



February 24, 2026

The Honorable Ryan Bizzarro  
Chair, House Majority Policy Committee  
Pennsylvania House of Representatives  
501 N 3<sup>rd</sup> St,  
Harrisburg, Pennsylvania 17120

**RE: ATA ACTION COMMENTS ON AI IN MENTAL HEALTH FRAMEWORKS**

Dear Chair Bizzarro and members of the Policy Committee,

On behalf of ATA Action, I am writing to share our association’s perspective on legislative frameworks that propose to regulate the use of artificial intelligence (AI) in the delivery of mental health services. Our organization appreciates the focus that many of these proposals have on patient protection and the quality of mental health services, and we are broadly supportive of the intent of such legislation. However, we are concerned that, as currently conceived, many such proposed frameworks, including legislation introduced in Pennsylvania, could cause confusion for providers due to overly broad definitions, unnecessarily restricting licensed clinicians from using beneficial AI tools consistent with their scope of practice and a failure to consider FDA-cleared products.

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

ATA Action has followed and engaged in the development of state policies regarding the use of AI in healthcare, including the recently enacted Illinois AI mental health framework (HB 1806). Illinois enacted HB 1806 with significant flaws in place, over our opposition, including a failure to consider FDA-cleared products, overly broad definitions, and arbitrary restrictions that limit licensed clinicians from using AI tools consistent with their scope of practice and the standard of care. As Pennsylvania considers potential action in this space, our organization believes careful refinement is necessary if AI mental health frameworks are to achieve their intended goals.

**Avoid Overly Broad Definition of “Therapeutic Communication”**

AI mental health frameworks should take care to define “therapeutic communication” in a precise and appropriate way. Overly broad definitions risk capturing everyday, non-clinical speech that unlicensed persons, health coaches, and community health workers routinely use. A definition that reaches any written or spoken interaction intended to diagnose or treat a mental or behavioral health concern, or to provide any advice related to diagnosis, treatment, or recovery, is language broad enough to sweep in general wellness conversations and health education interactions that have never been considered the exclusive domain of licensed professionals.

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This definitional overreach matters because AI mental health frameworks impose significant restrictions and prohibitions predicated on whether an interaction constitutes “therapeutic communication.” If that term is not carefully tailored to capture what is truly clinical speech delivered by a licensed professional, the downstream restrictions will be applied far too broadly, potentially chilling beneficial tools and services that cause no patient harm. Frameworks should ensure this definition is narrowed to reflect the actual scope of licensed clinical practice.

### **Licensed Clinicians Must Be Able to Use AI Tools Consistent with Their Scope of Practice**

A central concern in AI mental health frameworks is the scope of how licensed clinicians are permitted to use AI. Frameworks that limit supervised AI use to “administrative support” tasks only are too restrictive. Even those that add a category of “supplementary support” still risk prohibiting clinicians from using AI in ways that could meaningfully enhance the care they deliver – such as tools that detect or interpret a patient’s emotional state or mental health trends over time.

ATA Action believes that frameworks should ensure licensed mental health professionals are able to use AI tools in their practice consistent with their license, the standard of care, and appropriate clinical oversight. Restrictions that go beyond what patient safety requires effectively bar clinicians from beneficial, supervised uses of AI that have real value. For example, AI tools capable of detecting shifts in a patient’s emotional state or recognizing signs of suicidal ideation between sessions are precisely the kind of tools that can save lives. Several states are considering mandating that AI tools deployed in mental health contexts have this functionality. Frameworks should not inadvertently ban what others are requiring.

We urge that permitted use provisions ensure that licensed clinicians retain the ability to deploy AI tools with appropriate oversight and accountability in ways that go beyond administrative and supplementary support, consistent with their professional scope of practice and the evolving standard of care.

### **Account for FDA-Cleared Products**

AI mental health frameworks should distinguish between FDA-cleared AI products and unregulated consumer apps, rather than treating all products the same. Failing to maintain this distinction is potentially harmful to patient care and inconsistent with sound regulatory policy.

FDA-regulated digital therapeutics and AI tools are held to rigorous standards, including quality management systems, cybersecurity requirements, and mandatory adverse event reporting, ensuring both safety and efficacy. Our organization represents Digital Therapeutics – clinically validated, FDA-regulated Software as a Medical Device products that incorporate artificial intelligence and other technologies into treatments delivered to patients through phones, tablets, computers, and VR headsets. The FDA cleared its first prescription digital therapeutic in 2017 and has since approved more than 20 through this rigorous review process under both the Biden and Trump administrations.

These products undergo clinical validation, are subject to pre- and post-market oversight, and involve regulated healthcare practitioners as gatekeepers, protecting patients throughout the care process. In contrast, unregulated mobile health apps operate without these safeguards, rely only on general consumer protections, and may compromise patient data while making unproven health claims. Maintaining the distinction between regulated and unregulated products is essential to protect patients while allowing safe, evidence-based digital interventions to thrive. Indeed, given the existing federal oversight, Colorado’s AI

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Act—the country’s first comprehensive AI law—exempts high-risk AI systems already approved, authorized, or certified by the FDA.

Frameworks should include an exemption for artificial intelligence systems that have been reviewed and cleared for use by the FDA or another federal agency tasked with approving AI and AI algorithms for use in health care. Failing to do so would place states in the anomalous position of treating rigorously reviewed, federally approved medical products the same as unvetted consumer chatbots.

Thank you for the opportunity to comment. We urge consideration of our feedback, with the goal of striking the best balance between patient safety, clinical innovation, and regulatory clarity. If you have any questions or would like to discuss the telehealth industry’s perspective further, please contact me at [hyoung@ataaction.org](mailto:hyoung@ataaction.org).

Kind regards,

A handwritten signature in black ink that reads "Hunter Young" in a cursive script.

Hunter Young  
Head of State Government Relations  
ATA Action