representations that would lead a natural person to believe they are a licensed professional. ³⁰⁴
Is there an official state strategy on AI?	No.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. Nevada's personal data law focuses on notification requirements for data breaches, but it does not create consumer rights related to their data. ³⁰⁵
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Nevada Division of Insurance if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. Nevada Department of Business and Industry, Division of Insurance issued Bulletin 24-001 adopting the NAIC's Model Bulletin. ³⁰⁶
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The National Association of Social Workers, Nevada, supported the passage of A.B. 406 as social workers were raising serious concerns about the use of AI as an unregulated therapy tool. ³⁰⁷
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The New Hampshire AI Task Force, an initiative of the New Hampshire Tech Alliance, is dedicated to positioning New Hampshire as a national leader in AI. ³⁰⁸
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The AI Task Force has published an AI Task Force Memo that includes guiding principles for AI, examples of how industries are considering using AI, and near-term opportunities for AI experimentation and participation. ³⁰⁹ The Department of Information Technology, Office of the Chief Information Officer, State of New Hampshire Use of AI Technologies Policy requires that decisions, policy changes, and high-stakes interactions maintain rigorous human oversight and intervention at the same level as if AI was not used in the process. ³¹⁰
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The New Hampshire Data Privacy Act grants consumers the right to: (1) confirm whether or not certain businesses are processing their personal data; (2) obtain access to their personal data being processed by those businesses; (3) correct inaccuracies in their personal data being processed by those businesses; (4) delete personal data provided by, or obtained about, them by those businesses; (5) obtain a copy of their personal data in a portable format; and (6) opt-out of the future processing of personal data for purposes of: targeted advertising, the sale of personal data, or certain types of automated profiling. ³¹¹ However, health information identified under HIPAA and health records are exempt from the law. ³¹²
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint through the Insurance Department if they believe AI has been used improperly within their health insurance. ³¹³
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The New Hampshire Insurance Department issued Bulletin INS 24-011-AB adopting the NAIC Model Bulletin. ³¹⁴
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The New Hampshire Tech Alliance launched the New Hampshire AI Task Force, an initiative that brings together voices from government, industry, academia, and the community to help guide responsible AI development and influence public policy across New Hampshire. ³¹⁵
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Artificial Intelligence Task Force is required to study the potential impacts of AI to prepare recommendations for government actions encouraging the ethical use of AI technologies. It is co-chaired by New Jersey's Chief AI Strategist, the Chief Technology Officer, and the CEO of the Economic Development Authority, and it is supported, in part, by the Office of Innovation. ³¹⁶
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The AI Task Force issued a "Report to the Governor on Artificial Intelligence" on practical recommendations that aim to ensure that the State of New Jersey leverages AI in a responsible and ethical manner to improve government services, achieve equity, and create and maintain economic opportunities for residents. ³¹⁷
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The New Jersey Data Protection Act grants consumers the right to: (1) access personal data, provided it does not reveal the controller's trade secrets; (2) correct inaccuracies, considering the nature and purpose of the data processing; (3) delete personal data concerning the consumer; (4) obtain a portable, technically feasible, and readily usable copy of their data to transmit to another entity without hindrance, provided it does not reveal trade secrets; and (5) opt out of data processing for targeted advertising, the sale of personal data, or profiling that produces legal or similarly significant effects. ³¹⁸ However, health information identified under HIPAA and health records are exempt from the law. ³¹⁹
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Department of Banking and Insurance if they believe AI has been used improperly within their health insurance. ³²⁰
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Department of Banking and Insurance issued Bulletin 25-03 adopting the NAIC Model Bulletin. ³²¹
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. NAMI New Jersey launched an effort to develop benchmarks for assessing how AI tools respond when people seek mental health information and support. ³²²
Are there state-funded training opportunities on AI?	Yes. New Jersey launched an AI training tool for government workers. ³²³



