

Legislative Priority: Seek Balanced Regulation of AI

PRIORITY

Ensure artificial intelligence (AI) regulation supports physician practices but does not replace physicians or their medical expertise.

BACKGROUND

The success of AI in medicine depends on physician expertise at every step in the life cycle of an AI product or system. This includes training of the algorithm, testing, roll-out, validation and surveillance.

As an example, a radiologist may use AI to aid in the detection of a pulmonary embolus on a chest scan. The AI's review, however, is limited to that chest scan. It cannot consider the findings within the context of the patient's broader clinical presentation, such as lab studies, symptoms, or prior history. These clinical determinations require the expertise of physicians.

For that reason, TMA stresses any Texas legislation on the topic of AI must recognize that medicine has distinct risks and considerations which mandate physician leadership and involvement.

TMA policy draws an important distinction between the use of "augmented intelligence" – which is intended to co-exist with human decision-making in patient care – and "artificial intelligence" – which makes decisions autonomously, without human involvement.

AI shows promise in medicine for reducing the administrative burden of physicians and freeing time for patient care, which makes practices more viable and care more accessible. However, AI gains – like helping physicians analyze data more efficiently – are only possible through a physician-led approach.

TMA is vigilant of potential adverse impacts of AI in the health care setting, including the potential of creating patient privacy risks.

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TMA RECOMMENDATIONS:

- AI in health care must only be used as appropriate to support (and not to supplant or diminish) physician decision making and it should not replace or diminish the physician-patient relationship. In addition it must include physician oversight, transparency, accountability, and privacy protections.
- Health insurers must not use AI to deny care to patients through the prior authorization process.
- Physicians must not be held liable for the actions of AI developers and distributors.
- Establish well-defined guidelines for how and where to report any identified anomalies. Additionally, as with all technology, there should be a national database for reporting errors that holds developers accountable for correcting identified issues



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