AMERICAN PSYCHOLOGICAL ASSOCIATION

Executive Summary

Chairman Griffith, Ranking Member DeGette, and members of the Subcommittee, thank you for the opportunity to testify. On behalf of the American Psychological Association, I am here to discuss the critical role of psychological science in shaping the oversight of artificial intelligence in health care. AI is a tool built by humans for human systems; therefore, a deep understanding of human cognition and behavior must be central to its deployment to ensure it is effective, ethical, and equitable.

The APA recognizes AI's immense potential to revolutionize health care. For patients, it can enhance diagnostic precision and expand access to treatment, especially in behavioral health. For providers, AI can alleviate administrative burdens that cause burnout, with tools like AI-powered "scribes" freeing up clinicians to focus on direct patient care.

However, this promise is matched by significant peril. Public trust is fragile, with millions of Americans uncomfortable with the use of AI in their health care. This discomfort is not unfounded:

- **Unregulated Products:** The direct-to-consumer market is flooded with unregulated chatbots making deceptive and dangerous claims. One entertainment chatbot presenting itself as a "psychologist" engaged in millions of chats and, in at least one case, appeared to validate a user's violent thoughts. The APA has formally requested an FTC and CPSC investigation into these practices.
- **Health Disparities:** AI risks amplifying existing health disparities. One widely used AI algorithm deployed by healthcare companies measured patients' illness by how much their care cost.[1] Since some patient populations have historically spent less on health care due to systemic factors, the algorithm unfairly attributed lower risk scores to them, even when they had comparable or more severe health conditions, ultimately exacerbating health inequities. This problem can impact patients based on gender, age, socioeconomic status, or geographic location.

To realize AI's promise while protecting patients, the APA urges this Subcommittee to advance legislation and oversight built on a foundation of ethics, equity, and evidence. The core mission of health care—to help and do no harm—must be our guiding principle.

We recommend the following actions:

1. **Establish Clear Regulatory Guardrails.** We need a robust federal framework that ensures safety and efficacy, including prohibiting the misrepresentation of AI as licensed professionals and mandating transparency and human oversight over clinical decisions.
2. **Protect Vulnerable Populations, Especially Youth.** Adolescents are in a critical developmental period. We must require age-appropriate safeguards and robust data protections to support their healthy development.

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[1] Norori, N., Hu, Q., Aellen, F. M., Faraci, F. D., & Tzovara, A. (2021). Addressing bias in big data and AI for health care: A call for open science. *Patterns (New York, N.Y.)*, *2*(10), 100347. https://doi.org/10.1016/j.patter.2021.100347

3. **Prioritize Equity and Mitigate Harm.** We must require that AI models undergo rigorous, independent testing for harms across diverse populations before they are deployed.
4. **Invest in Research and AI Literacy.** The pace of AI development is outpacing research. We need a significant federal investment in independent research to understand AI's impacts, paired with comprehensive AI literacy education.
5. **Enact Comprehensive Data Privacy Legislation.** A strong federal privacy law is essential. We must establish a right to "mental privacy" by safeguarding biometric and neural information—like data from wearables—that can be used by AI and other technologies to infer an individual's mental state.

Ultimately, we must ensure a human remains in the loop. AI should be seen as a tool to augment, not replace, the clinical judgment and therapeutic relationship that are the bedrock of quality healthcare. The APA and its psychological scientists believe AI holds the potential to create a more accessible and equitable healthcare system, but only if we intentionally embed psychological science into its entire lifecycle. We are eager to collaborate with this subcommittee to develop and enact legislation that advances these principles. Thank you.

AMERICAN PSYCHOLOGICAL ASSOCIATION

Written Testimony

of

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Examining Opportunities to Advance American Health Care through the Use of Artificial Intelligence Technologies.

Before the U.S. House of Representatives Committee on Energy & Commerce, Subcommittee on Health

September 3, 2025

Chairman Griffith, Ranking Member DeGette, and members of the Subcommittee on Health, thank you for the opportunity to testify today on the role of artificial intelligence in health care.

I am Dr. Vaile Wright, Senior Director of Health Care Innovation at the American Psychological Association (APA). APA is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, with over 173,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science. Through psychological science and practice, our association's mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

On behalf of APA and its member experts, I appreciate the opportunity to discuss the critical role of psychological science in shaping the development, implementation, and oversight of artificial intelligence in the health care marketplace. AI is not merely a technological advancement; it is a tool built by humans to be integrated into human systems. Behavioral science is relevant to this hearing because behavioral health digital tools have the potential to increase and expand access and options to care and improve population health and equitable access to care.

