September 22, 2023

The Honorable Bill Cassidy, MD
Ranking Member
Committee on Health, Education, Labor and Pensions
U.S. Senate
Washington, D.C. 20510

Dear Ranking Member Cassidy:

On behalf of the American Association of Child and Adolescent Psychiatry (AACAP), the professional home to more than 10,000 child and adolescent psychiatrists, fellows, residents, and medical students, I commend you for focusing on ensuring that Congress and the U.S. are prepared for the continued deployment of artificial intelligence (AI). I am writing in response to your white paper, *Exploring Congress' Framework for the Future of AI*, to share AACAP's perspective on the potential advantages and drawbacks of AI in the health care system.

As leading professionals in children's mental health, AACAP acknowledges there are unique challenges to implementing and regulating AI in pediatric healthcare. Youth, in general, tend to adopt evolving technologies easier than their adult counterparts, and the reach of AI is extending across various sectors, including healthcare. As child and adolescent psychiatrists, we are concerned with the safe and appropriate use of AI when caring for a population with developmental needs and potential risks.

AI may prove advantageous in synthesizing complex data, relieving the administrative burden on physicians, and developing patient education materials. By lessening the administrative burden of physicians, patients can access the mental healthcare they need quicker and more efficiently, enabling child and adolescent psychiatrists to devote more time to patient care. AI may also be helpful in delivering screening tools to patients – by using predictive models, AI can help identify patients who are at an increased risk of various mental health conditions.

When considering the advantages, it is also important to highlight the concerns that we have as physicians. Using AI to treat patients, without physician oversight, can have dire consequences, including misdiagnosis and incorrect treatment plans. As child and adolescent psychiatrists, incorporating the evolving developmental needs of a child through adolescence is critical in all aspects of care. It is also important to acknowledge the nuanced relationship and communication between physicians, youth, and family. These important factors are not algorithmic and need to be youth centered. Additionally, the current HIPAA framework is not equipped to safeguard patient privacy in this regard. Potential AI framework needs to consider how technology is used. For example, audio-recording software used for documentation purposes may be stored in the cloud and it may not be HIPAA-compliant. Protecting patient privacy should be a top priority when looking to legislate AI.

By contrast to AI, augmented intelligence – that is, intelligence that augments human cognition but does not replace human labor – can be a potential solution to AI. Augmented intelligence, with adequate human oversight, can aid in healthcare delivery. It is important that devices are given the capabilities only to "assist" in healthcare, such as rendering diagnoses or offering treatment, rather than allowing devices to "provide" treatment.

AACAP is grateful for the opportunity to provide comments on this important matter, particularly as Congress looks to find ways to properly legislate AI and ensure that the potential legislative framework includes proper guardrails for patients and their families. Should you have any questions, please contact Alexis Geier-Horan, Chief of Advocacy and Practice Transformation at ahoran@aacap.org.

Respectfully,

Warren Y. K. Ng, MD, MPH
President