

119TH CONGRESS
2D SESSION

H. R. 9862

To direct the Secretary of Veterans Affairs to seek to enter into an agreement with a federally funded research and development center for the conduct of an independent evaluation of artificial intelligence systems in use by the Veterans Health Administration, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2026

Mr. MURPHY introduced the following bill; which was referred to the
Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to seek to enter into an agreement with a federally funded research and development center for the conduct of an independent evaluation of artificial intelligence systems in use by the Veterans Health Administration, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Responsible Artificial
5 Intelligence for Veterans Act of 2026”.

1 **SEC. 2. INDEPENDENT EVALUATION OF ARTIFICIAL INTEL-**
2 **LIGENCE SYSTEMS USED BY VETERANS**
3 **HEALTH ADMINISTRATION.**

4 (a) INDEPENDENT EVALUATION.—Not later than 90
5 days after the date of the enactment of this Act, the Sec-
6 retary of Veterans Affairs shall seek to enter into an
7 agreement with a federally funded research and develop-
8 ment center for the conduct of an independent evaluation
9 of artificial intelligence systems deployed, in pilot, or in
10 active development, for clinical use within the Veterans
11 Health Administration. An evaluation conducted pursuant
12 to such an agreement shall prioritize not fewer than five
13 artificial intelligence systems that are deployed at scale or
14 that present an elevated clinical, operational, or patient
15 safety risk.

16 (b) MATTERS FOR EVALUATION.—An independent
17 evaluation carried out under subsection (a) shall address
18 each of the following with respect to the artificial intel-
19 ligence systems evaluated:

20 (1) The integration and operational readiness of
21 the systems, including—

22 (A) the adequacy of technological infra-
23 structure supporting deployment and scalability;

24 (B) the interoperability of the systems with
25 electronic health records, medical devices, phar-

1 macy systems, and other relevant platforms;
2 and

3 (C) the effect of the system on clinical
4 workflows, staffing models, and operational
5 processes.

6 (2) The governance, monitoring, and account-
7 ability of the systems, including—

8 (A) the clarity of responsibility for system
9 outputs, errors, and adverse outcomes;

10 (B) policies governing consent, data use,
11 secondary use, and veteran data protections;

12 (C) lifecycle management processes, includ-
13 ing model updates, retraining, and version con-
14 trol;

15 (D) oversight mechanisms, internal con-
16 trols, and audit structures; and

17 (E) compliance with applicable Federal pri-
18 vacy, cybersecurity, and health information
19 laws.

20 (3) The performance and model integrity of the
21 systems, including—

22 (A) quantitative performance metrics, in-
23 cluding accuracy, sensitivity, and specificity, as
24 applicable;

1 (B) the presence of disparate performance
2 across demographic groups and the mitigation
3 of bias;

4 (C) reliability, repeatability, and reproduc-
5 ibility across facilities and veteran populations;

6 (D) robustness to data variability and gen-
7 eralizability beyond training environments; and

8 (E) transparency, explainability, and
9 interpretability of model outputs sufficient to
10 permit clinical oversight.

11 (4) The safety and human oversight of the sys-
12 tems, including—

13 (A) the risk of patient harm, including fail-
14 ure modes and escalation pathways;

15 (B) safeguards ensuring that the artificial
16 intelligence system functions as a clinical deci-
17 sion-support tool and does not supplant clinical
18 judgment; and

19 (C) whether clinicians retain the authority
20 and technical ability to override or contest sys-
21 tem outputs.

22 (5) The veteran-centric design and adoption of
23 the systems, including—

1 (A) alignment of the system with the
2 needs, accessibility requirements, and pref-
3 erences of veterans;

4 (B) usability within clinical workflows;

5 (C) the availability of training resources
6 and implementation support for clinical staff;
7 and

8 (D) the degree of clinician and veteran
9 trust in system outputs.

10 (6) The cost and resource stewardship of the
11 systems, including—

12 (A) acquisition, deployment, sustainment,
13 and cloud or compute costs;

14 (B) evidence of cost-effectiveness or cost-
15 utility relative to clinical outcomes; and

16 (C) resource implications for staffing, ad-
17 ministrative burden, and system maintenance.

18 (7) The transparency and documentation of the
19 systems, including—

20 (A) whether system logic, data sources,
21 training inputs, and decision pathways are suf-
22 ficiently documented and auditable; and

23 (B) whether such documentation is avail-
24 able for oversight review.

1 (8) The scalability and effect of the systems, in-
2 cluding—

3 (A) the clinical effectiveness of each system
4 in real-world practice, including its performance
5 across diverse veteran populations and care set-
6 tings;

7 (B) whether each system improves clinical
8 efficiency, including reductions in administra-
9 tive burden, wait times, or duplicative services;

10 (C) the clinical utility of each system in
11 supporting medical decision making and im-
12 proving veteran care outcomes; and

13 (D) where applicable, the environmental ef-
14 fect of deployment at scale, including energy
15 consumption and sustainability implications.