Therefore, a deep understanding of human cognition, behavior, emotion, and interaction must be central to its deployment to ensure it serves patients and other users effectively, ethically, and equitably.

The Promise of AI in Health Care Delivery

APA recognizes the immense potential of AI to revolutionize health care. For consumers and patients alike, AI-powered tools can enhance diagnostic precision, allow for more individualized and accessible treatment and preventative care, and improve engagement in their own well-being. In behavioral health, where we face a significant workforce shortage, AI can enable the scaling of evidence-based interventions to reach a much broader segment of the population. Therapeutic chatbots and digital therapeutics can deliver care to those who might otherwise receive none, but these tools are most effective and safest when used to augment, not replace, the care provided by a qualified professional, ensuring a human remains in the loop.

For providers, AI can alleviate administrative burdens that lead to burnout, support clinical decision-making, and free up valuable time for direct patient interaction. For taxpayers and the health system at large, these advancements promise not only to improve population health

outcomes but also potential decreases in overall health care costs. AI is not a future concept; it is already integrated into our health care system. In behavioral health, its applications are varied. One of the most promising areas is the use of AI-powered "scribes" and support tools to reduce the significant administrative burden on clinicians by summarizing therapy sessions and automating progress notes. This is a critical step in combating the high rates of provider burnout and allows clinicians to focus on direct patient care.

We are also seeing the rise of digital therapeutics —software-based interventions that deliver evidence-based, clinically validated psychological treatments to patients under the oversight and management of a licensed provider. These tools, which are currently regulated by the FDA as medical devices, can make medical claims to treat specific conditions like insomnia, ADHD, and substance use disorders, and require a prescription or order from a licensed provider. They represent a responsible pathway for innovation and one that might be replicated as more AI-based tools come online.

For patients, the most significant promise lies in increased access to care. However, public trust remains fragile. According to the *Pew Research Center*, 60% of Americans report being uncomfortable with AI being used in their own health care.[2] This discomfort is not unfounded. For example, one widely used algorithm measured a patient's level of illness based on their total health care costs. [3] Since some patient populations have historically spent less on healthcare due

[2] Tyson, A., Pasquini, G., Spencer, A., & Funk, C. (2023, February 22). *60% of Americans would be uncomfortable with provider relying on AI in their own health care.* Pew Research Center. https://www.pewresearch.org/science/2023/02/22/60-of-americans-would-be-uncomfortable-with-provider-relying-on-ai-in-their-own-health-care/

[3] Norori, N., Hu, Q., Aellen, F. M., Faraci, F. D., & Tzovara, A. (2021). Addressing bias in big data and AI for health care: A call for open science. *Patterns (New York, N.Y.)*, *2*(10), 100347. https://doi.org/10.1016/j.patter.2021.100347

to systemic factors, the algorithm unfairly attributed lower risk scores to them, even when they had comparable or more severe and complex health conditions, ultimately exacerbating health inequities. This problem can impact patients based on gender, age, race, ethnicity, socioeconomic status, or geographic location. Without representative data and diverse programming teams, AI risks amplifying, rather than reducing, health disparities.

Furthermore, the direct-to-consumer market is flooded with unregulated chatbots that make deceptive claims. Certain entertainment-based chatbots, such as one on the platform Character.ai, have been utilized for "therapy" or "companionship." This particular chatbot has engaged in over 4.9 million chats while presenting itself as a "psychologist." These unregulated products can provide dangerous advice. In one instance documented in a lawsuit, a Character.ai chatbot appeared to validate a user's thoughts of violence against their parents, stating, "'child kills parents after a decade of physical and emotional abuse' stuff like this makes me understand a little bit why it happens."[4] This is unacceptable and dangerous, which is why the APA has formally requested an investigation by the Federal Trade Commission and has urged the Consumer Product Safety Commission to investigate these potentially harmful products.[5]

Mitigating the Risks: An Ethical, Human-Centered Approach

[4] Allyn, B. (2024, December 10). *Lawsuit alleges Character.AI's chatbot is dangerously addictive for kids*. NPR. https://www npr.org/2024/12/10/nx-s1-5222574/kids-character-ai-lawsuit

[5] American Psychological Association. (2024, July 15). *Urging the Federal Trade Commission to investigate unregulated AI mental health apps*. APA Services. https://www.apaservices.org/advocacy/news/federal-trade-commission-unregulated-ai

While the promise of AI is great, its deployment is fraught with ethical challenges that must be addressed proactively. The core mission of health care—to help and do no harm—must be the guiding principle in our adoption of these new technologies.

