

119TH CONGRESS
2D SESSION

H. R. 10210

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to regulate the use of artificial intelligence in the review of claims by group health plans and health insurance issuers offering group or individual health insurance coverage.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 1, 2026

Mr. LANDSMAN (for himself, Mr. CARTER of Georgia, Ms. SCHRIER, and Mr. BARRETT) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to regulate the use of artificial intelligence in the review of claims by group health plans and health insurance issuers offering group or individual health insurance coverage.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Doctors Not AI Act
3 of 2026”.

4 **SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
5 **ACT.**

6 (a) **DEFINITION OF ARTIFICIAL INTELLIGENCE SYS-**
7 **TEM.**—Section 2791 of the Public Health Service Act (42
8 U.S.C. 30099–91) is amended by adding at the end the
9 following:

10 “(g) The term ‘artificial intelligence system’ means
11 an engineered or machine-based system, including any al-
12 gorithm, predictive model, machine learning system, or
13 automated decision-making software, that processes data
14 to generate predictions, classifications, recommendations,
15 or decisions and that is used to materially influence, auto-
16 mate, or issue determinations regarding coverage of health
17 care items or services.”.

18 (b) **CLINICAL JUDGMENT AND ARTIFICIAL INTEL-**
19 **LIGENCE.**—The Public Health Service Act is amended by
20 inserting after section 2719A (42 U.S.C. 300gg–19a) the
21 following new section:

22 **“SEC. 2719B. CLINICAL JUDGMENT AND ARTIFICIAL INTEL-**
23 **LIGENCE.**

24 “(a) **IN GENERAL.**—A group health plan and a health
25 insurance issuer offering group or individual health insur-
26 ance coverage shall ensure that any adverse benefit deter-

1 mination, whether initially or upon appeal, involving clin-
2 ical judgment—

3 “(1) is not issued by an artificial intelligence
4 system and is not dictated or determined by the out-
5 put of such system;

6 “(2) is made only by a licensed health care pro-
7 fessional who is acting within the scope of the pro-
8 fessional’s license and who has training and experi-
9 ence in the provision of the health care item or serv-
10 ice that is the subject of the determination;

11 “(3) reflects the independent clinical judgment
12 of such professional, who shall conduct an inde-
13 pendent evaluation of the enrollee’s individual med-
14 ical circumstances and shall not treat any output of
15 an artificial intelligence system as presumptively
16 valid or defer to such output in lieu of independent
17 clinical judgment applying generally accepted stand-
18 ards of care;

19 “(4) includes, in the notice required under sec-
20 tion 2719, if an artificial intelligence system was
21 used in connection with the determination—

22 “(A) a statement that such system was
23 used;

24 “(B) a description of its role in the review
25 process; and

1 “(C) the name, professional license, and
2 credentials of the licensed health care profes-
3 sional who made the determination; and

4 “(5) is supported by documentation maintained
5 as part of the administrative record describing—

6 “(A) the artificial intelligence system used;

7 “(B) the role of such system in the review
8 process;

9 “(C) any outputs, scores, recommenda-
10 tions, or determinations generated by such sys-
11 tem; and

12 “(D) documentation demonstrating compli-
13 ance with subparagraph (C); and

14 such materials shall be considered part of the ad-
15 ministrative record and made available to the en-
16 rollee upon request.

17 “(b) DEFINITIONS.—For purposes of this section:

18 “(1) ADVERSE BENEFIT DETERMINATION.—

19 The term ‘adverse benefit determination’ includes an
20 initial determination and a determination on internal
21 appeal.

22 “(2) ADVERSE BENEFIT DETERMINATION IN-
23 VOLVING CLINICAL JUDGMENT.—The term ‘adverse
24 benefit determination involving clinical judgment’
25 means an adverse benefit determination that is

1 based, in whole or in part, on medical necessity, ap-
2 propriateness, experimental and investigational or
3 similar exclusions or limits, level of care, health care
4 setting, effectiveness, clinical guidelines, utilization
5 review criteria, other standards requiring evaluation
6 of the enrollee’s medical condition or treatment
7 needs, or generally accepted standards of care for
8 such treatment needs.”.

9 (c) PARITY TREATMENT OF ARTIFICIAL INTEL-
10 LIGENCE SYSTEMS.—Section 2726 of the Public Health
11 Service Act (42 U.S.C. 300gg–26) is amended—

12 (1) in subsection (a)(8)(A), by adding at the
13 end the following new clause:

14 “(vi) Whether an artificial intelligence
15 system is used in, or materially influences,
16 the design, development, application, or ad-
17 ministration of such limitation and, if so,
18 sufficient information regarding the func-
19 tion, operation, and effects of such system
20 to enable the Secretary to evaluate such
21 function, operation, and effects under such
22 limitation with respect to mental health or
23 substance use disorder benefits as com-
24 pared to medical and surgical benefits,
25 both as written and in operation.”; and

1 (2) by adding at the end the following:

2 “(f) ARTIFICIAL INTELLIGENCE AND UTILIZATION
3 REVIEW.—The use of an artificial intelligence system in
4 connection with utilization review shall constitute a treat-
5 ment limitation for purposes of this section.”.