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law that applies to health insurance?	No. However, H.B. 178 (2025) tasks the Board of Nursing to establish standards for AI use in nursing. ³²⁴
Is there an official state strategy on AI?	Yes. The New Mexico Department of Information Technology and the Office of Cyber Security published guidelines on how the State of New Mexico will use Generative AI. ³²⁵
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the New Mexico Office of the Superintendent of Insurance if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No.
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. New Mexico AI Consortium is collaborating with state laboratories, universities, and colleges to advance AI within New Mexico. ³²⁶
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Office of Digital Innovation, Governance, Integrity & Trust serves as a central, authoritative body for digital safety and technological governance, overseeing digital safety and AI regulation. ³²⁷
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	No. In February 2026, Governor Kathy Hochul announced plans to launch a new Office of Digital Innovation, Governance, Integrity, and Trust to oversee digital safety and technology governance. ³²⁸
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Department of Financial Services if they believe AI has been used improperly within their health insurance. ³²⁹
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. Insurance Circular Letter No. 7, which addresses the use of Artificial Intelligence Systems and External Consumer Data and Information Sources in insurance underwriting and pricing applies to health insurers. It requires governance and risk frameworks, fairness assessments, transparency, consumer protections, and compliance with unfair trade practices laws. ³³⁰
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Medical Society of the State of New York proposed a resolution to advocate for regulatory frameworks that prioritize patient safety, transparency, physician accountability, and equitable care in the development and deployment of AI in medicine. ³³¹ AI Now Institute is an independent research institute focused on AI's societal impacts, including in public interest areas like healthcare equity, bias, and accountability. ³³²
Are there state-funded training opportunities on AI?	Yes. Governor Kathy Hochul launched an AI training pilot program specifically designed for the New York State workforce that is guided by ITS and includes a diverse group of volunteer users from State agencies, including those that focus on health. ³³³ The New York City Bar Association Presidential Task Force on Artificial Intelligence and Digital Technologies includes a dedicated Subcommittee on Artificial Intelligence in Health Care, addressing policy, ethics, bias, privacy, and clinical/regulatory issues. ³³⁴



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The North Carolina AI Accelerator, within the Department of Information Technology/NCDIT, serves as a hub for state government AI governance, risk assessment, and training. ³³⁵
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. Executive Order No. 24 (2025) requires the Council to submit an annual AI Strategic Recommendation to the Governor, outlining progress, challenges, and strategic recommendations. ³³⁶
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Department of Insurance if they believe AI has been used improperly within their health insurance. ³³⁷
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The North Carolina Department of Insurance issued Bulletin 24-B-19 adopting the NAIC Model Bulletin. ³³⁸
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. North Carolina Nurses Association introduced Policy 1.7: Acceptable Use of Artificial Intelligence Tools to proactively address the growing presence of AI-powered platforms in professional and organizational settings. ³³⁹ North Carolina Medical Society advocates for the need for proactive regulations and clear guidelines for the ethical and effective utilization of AI. ³⁴⁰
Are there state-funded training opportunities on AI?	Yes. Executive Order No. 24 mandates the development and implementation of AI literacy training programs for state employees and the public. ³⁴¹



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No. The Information Technology Committee conducted a study on the positive, negative, and neutral testimony of AI; however, the study did not produce any recommendations. ³⁴²
Is there an enacted AI law or regulation that applies to health insurance?	Yes. S.B. 2280 (2025) requires prior authorization reviews to be conducted by a licensed health care provider. While not expressly addressing the role of AI, the bill is intended to ensure AI is not used in benefit utilization decisions. ³⁴³
Is there an official state strategy on AI?	No.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No.
Is human oversight of AI required?	Yes. S.B. 2280 (2025) requires a licensed health care provider review a prior authorization request. ³⁴⁴
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the North Dakota Insurance and Securities Department if they believe AI has been used improperly within their health insurance. ³⁴⁵
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ³⁴⁶
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No. The AI Council Subcommittee provides minimum viable governance for AI systems that are approved by the AI Council. ³⁴⁷
Is there an enacted AI law that applies to health insurance?	No. ³⁴⁸
Is there an official state strategy on AI?	Yes. In 2025, Ohio launched the <i>Blueprint for Empowering Statewide AI Innovation</i> . ³⁴⁹ The AI Blueprint outlines AI Principles (fair, accountable, secure, transparent, and ethical); agency solutions, executive leadership, and the development of the AI Council. ³⁵⁰
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. Ohio's data protection law focuses on notification requirements for data breaches. ³⁵¹
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Ohio Department of Insurance if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ³⁵²
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Governor's Task Force on AI and Emerging Technologies produced its final recommendations and report in January 2024. ³⁵³
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Oklahoma Office of Management & Enterprise Services published a report titled <i>Use of AI in Oklahoma State Government Standard</i> . ³⁵⁴ The Report outlines standards for AI use in state government to ensure the responsible and secure adoption of AI. ³⁵⁵
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. S.B. 546 (2025) grants consumers the right to: (1) confirm if a business is processing their personal data; (2) correct inaccuracies in their personal data; (3) have their personal data deleted; (4) obtain a copy of their personal data; and (5) opt out of the processing of their personal data for targeted advertising, the sale of personal data, or profiling in furtherance of a decision that legally or significantly impacts the consumer. ³⁵⁶ However, health information identified under HIPAA and health records are exempt from the law. ³⁵⁷
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Oklahoma Insurance Department if they believe AI has been used improperly within their health insurance. In 2027, consumers may also file a complaint with the Oklahoma AG if they believe their data rights have been violated.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. Oklahoma Insurance Department issued Bulletin No. 2024-11 adopting the NAIC Model Bulletin. ³⁵⁸
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	Yes. The Oklahoma Office of Management and Enterprise Services offers a five-module AI training course in partnership with Google. The course is available to all Oklahoma residents. ³⁵⁹

STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>Yes.</p> <p>The State Government Artificial Intelligence Advisory Council was established by Executive Order 23-26 and delivered its recommended action plan to Governor Kotek on February 11, 2025.³⁶⁰</p> <p>Based on the Advisory Council recommendation, the Oregon Enterprise Information Services developed and monitors Oregon's Artificial Intelligence Program, which established the foundation for responsible AI use across state government.³⁶¹</p> <p>The Joint Task Force on Artificial Intelligence has also published a final report outlining the terms and definitions that should be used in AI legislation and regulation.³⁶²</p>
Is there an enacted AI law that applies to health insurance?	<p>No.</p> <p>However, Oregon has passed S.B. 1546, which prohibits chatbots from misrepresenting themselves as humans and requires chatbots to regularly remind users that AI is not a human.³⁶³ The law also requires AI operators to detect user expressions of suicidal ideation or self-harm; interrupt when necessary; and provide referrals to crisis resources.³⁶⁴</p>
Is there an official state strategy on AI?	<p>Yes.</p> <p>The State Government Artificial Intelligence Advisory Council Final Recommended Action Plan outlines the proposed strategy for state government use of AI.³⁶⁵ The recommendations are being implemented by the Enterprise Information Services.³⁶⁶</p>
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>Yes.</p> <p>The Oregon Consumer Privacy Act grants consumers the right to: (1) receive a list of the specific entities that received their data; (2) opt out of businesses selling, profiling, and using targeted advertising with their personal data; (3) receive a copy of their personal and sensitive data; (4) edit inaccuracies in their data; and (5) request personal and sensitive information be deleted.³⁶⁷ However, health information identified under HIPAA and health records are exempt from the law.³⁶⁸</p>
Is human oversight of AI required?	<p>No.</p> <p>However, the Advisory Council recommendations and 2026 proposed rule include the requirement of a "cross-functional AI Governance framework that ensures human-in-the-loop oversight. . ."³⁶⁹</p>
Is there a consumer complaint mechanism available?	<p>No.</p> <p>However, consumers can file a complaint with the Oregon Division of Financial Regulation if they believe AI has been used improperly within their health insurance.</p> <p>Consumers can file a complaint with the Oregon Department of Justice if they believe their data has been used in violation of the Oregon Consumer Privacy Act.³⁷⁰</p>
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	<p>No.</p>
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	<p>Yes.</p> <p>The Oregon Board of Nursing recognizes that AI is a powerful tool but should not replace human expertise.³⁷¹</p>
Are there state-funded training opportunities on AI?	<p>Yes.</p> <p>The Oregon Enterprise Information Services offers a training titled "AI for Public Professionals by Innovate-US" and highlights existing training by Microsoft Copilot and the Scenario Library.³⁷²</p>