16 (c) RISK-BASED SELECTION CRITERIA.—In selecting
17 systems for evaluation pursuant to an agreement entered
18 into under subsection (a), the federally funded research
19 and development center shall prioritize artificial intel-
20 ligence systems that—

21 (1) influence diagnosis, treatment decisions,
22 triage, eligibility determinations, or benefits adju-
23 dication;

24 (2) are deployed across multiple medical centers
25 or impact a significant veteran population;

1 (3) are deployed at scale across facilities, pro-
2 grams, or beneficiary populations such that errors,
3 bias, or system failure could reasonably affect a sig-
4 nificant number of veterans;

5 (4) use predictive analytics, large language
6 models, imaging analysis, or automated clinical deci-
7 sion-support tools; or

8 (5) present material cybersecurity, privacy, or
9 patient-safety risks.

10 (d) ACCESS TO INFORMATION.—The Secretary shall
11 ensure that a federally funded research and development
12 center that enters into an agreement under subsection (a)
13 is provided with access to relevant Department of Vet-
14 erans Affairs information without delay and in a manner
15 sufficient to permit completion of the evaluation within the
16 timeframe required under subsection (e). Such informa-
17 tion shall include, with respect to artificial intelligence sys-
18 tems used by the Veterans Health Administration—

19 (1) relevant contracts, technical documentation,
20 validation studies, and model cards;

21 (2) performance data and audit logs;

22 (3) incident reports and corrective action plans;

23 and

24 (4) policies governing artificial intelligence gov-
25 ernance, data use, and risk management.

1 (e) REPORTING REQUIREMENTS.—

2 (1) REPORT ON FINDINGS OF EVALUATION.—

3 (A) IN GENERAL.—An agreement entered
4 into under subsection (a) shall specify that, not
5 later than the date that is one year after the
6 date of the agreement, a federally funded re-
7 search and development center agrees to submit
8 to the Secretary and to the Committees on Vet-
9 erans' Affairs of the House of Representatives
10 and the Senate a report that includes each of
11 the following:

12 (i) Findings for each evaluated sys-
13 tem.

14 (ii) Identification of material risks to
15 patient safety, data security, equity, or
16 clinical integrity.

17 (iii) Recommendations for corrective
18 action, governance improvements, or sus-
19 pension of deployment where warranted.

20 (iv) Identification of systemic gaps in
21 the artificial intelligence governance frame-
22 work of the Department.

23 (B) FORM.—The report required by sub-
24 paragraph (A) shall be submitted in unclassi-

1 fied and unredacted form, but may include a
2 classified annex.

3 (2) CORRECTIVE ACTION PLAN; DEPARTMENT
4 ACCOUNTABILITY.—Not later than 120 days after
5 receipt of a report under paragraph (1), the Sec-
6 retary shall submit to the Committees on Veterans'
7 Affairs of the House of Representatives and the Sen-
8 ate a report that includes—

9 (A) a response of the Secretary addressing
10 each finding and recommendation contained the
11 report; and

12 (B) a corrective action plan that in-
13 cludes—

14 (i) an identification of specific actions
15 the Department will take to address each
16 finding;

17 (ii) an assignment of responsibility to
18 appropriate Department officials;

19 (iii) measurable milestones and dead-
20 lines for implementation; and

21 (iv) an identification of any risk that
22 the Secretary determines will remain un-
23 mitigated and the justification for such de-
24 termination.

1 (3) COMPTROLLER GENERAL REVIEW.—Not
2 later than 180 days after submission of the correc-
3 tive action plan under paragraph (2), the Comp-
4 troller General of the United States shall—

5 (A) conduct a review of—

6 (i) the independent evaluation carried
7 out pursuant to subsection (a); and

8 (ii) the corrective action plan sub-
9 mitted under paragraph (2) and the initial
10 efforts of the Secretary to carry out the
11 plan; and

12 (B) provide to the Committees on Vet-
13 erans' Affairs of the House of Representatives
14 and the Senate a briefing on the review that in-
15 cludes any recommendations of the Comptroller
16 General for improvement.

17 (4) COMMITTEE ACCESS AND TRANS-
18 PARENCY.—The Secretary shall provide to the Com-
19 mittees on Veterans' Affairs of the House of Rep-
20 resentatives and the Senate—

21 (A) the full independent evaluation pro-
22 duced pursuant to subsection (a), including all
23 supporting analyses and technical appendices;
24 and

1 (B) any subsequent implementation up-
2 dates to the corrective action plan submitted
3 under paragraph (2), without redaction, except
4 for information that is classified or otherwise
5 protected by law.

6 (f) USE OF EXISTING FUNDS.—The Secretary shall
7 carry out this section using amounts otherwise authorized
8 and appropriated to the Department. No additional
9 amounts are authorized to be appropriated to carry out
10 this section.

11 (g) ARTIFICIAL INTELLIGENCE DEFINED.—In this
12 section, the term “artificial intelligence” has the meaning
13 given that term in section 5002(3) of the National Artifi-
14 cial Intelligence Initiative Act of 2020 (division E of Pub-
15 lic Law 116–283; 134 Stat. 4523; 15 U.S.C. 9401 note).

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