6 **SEC. 3. AMENDMENTS TO THE EMPLOYEE RETIREMENT IN-**
7 **COME SECURITY ACT OF 1974.**

8 (a) DEFINITION OF ARTIFICIAL INTELLIGENCE SYS-
9 TEM.—Section 3 of the Employee Retirement Income Se-
10 curity Act of 1974 (29 U.S.C. 1002) is amended by adding
11 at the end the following:

12 “(48) The term ‘artificial intelligence system’
13 means an engineered or machine-based system, in-
14 cluding any algorithm, predictive model, machine
15 learning system, or automated decision-making soft-
16 ware, that processes data to generate predictions,
17 classifications, recommendations, or decisions and
18 that is used to materially influence, automate, or
19 issue determinations regarding coverage of health
20 care items or services.”.

21 (b) CLAIMS PROCEDURE REQUIREMENTS.—Section
22 503 of the Employee Retirement Income Security Act of
23 1974 (29 U.S.C. 1133) is amended—

24 (1) in paragraph (2), by striking the period at
25 the end and inserting “; and”; and

1 (2) by adding at the end the following:

2 “(3) ensure that any adverse benefit determina-
3 tion, whether initially or upon appeal, involving clin-
4 ical judgment—

5 “(A) is not issued by an artificial intel-
6 ligence system and is not dictated or deter-
7 mined by the output of such system;

8 “(B) is made only by a licensed health care
9 professional who is acting within the scope of
10 the professional’s license and who has training
11 and experience in the provision of the health
12 care item or service that is the subject of the
13 determination;

14 “(C) reflects the independent clinical judg-
15 ment of such professional, who shall conduct an
16 independent evaluation of the participant’s or
17 beneficiary’s individual medical circumstances
18 and shall not treat any output of an artificial
19 intelligence system as presumptively valid or
20 defer to such output in lieu of independent clin-
21 ical judgment applying generally accepted
22 standards of care;

23 “(D) includes, in the notice required under
24 paragraph (1), if an artificial intelligence sys-

1 tem was used in connection with the determina-
2 tion—

3 “(i) a statement that such system was
4 used;

5 “(ii) a description of its role in the re-
6 view process; and

7 “(iii) the name, professional license,
8 and credentials of the licensed health care
9 professional who made the determination;
10 and

11 “(E) is supported by documentation main-
12 tained as part of the administrative record de-
13 scribing—

14 “(i) the artificial intelligence system
15 used;

16 “(ii) the role of such system in the re-
17 view process;

18 “(iii) any outputs, scores, rec-
19 ommendations, or determinations gen-
20 erated by such system; and

21 “(iv) documentation demonstrating
22 compliance with subparagraph (C); and

23 such materials shall be considered part of the
24 administrative record and made available to the
25 participant or beneficiary upon request.

1 For purposes of this paragraph, the term ‘adverse
2 benefit determination’ includes an initial determina-
3 tion and a determination on internal appeal, and the
4 term ‘adverse benefit determination involving clinical
5 judgment’ means an adverse benefit determination
6 that is based, in whole or in part, on medical neces-
7 sity, appropriateness, experimental and investiga-
8 tional or similar exclusions or limits, level of care,
9 health care setting, effectiveness, clinical guidelines,
10 utilization review criteria, other standards requiring
11 evaluation of the participant’s or beneficiary’s med-
12 ical condition or treatment needs, or generally ac-
13 cepted standards of care for such treatment needs.”.

14 (c) PARITY TREATMENT OF ARTIFICIAL INTEL-
15 LIGENCE SYSTEMS.—Section 712 of the Employee Retire-
16 ment Income Security Act of 1974 (29 U.S.C. 1185a) is
17 amended—

18 (1) in subsection (a)(8)(A), by adding at the
19 end the following new clause:

20 “(vi) Whether an artificial intelligence
21 system is used in, or materially influences,
22 the design, development, application, or ad-
23 ministration of such limitation and, if so,
24 sufficient information regarding the func-
25 tion, operation, and effects of such system

1 to enable the Secretary to evaluate such
2 function, operation, and effects under such
3 limitation with respect to mental health or
4 substance use disorder benefits as com-
5 pared to medical and surgical benefits,
6 both as written and in operation.”; and

7 (2) by adding at the end the following:

8 “(h) ARTIFICIAL INTELLIGENCE AND UTILIZATION
9 REVIEW.—The use of an artificial intelligence system in
10 connection with utilization review shall constitute a treat-
11 ment limitation for purposes of this section.”.

