Testimony of Brynne O'Neal
Regulatory Policy Specialist, Maine State Nurses Association / National Nurses United

Neither for nor against LD 2082, "An Act to Regulate the Use of Artificial Intelligence in Providing Certain Mental Health Services"
Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services
Hearing: February 17, 2026, 10:00 a.m.

Dear Chair Bailey, Chair Mathieson, and distinguished members of the Committee on Health Coverage, Insurance and Financial Services,

On behalf of more than 4,000 registered nurses and health care professionals providing direct patient care in our state, the Maine State Nurses Association/National Nurses United (MSNA) testifies neither for nor against LD 2082. **MSNA strongly supports barring the use of artificial intelligence for any health care service requiring the professional judgment of a licensed health care professional, including clinical notetaking.**

It is categorically unsafe to use generative AI for patient communication. A complete ban on use of generative AI for therapeutic communication is necessary and appropriate. Generative AI is unregulated, dangerous, and unpredictable. It is very good at sounding like an authoritative human communicator, but the content of that communication can be nonsensical or actively harmful. Generative AI output is created by word prediction based on patterns in the information used to train the AI tool and commonly includes "hallucinations," or inaccurate inferences from those patterns.

Human-to-human care and communication are essential to health care. AI health services can cause severe harm to patients. For example, last year, the National Eating Disorders Association (NEDA) replaced the staff of its popular eating disorders help line with a chatbot that used generative AI. Then NEDA had to stop use of the chatbot as it was giving weight loss tips to eating disorder sufferers, which could encourage dangerous disordered eating behavior.[1] Even if the AI tool does give the appropriate substantive answers, the lack of real human compassion will undermine the effectiveness of health services.

MSNA is concerned about codifying exceptions or acceptable uses of generative AI in health care, including use for transcribing or taking notes on patient health information. Deciding what information should be recorded in patient notes requires professional judgment. Inaccurate information in patient notes can lead to inappropriate care decisions. Rather than save time or reduce workload, AI often causes health care professionals to spend more time reviewing and correcting AI-generated patient documentation and communication which often contain errors and false information. For example, studies have found errors in speaker attribution when there are multiple speakers in the same space and bias, particularly against women and accents that differ from the

---

[1] Wells, K. Eating disorder helpline takes down chatbot after it gave weight loss advice. NPR KQED. https://www.npr.org/2023/06/08/1181131532/eating-disorder-helpline-takes-down-chatbot-after-it-gave-weight-loss-advice.

model used to train the generative AI transcription tool.[2] In one study of use of generative AI to translate discharge summaries written by-and-for clinicians into patient-friendly language found that the models had safety-threatening inaccuracies in 39.1% of cases, which included important omissions and "inaccurate albeit convincing outputs [that] are termed hallucinations."[3]

Finally, no exception should be made to Maine's AI regulation based on authorization or reimbursement by the federal government. Current federal policy is actively hostile to AI regulation. Federal approval provides no indication of safety.

Thank you for your consideration of this important issue.

Sincerely,

Brynne O'Neal
Regulatory Policy Specialist
Maine State Nurses Association / National Nurses United

---

[2] Hutiri, W. T., & Ding, A. Y. (2022, June). Bias in automated speaker recognition. In *Proceedings of the 2022 ACM conference on fairness, accountability, and transparency* (pp. 230-247).

[3] Zaretsky J, Kim JM, Baskharoun S, et al. Generative Artificial Intelligence to Transform Inpatient Discharge Summaries to Patient-Friendly Language and Format. *JAMA Netw Open.* 2024;7(3):e240357. doi:10.1001/jamanetworkopen.2024.0357