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>No, there is not a singular agency responsible for AI regulation or development.</p> <p>However, various state agencies have been identified to conduct limited regulation and enforcement. The AG is overseeing the use of AI under the Unfair Trade Practices and Consumer Protection Law. The Pennsylvania Department of State is also responsible for overseeing the professional licensure and unlicensed practice of health care.³⁷³ The Pennsylvania Office of Administration is responsible for establishing guidelines for state employees' use of AI.³⁷⁴</p> <p>In addition, in January 2026, the Joint State Government Commission published a report titled <i>Artificial Intelligence: Advisory Committee Recommendations on the Adoption and Use of AI in Pennsylvania</i>.³⁷⁵ The report outlines the history of AI and recommendations for the use of AI within the state.</p>
Is there an enacted AI law that applies to health insurance?	No.
Is there an official state strategy on AI?	No.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>No.</p> <p>Pennsylvania's data protection law focuses on notification requirements for data breaches.³⁷⁶</p>
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	<p>Yes, specific to AI and the unlicensed practice of medicine.³⁷⁷</p> <p>Consumers can file a complaint with the AI Enforcement Task Force at the Department of State.</p> <p>Consumers can also file a complaint with the Pennsylvania Insurance Department if they believe AI has been used improperly within their health insurance.</p>
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	<p>Yes.</p> <p>The Pennsylvania Insurance Department issued Notice 2024-04 adopting the NAIC Model Bulletin.³⁷⁸</p>
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	<p>No.</p> <p>However, the Governor's Office, in collaboration with the Departments of Education, Health, Human Services, State Aging, and Banking and Securities, launched an AI Literacy Toolkit aimed at educating the public on how to use AI safely and responsibly.</p>



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law that applies to health insurance?	No.
Is there an official state strategy on AI?	No. However, there is a state strategy for the use of AI within state government. ³⁷⁹
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. South Carolina's data protection law focuses on notification requirements for data breaches. ³⁸⁰
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the South Carolina Department of Insurance if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ³⁸¹
FUTURE READINESS	
Are there state-based advocacy groups related to AI?	Yes. The South Carolina Small Business Chamber is advocating to the state legislature to regulate the use of AI. ³⁸²
Are there state-funded training opportunities on AI in health insurance or health care?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Rhode Island AI Task Force is a state-level initiative which is assessing and promoting the development, implementation, and regulation of AI technologies in Rhode Island. ³⁸³
Is there an enacted AI law that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Rhode Island AI Task Force Report identifies key sectors for AI and focuses on what the state can do to minimize risk and focus on ethical and unbiased solutions. ³⁸⁴
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Rhode Island Data Transparency and Privacy Protection Act grants consumers the right to: (1) confirm whether their personal data is being processed; (2) correct inaccuracies in their data; (3) have their data deleted; (4) obtain a copy of their data; and (5) opt out of having their data processed, sold, or used in profiling. ³⁸⁵ However, health information identified under HIPAA and health records are exempt from the law. ³⁸⁶
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Rhode Island AG if they believe their data has been improperly processed under the Rhode Island Data Transparency Act. Consumers can also file a complaint with the Office of the Health Insurance Commissioner if they believe AI has been used improperly within their health insurance. ³⁸⁷
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Rhode Island Department of Business Regulation, Insurance Division, issued Bulletin No. 2024-03 adopting the NAIC Model Bulletin. ³⁸⁸
FUTURE READINESS	
Are there state-based advocacy groups related to AI?	Yes. The Protect Our Healthcare Coalition is a Rhode Island non-profit working to expand equitable access to care and supports S.B. 2010, which imposes certain requirements on insurers when using AI in prior authorization determinations or adverse benefit decisions. ³⁸⁹
Are there state-funded training opportunities on AI in health insurance or health care?	No.

STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The South Dakota Bureau of Human Resources and Administration has published a <i>Generative AI Policy</i> . ³⁹⁰ The policy requires employees to receive approval from agency leadership before using AI. ³⁹¹
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. S.B. 49 (2026) requires direct-to-consumer genetic testing companies to safeguard consumer data and provide notice and consent from consumers to sell genetic data. ³⁹² South Dakota's data protection law focuses on data breach notification requirements and does not provide affirmative rights to consumers. ³⁹³
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the South Dakota Division of Insurance if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ³⁹⁴
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. Sanford Health, a large rural health system, is publicly discussing its expanded use of AI. ³⁹⁵
Are there state-funded training opportunities on AI?	Yes. The South Dakota Department of Labor and Regulation highlights the "Google Career Certificate" including the AI Professional Certificate. ³⁹⁶ The website also highlights the specializations in AI Essential and Prompting Essentials. ³⁹⁷

STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Artificial Intelligence Advisory Council is responsible for developing the knowledge, expertise, and information sharing to advance the state's use of AI. ³⁹⁸ The Council is responsible for providing recommendations to the Governor, Governor's Cabinet, and the Legislature regarding AI use, policies, governance, and responsibilities related to AI. ³⁹⁹
Is there an enacted AI law or regulation that applies to health insurance?	No. However, Tennessee has passed S.B. 1580 (2026), which prohibits AI systems from representing themselves as a mental health professional. ⁴⁰⁰
Is there an official state strategy on AI?	Yes. In November 2025, the Tennessee Artificial Intelligence Advisory Council launched a state Action Plan. ⁴⁰¹ The Action Plan highlights the current and likely use and impact of AI within the state, and proposes recommendations to promote transparency, accountability, monitoring, and reporting outcomes of AI.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Tennessee Information Protection Act grants consumers the right to: (1) confirm their data is being collected; (2) correct inaccuracies in their data; (3) have their personal information deleted; (4) obtain a copy of their personal information; (5) opt out of targeted advertising, profiling, or sale of their information. Additionally, consumers have a right to know: (1) which categories of information are being collected; (2) the purpose of processing their personal information; (3) how they can exercise their rights and appeal requests; (4) the categories of information being shared with third parties and (5) the categories of third parties that information is shared with. ⁴⁰² The Department of Finance & Administration, Strategic Technology Solutions, prohibits consumer confidential and restricted data from being entered into public AI systems. ⁴⁰³ However, health information identified under HIPAA and health records are exempt from the law. ⁴⁰⁴
Is human oversight of AI required?	No. However, the State Action Plan endorses the "human in the loop" oversight principles for high-impact decision making. ⁴⁰⁵
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Department of Commerce and Insurance if they believe AI has been used improperly within their health insurance. ⁴⁰⁶
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ⁴⁰⁷
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	Yes. The Tennessee Board of Regents has implemented various training programs to advance AI professional development. ⁴⁰⁸

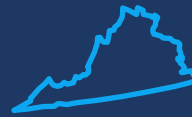


STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>Yes.</p> <p>The Texas Department of Information Resources (DIR) is responsible for enforcing and implementing the Texas Responsible Artificial Intelligence Governance Act (TRAIGA).⁴⁰⁹</p> <p>TRAIGA also created the Texas Artificial Intelligence Council, within DIR, which is responsible for supporting innovation and overseeing complaints.⁴¹⁰</p> <p>TRAIGA also creates a regulatory sandbox for novel AI systems.⁴¹¹</p>
Is there an enacted AI law or regulation that applies to health insurance?	<p>Yes.</p> <p>S.B. 815 (2025) prohibits a utilization review agent from using AI as the sole basis for a benefit decision, delay, or denial.⁴¹²</p> <p>S.B. 1188 (2025) requires that health records developed with the assistance of AI must be reviewed by a health care provider.⁴¹³ The law also requires the health care provider to disclose the use of AI to patients.⁴¹⁴ It also regulates the use of AI, including requiring certain disclosures to consumers about their engagement with AI systems and prohibiting AI systems from encouraging or inciting self-harm, harm to another person or criminal activity.⁴¹⁵</p> <p>H.B. 149 (2025) requires provider disclosure if an AI system is used in relation to health care service or treatment.⁴¹⁶</p> <p>Each state agency and local government deploying or using AI must include a generalized statement in the patient consent forms that an artificial intelligence system may be used in the course of their treatment.⁴¹⁷</p>
Is there an official state strategy on AI?	<p>No.</p> <p>However, the Texas Artificial Intelligence Council is responsible for issuing reports on the compliance of AI systems, ethical implications of AI, data privacy and security concerns, and other issues associated with the use of AI in the state.⁴¹⁸</p>
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>Yes.</p> <p>The Texas Data Privacy and Security Act grants consumers the right to: (1) know if their data is being collected and receive a copy of their data; (2) correct inaccuracies in their personal data; (3) have their personal data deleted; (4) opt out of having their data processed for targeted advertising, sale, or profiling; and (5) not have retaliation or discrimination for exercising these rights.⁴¹⁹ However, health information identified under HIPAA and health records are exempt from the law.⁴²⁰</p>
Is human oversight of AI required?	<p>Yes.</p> <p>S.B. 1188 (2025) requires review of health records by a health care provider.</p> <p>S.B. 815 (2025) requires a health care provider to review utilization review decisions, denials, and delays.</p>
Is there a consumer complaint mechanism available?	<p>Yes.</p> <p>Consumers can file a complaint with the Texas AG if they believe TRAIGA has been violated.⁴²¹</p> <p>Consumers can file a complaint with the Texas Department of Insurance if they believe AI has been used improperly in a health insurance decision.⁴²²</p>
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	<p>Yes.</p> <p>Texas Insurance Commissioner Bulletin #B-0012-25 recognizes that S.B. 815 (2025) prohibits the use of AI decisions in utilization review.⁴²³</p>
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	<p>Yes.</p> <p>Texas Medical Association supports the use of AI with supported physician decision-making.⁴²⁴</p>
Are there state-funded training opportunities on AI?	<p>Yes.</p> <p>Texas DIR is required to certify at least 5 AI training programs for state and local government employees.⁴²⁵ DIR is also developing an AI Literacy Program.⁴²⁶</p>