12 **SEC. 4. AMENDMENTS TO THE INTERNAL REVENUE CODE**
13 **OF 1986.**

14 (a) DEFINITION OF ARTIFICIAL INTELLIGENCE SYS-
15 TEM.—Section 9832 of the Internal Revenue Code of 1986
16 is amended by adding at the end the following new para-
17 graph:

18 “(11) ARTIFICIAL INTELLIGENCE SYSTEM.—
19 The term ‘artificial intelligence system’ means an
20 engineered or machine-based system, including any
21 algorithm, predictive model, machine learning sys-
22 tem, or automated decision-making software, that
23 processes data to generate predictions, classifica-
24 tions, recommendations, or decisions and that is
25 used to materially influence, automate, or issue de-

1 terminations regarding coverage of health care items
2 or services.”.

3 (b) CLINICAL JUDGMENT AND ARTIFICIAL INTEL-
4 LIGENCE.—Subchapter B of chapter 100 of the Internal
5 Revenue Code of 1986 is amended by inserting after sec-
6 tion 9815 the following new section:

7 **“SEC. 9815A. CLINICAL JUDGMENT AND ARTIFICIAL INTEL-**
8 **LIGENCE.**

9 “(a) IN GENERAL.—A group health plan shall ensure
10 that any adverse benefit determination, whether initially
11 or upon appeal, involving clinical judgment—

12 “(1) is not issued by an artificial intelligence
13 system and is not dictated or determined by the out-
14 put of such system;

15 “(2) is made only by a licensed health care pro-
16 fessional who is acting within the scope of the pro-
17 fessional’s license and who has training and experi-
18 ence in the provision of the health care item or serv-
19 ice that is the subject of the determination;

20 “(3) reflects the independent clinical judgment
21 of such professional, who shall conduct an inde-
22 pendent evaluation of the participant’s or bene-
23 ficiary’s individual medical circumstances and shall
24 not treat any output of an artificial intelligence sys-
25 tem as presumptively valid or defer to such output

1 in lieu of independent clinical judgment applying
2 generally accepted standards of care;

3 “(4) includes, in the notice required under this
4 chapter, if an artificial intelligence system was used
5 in connection with the determination—

6 “(A) a statement that such system was
7 used;

8 “(B) a description of its role in the review
9 process; and

10 “(C) the name, professional license, and
11 credentials of the licensed health care profes-
12 sional who made the determination;

13 “(5) is supported by documentation maintained
14 as part of the administrative record describing—

15 “(A) the artificial intelligence system used;

16 “(B) the role of such system in the review
17 process;

18 “(C) any outputs, scores, recommenda-
19 tions, or determinations generated by such sys-
20 tem; and

21 “(D) documentation demonstrating compli-
22 ance with subparagraph (C);

23 and such materials shall be considered part of the
24 administrative record and made available to the par-
25 ticipant or beneficiary upon request.

1 “(b) DEFINITIONS.—For purposes of this section—

2 “(1) ADVERSE BENEFIT DETERMINATION.—

3 The term ‘adverse benefit determination’ includes an
4 initial determination and a determination on internal
5 appeal.

6 “(2) ADVERSE BENEFIT DETERMINATION IN-

7 VOLVING CLINICAL JUDGMENT.—The term ‘adverse
8 benefit determination involving clinical judgment’
9 means an adverse benefit determination that is
10 based, in whole or in part, on medical necessity, ap-
11 propriateness, experimental and investigational or
12 similar exclusions or limits, level of care, health care
13 setting, effectiveness, clinical guidelines, utilization
14 review criteria, other standards requiring evaluation
15 of the participant’s or beneficiary’s medical condition
16 or treatment needs, or generally accepted standards
17 of care for such treatment needs.”.

18 (c) PARITY TREATMENT.—Section 9812 of the Inter-
19 nal Revenue Code of 1986 is amended—

20 (1) in subsection (a)(8)(A), by adding at the
21 end the following new clause:

22 “(vi) Whether an artificial intelligence
23 system is used in, or materially influences,
24 the design, development, application, or ad-
25 ministration of such limitation and, if so,

1 sufficient information regarding the func-
 2 tion, operation, and effects of such system
 3 to enable the Secretary to evaluate such
 4 function, operation, and effects under such
 5 limitation with respect to mental health or
 6 substance use disorder benefits as com-
 7 pared to medical and surgical benefits,
 8 both as written and in operation.”; and

9 (2) by adding at the end the following:

10 “(f) ARTIFICIAL INTELLIGENCE AND UTILIZATION
 11 REVIEW.—The use of an artificial intelligence system in
 12 connection with utilization review shall constitute a treat-
 13 ment limitation for purposes of this section.”.

14 (d) CLERICAL AMENDMENT.—The table of sections
 15 for subchapter B of chapter 100 of the Internal Revenue
 16 Code of 1986 is amended by inserting after the item re-
 17 lated to section 9815 the following new item:

“Sec. 9815A. Clinical judgment and artificial intelligence.”.

18 **SEC. 5. EFFECTIVE DATE.**

19 The amendments made by this Act shall apply to plan
 20 years beginning on or after January 1 of the first calendar
 21 year beginning not less than 12 months after the date of
 22 the enactment of this Act.