To realize the promise of AI while protecting patients, APA advocates for a future built on a foundation of ethics, equity, and evidence. We urge the Subcommittee to advance legislation and oversight based on the following recommendations:

1. **Establish Clear Regulatory Guardrails.** We need a robust federal framework that ensures safety and efficacy. This includes **prohibiting the misrepresentation of AI as licensed professionals**, a practice that can involve generating fraudulent credentials to deceive users. We must also mandate transparency to address the "black box" problem , which refers to the phenomenon in which developers cannot explain how and why the algorithms generate false information and/or imaginary facts called hallucinations, and ensure clinical decisions are subject to **human oversight**.

2. **Protect Vulnerable Populations, Especially Youth:** We must recognize that AI's effects are not uniform across all populations. Adolescents, for example, are in a critical developmental period that makes them especially susceptible to influence. As outlined in APA's recent health advisory [6], AI systems designed for adults are not necessarily appropriate for youth. We must require age-appropriate safeguards, limit access to harmful or inaccurate health content, and establish robust protections for adolescents'

[6] American Psychological Association. (2024, May 9). *Health advisory on artificial intelligence and adolescent well-being.* https://www.apa.org/topics/artificial-intelligence-machine-learning/health-advisory-ai-adolescent-well-being

data privacy. Failure to do so risks interfering with their healthy social and psychological development.

3. **Prioritize Reducing Health Disparities and Mitigate Harm.** We must require that AI models undergo rigorous, independent testing for harms across diverse populations before widespread deployment. The goal of AI must be to reduce, not entrench, health disparities.

4. **Establish Clear Guardrails for AI Chatbots.** While therapeutic chatbots offer promise for expanding access to care, they also present unique risks, from providing inaccurate medical advice to fostering unhealthy parasocial relationships. We urge the Subcommittee to consider legislation that:

    - Requires developers to be transparent about the data used to train their models and the limitations of the advice they can provide.
    - Mandates independent validation of health-related claims and safety protocols, particularly for chatbots intended for vulnerable populations like youth.
    - Establishes clear accountability frameworks for harms caused by inaccurate or inappropriate AI-generated advice.
    - Requires persistent, unambiguous disclosure to users that they are interacting with an AI to mitigate the risks of confusion and over-reliance.

5. **Invest in Research and AI Literacy.** The pace of AI development is far outpacing the research. We need a significant federal investment in independent, longitudinal research

to understand the impacts of AI on development and well-being. This must be paired with comprehensive AI literacy education to empower the public to use these tools safely and critically.

6. **Enact Comprehensive Data Privacy Legislation.** A strong federal privacy law is essential. We must establish a right to "mental privacy" by safeguarding **biometric and neural information**—such as eye-gaze patterns or brain activity collected from wearables—that can be used to infer an individual's mental state without their conscious disclosure.

The Future of AI: A Call for Interdisciplinary Collaboration

To harness the benefits of AI while mitigating its risks, we must move forward not with blind optimism, but with cautious, informed, and ethical stewardship. This requires a fundamental commitment to a human-centered approach.

First, we must **invest in interdisciplinary research** that brings psychological scientists to the table with AI developers, engineers, and health care professionals. Understanding the complexities of human-AI interaction is essential for designing systems that are intuitive, trustworthy, and effective.

Second, we must **promote digital literacy** for both the public and the health care workforce. Patients need to be empowered to ask critical questions about the AI being used in their care. Providers need training to understand the capabilities and limitations of AI tools so they can use them responsibly and ethically in the delivery of care to their patients.

Finally, we must **ensure a human remains in the loop.** AI should be seen as a tool to augment, not replace, the clinical judgment and therapeutic relationship that are the bedrock of quality health care. People must remain a central part of the development, deployment, and evaluation of these technologies.

Conclusion

The American Psychological Association believes that AI holds the potential to create a more accessible, effective, and equitable health care system. However, this potential will only be realized if we intentionally and thoughtfully embed psychological science into the entire lifecycle of AI—from its initial design to its real-world application and oversight.

The APA is encouraged by Congress's focus on behavioral health and is eager to collaborate with this subcommittee and its members to develop and enact legislation that advances the principles outlined above. Your actions now can make all the difference in how people interact with and are impacted by artificial intelligence tools. Together, psychology, other scientific disciplines, caregivers, teachers, tech companies, and policymakers can work to solve this serious challenge. Thank you for your time and attention to this critical issue. I look forward to answering your questions.