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	<p>Yes.</p> <p>The Utah Legislature has created the Office of Artificial Intelligence which is responsible for creating and administering an AI learning lab and consulting with stakeholders on AI regulatory proposals. The Director of the Office of Artificial Intelligence is responsible for submitting an annual report to the Business and Labor Committee regarding proposed learning agendas for the learning laboratory; findings and outcomes of the learning laboratory; and recommended legislation from findings.⁴²⁷</p> <p>The Utah Division of Technology Services is establishing an AI program aimed at promoting a culture of innovation and developing and implementing IT policies, standards and best practices.⁴²⁸</p>
Is there an enacted AI law that applies to health insurance?	<p>Yes.</p> <p>S.B.0319 (2026) requires insurers to disclose their use of AI in preauthorization processes.⁴²⁹</p> <p>Relatedly, Utah passed S.B. 149 (2024), which requires AI chatbots to clearly and conspicuously disclose to the person using the chatbot that the chatbot is AI. The law also creates requirements for a regulatory mitigation eligibility framework, akin to a regulatory sandbox.⁴³⁰</p> <p>H.B. 0452 (2025) establishes comprehensive regulations for mental health chatbots that use AI technology in Utah, focusing on protecting user privacy, ensuring transparency, and preventing potential harm.⁴³¹</p>
Is there an official state strategy on AI?	<p>No.</p> <p>The Office of Artificial Intelligence Policy is working on specific issue-based learning agendas to understand emerging issues and opportunities. For example, the Office's first agenda was related to mental health and resulted in the passage of H.B. 452 (2025), which requires AI chatbots to disclose they are AI to users and to protect personal information shared with AI chatbots.⁴³² The law also creates an affirmative defense for mental health chatbots that have certain documentation, oversight, and policies.⁴³³</p>
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	<p>Yes.</p> <p>The Utah Consumer Privacy Act grants consumers the right to: (1) know what personal data is collected by businesses; (2) access and delete certain personal data maintained by eligible businesses; (3) opt out of the collection and use of personal data for certain purposes; (4) safeguard consumers' personal data; (5) provide clear information on how consumers' data is used or sold; (6) allow for consumers to have their data deleted upon request.⁴³⁴ However, health information identified under HIPAA and health records are exempt from the law.⁴³⁵</p>
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	<p>No.</p> <p>However, consumers can file a complaint with the Utah AG's office if they believe the Artificial Intelligence Amendments or the Consumer Privacy Act has been violated.⁴³⁶</p> <p>Consumers can file a complaint with the Utah Insurance Department if they believe AI has been used improperly in a health insurance decision.</p>
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ⁴³⁷
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	<p>Yes.</p> <p>In February 2026, the Department of Commerce and the Governor's Office of Economic Opportunity launched the Pro-Human AI Initiative to ensure AI is human-guided and human-enhancing, not replacing.⁴³⁸</p>
Are there state-funded training opportunities on AI?	<p>Yes.</p> <p>InnovateUS has partnered with the State of Utah to provide AI training to executive-branch state employees.⁴³⁹</p>

STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Council on Artificial Intelligence provides direction and oversight on the use of AI and the Division of Artificial Intelligence within the Agency of Digital Services operationalizes its guidance and provides an AI Center for Enablement. ⁴⁴⁰
Is there an enacted AI law or regulation that applies to health insurance?	No. However, H.0814 tasks the Artificial Intelligence Advisory Council, in coordination with the Director of the Division of Artificial Intelligence, with developing a written report for the General Assembly on regulating the use of artificial and augmented intelligence in health insurance utilization review processes. ⁴⁴¹
Is there an official state strategy on AI?	Yes. The AI Task Force issued a final report that outlines recommendations for the Division of AI. ⁴⁴²
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. However, the Vermont Data Privacy Act would have granted consumers the right to: (1) confirm processing and access their personal data; (2) obtain a list of specific or general third parties to which the controller has disclosed personal data; (3) correct inaccuracies, considering the data's nature and processing purpose; (4) delete personal data provided by or obtained about them, unless retention is required by law; (5) obtain a portable, readily usable copy of automatically processed data to transmit without hindrance; and (6) opt out of processing for targeted advertising, the sale of personal data, or profiling that produces legal or similarly significant effects. ⁴⁴³ Health information identified under HIPAA and health records are exempt from the law. ⁴⁴⁴ However, the bill was vetoed by the Governor.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, a consumer can file a complaint with the Vermont Department of Financial Regulation. ⁴⁴⁵
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Department issued Bulletin No. 29 adopting the NAIC Model Bulletin. ⁴⁴⁶
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. National Association of Social Workers advocates for regulating the use of AI in the provision of mental health services. ⁴⁴⁷
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. Executive Order 30 directs the Virginia Information Technology Agency to develop AI policies and IT standards. ⁴⁴⁸
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. Executive Order 30 Task Force Report focuses on the responsible, ethical, and transparent use of AI across state government, education, and law enforcement. ⁴⁴⁹
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Virginia Consumer Data Protection Act grants consumers the right to: (1) confirm processing and access their personal data; (2) correct inaccuracies, considering the data's nature and processing purposes; (3) delete personal data provided by or obtained about them; (4) obtain a portable, readily usable copy of automatically processed data they previously provided, allowing hindrance-free transmission; and (5) opt out of processing for targeted advertising, the sale of personal data, or profiling that produces legal or similarly significant effects. ⁴⁵⁰ However, health information identified under HIPAA and health records are exempt from the law. ⁴⁵¹
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the State Corporation Commission if they believe AI has been used improperly within their health insurance. ⁴⁵²
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Bureau of Insurance issued Administrative Letter 2024-01 adopting the NAIC Model Bulletin. ⁴⁵³
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. HIMSS Virginia Chapter has an AI Special Interest Groups that focuses addresses critical issues like security, ethics, governance, and the disruptive nature of AI in healthcare. ⁴⁵⁴ AI Ready RVA promotes AI applications across healthcare. ⁴⁵⁵
Are there state-funded training opportunities on AI?	No. However, the AI Task Force strategy recommends higher education AI training across sectors, including health. ⁴⁵⁶

STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Washington State Legislature has established the AI Task Force within the AG's office. ⁴⁵⁷
Is there an enacted AI law that applies to health insurance?	No. However, the legislature has passed H.B. 2225 (2026) regulating AI companion chatbots. ⁴⁵⁸ Under the law, chatbots have to provide a clear and conspicuous disclosure that the AI chatbot is not human. Disclosures must be provided at the beginning of each interaction and every three hours thereafter. The law also requires AI chatbots have protocols to detect and address suicidal ideation or expressions of self-harm, including eating disorders, and provide automated or human-mediated responses and referrals to crisis resources, hotlines, or call centers. These policies must be published publicly. Lastly, the law also imposes requirements on AI chatbot interactions with minors. ⁴⁵⁹
Is there an official state strategy on AI?	No. However, the AI Task Force within the AG's office, is responsible for assessing current uses and trends of AI and making recommendations to the legislature regarding guidelines and potential legislation for AI systems. ⁴⁶⁰
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	Yes. The Washington My Health My Data Act grants consumers the right to: (1) confirm if a business is collecting, sharing, or selling their health data and to be provided a list of all third parties and affiliates the data has been shared with; (2) withdraw consent for data sharing; (3) have their consumer health data deleted from the businesses' records, as well as all third parties and affiliated records. The law also limits how consumer health data can be processed by a data processor and requires a contract to formalize any data sharing and processing arrangement. The contract for the sale of consumer health data must include certain statutory elements ensuring consumer consent has been received prior to sale. ⁴⁶¹ The law also requires businesses to maintain a privacy policy that clearly and conspicuously discloses: (1) the categories of consumer health data collected including the sources and purpose of collection and how it will be used; (2) the categories of consumer health data that is shared; (3) a list of categories of third parties and affiliated that data is shared with; and (4) how consumers can exercise their rights. ⁴⁶² Additionally, it requires businesses to receive consent from the consumer to collect and share the consumer's health data. However, health information identified under HIPAA and health records are exempt from the law. ⁴⁶³
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Washington AG if they believe "My Health My Data Act," H.B. 1155 (2023), has been violated. Consumers can file a complaint with the Washington State Office of the Insurance Commissioner if they believe AI has been used improperly within their health insurance.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The Washington Insurance Commissioner issued Technical Assistance Advisory 2024-02 adopting the NAIC Model Bulletin. ⁴⁶⁴
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The AI Task Force partners with the West Virginia Office of Technology (WVOT) Cybersecurity Office to develop policies and procedures that ensure responsible adoption of AI. ⁴⁶⁵
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	No, but it is in development. The AI Task Force and the WVOT Cybersecurity Office are in the process of developing policies and procedures to set the strategic direction for responsible AI use. ⁴⁶⁶
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. However, the Task Force is charged with recommending legislation to protect individual rights, civil liberties, and consumer data as it relates to generative AI (§5A-6-9 (5)). ⁴⁶⁷
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Office of the Insurance Commissioner if they believe AI has been used improperly within their health insurance. ⁴⁶⁸
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. The West Virginia Insurance Commissioner issued Bulletin No. 2406 adopting the NAIC Model Bulletin. ⁴⁶⁹
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. West Virginia Primary Care Association has hosted AI workshops on how patient outcomes and operational efficiency can be enhanced through the strategic use of AI. ⁴⁷⁰
Are there state-funded training opportunities on AI?	Yes. The WVOT provides guidance and recommended training to help state employees use AI responsibly. ⁴⁷¹



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	Yes. The Wisconsin Legislative Council, Study Committee on the Regulation of Artificial Intelligence in Wisconsin ⁴⁷² produced a report highlighting recommendations for regulating AI within the state. Recommendations included focusing on data regulation, prioritizing high-risk areas, ensuring existing laws apply to AI models, developing a permanent body to review emerging technologies, investing in technology that will assist public safety, and ensuring oversight. ⁴⁷³
Is there an enacted AI law or regulation that applies to health insurance?	No.
Is there an official state strategy on AI?	Yes. The Governor's Task Force on Workforce and AI was responsible for gathering and analyzing information on AI to develop an advisory action plan for the state. ⁴⁷⁴ The Governor's Action Plan on AI was launched in 2024 and highlights the impact of AI on the labor market, workforce opportunities, and policy recommendations for education, government agencies, workforce development, and economic development. ⁴⁷⁵
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. ⁴⁷⁶ Wisconsin's data protection law focuses on notification requirements for breaches and does not provide consumers with affirmative rights to their data.
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Wisconsin Commissioner of Insurance if they believe AI has been used improperly within their health insurance. ⁴⁷⁷
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	Yes. Wisconsin Office of the Commissioner of Insurance issued "The Use of Artificial Intelligence Systems in Insurance" bulletin adopting the NAIC Model Bulletin. ⁴⁷⁸
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	No.
Are there state-funded training opportunities on AI?	No.



STRATEGY & GOVERNANCE	
Is there a state agency or taskforce responsible for AI regulation or development?	No.
Is there an enacted AI law that applies to health insurance?	No.
Is there an official state strategy on AI?	No.
CONSUMER PROTECTIONS	
Is there a state data protection law that applies to AI use of personal data?	No. Wyoming's Data Security Breach Notification Law focuses on notification requirements for data breaches. ⁴⁷⁹
Is human oversight of AI required?	No.
Is there a consumer complaint mechanism available?	No. However, consumers can file a complaint with the Wyoming Department of Insurance if they believe AI has been used improperly in a health insurance decision.
Has the state insurance commissioner adopted the NAIC Model Bulletin or a similar bulletin?	No. ⁴⁸⁰
FUTURE READINESS	
Are there state-based advocacy groups related to AI in health insurance or health care?	Yes. The Wyoming Hospital Association and the Wyoming Medical Society have both commented on the use of AI in prior authorizations. ⁴⁸¹
Are there state-funded training opportunities on AI?	No.

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