

Memorandum

To: Michael Best Strategies Clients and Friends
From: Sabrina Stengl, Michael Best Strategies Policy Advisor
Date: September 11, 2026
Subject: Wisconsin Study Committee on AI in Healthcare Hearings

Overview

Over two days of testimony, the Wisconsin Study Committee on Artificial Intelligence in Healthcare heard from privacy experts, regulators, healthcare systems, technology developers, insurers, educators, and behavioral health stakeholders about how AI is already being used to reduce administrative burden, support clinical documentation, improve care coordination, assist with claims review, enable remote monitoring, and expand access to healthcare services. While speakers generally supported responsible AI adoption, testimony emphasized that AI should support—not replace—licensed professionals and that meaningful human oversight, transparency, privacy, security, consent, and accountability must remain central when AI affects clinical care, coverage decisions, prescribing, mental health support, or other patient-facing functions. Witnesses urged lawmakers to address gaps in consumer health data privacy outside HIPAA. In addition to avoiding overly prescriptive state-specific rules, and to consider flexible, risk-based approaches such as interoperability standards, independent accreditation, national frameworks, and regulatory sandbox models to protect patients, reduce bias, preserve professional judgment, and ensure innovation benefits rural, underserved, and vulnerable populations.

Key Takeaways

- AI is already being used across healthcare to support documentation, care coordination, claims review, remote monitoring, scheduling, and patient engagement.
- Witnesses consistently emphasized that AI should support, not replace, licensed professionals, with human oversight preserved for clinical, coverage, and patient-facing decisions.
- Privacy, consent, transparency, data security, and governance were recurring concerns, especially for consumer health data outside HIPAA.
- Several speakers urged flexible, risk-based regulation rather than overly prescriptive mandates.
- Equity and access concerns were central, particularly for rural, underserved, and vulnerable populations.

Announcement from Committee Chair Sen. Rachael Cabral-Guevara (R)

Senator Rachael Cabral Guevara stated that the committee over the next two days would hear from a variety of speakers from different sectors of healthcare. She also advised the committee that its

October 1st and December 2nd meetings will feature no speakers but instead will serve as workshop days for the group.

Testimony from U.S. Legislation – Future of Privacy Forum

Jordan Francis explained that the Future of Privacy Forum is a nonprofit organization that focuses on comparative analysis of state approaches to consumer privacy. He noted that discussions of health privacy often focus exclusively on HIPAA, but a growing ecosystem of consumer health data exists outside HIPAA's scope. This includes wearable technologies such as smart watches and biometric tracking rings, online prescription purchasing services, telehealth platforms, reproductive health tracking applications, and retail purchasing data that can reveal health-related behaviors. Francis emphasized that HIPAA is narrowly scoped and does not provide comprehensive protection for much of the consumer health data that now is being generated. While some state privacy laws and anti-discrimination statutes offer limited protections, the United States lacks a comprehensive federal privacy law. He noted that 23 to 24 states have enacted comprehensive privacy laws, creating a rapidly evolving and fragmented regulatory landscape.

He described these comprehensive privacy laws as broadly applicable, non-sectoral, and technology-neutral frameworks that are designed to adapt over time through amendments and rulemaking. Using California as an example, Francis explained that privacy enforcement is shared between the Attorney General and the California Privacy Protection Agency. He outlined common applicability thresholds, such as businesses that process the data of at least 100,000 residents or process the data of at least 25,000 residents while deriving more than 20 percent of their revenue from selling personal data.

Francis discussed common features of state privacy laws, including requirements related to consumer consent, transparency, data minimization, data security, non-discrimination, non-retaliation, and data protection assessments. He also highlighted emerging legislative trends, including efforts to lower applicability thresholds, expand definitions of sensitive data, and strengthen requirements governing the collection and retention of personal information.

In response to committee questions, Francis stated that enforcement activity is increasing in states such as California and that California's data broker law is being enforced jointly with the state's broader privacy framework. He noted that approximately 144 countries have enacted national privacy laws and observed that the United States came close to doing so in the 1970s but ultimately did not enact legislation. As more states adopt their own privacy laws, federal preemption becomes increasingly difficult.

When asked which policies are most important for states to adopt, Francis identified comprehensive privacy protections as the highest priority. He warned that the absence of privacy laws can lead to diminished consumer trust, increased risk of data breaches, and greater exposure to fraud and scams. He also discussed concerns about disclosure fatigue, acknowledging that lengthy privacy notices often overwhelm consumers and that he had not yet encountered a widely adopted model for simplified privacy disclosures like informed consent in healthcare.

Federation of State Medical Boards

Frank Meyers explained that the Federation of State Medical Boards supports the nation's medical licensing and disciplinary boards and serves approximately one million licensed physicians. Although the federation does not directly regulate physicians, it supports the work of state medical boards and operates an Office of Artificial Intelligence.

Meyers outlined several AI-powered healthcare tools currently available to both patients and providers, including Amazon Health AI, ChatGPT Health, Doctronic, Epic AI products embedded within electronic health records, Microsoft's Dragon Copilot, and OpenEvidence. He observed that there is currently no consistent standard for identifying AI-generated content through watermarks, disclosures, or other mechanisms.

He cited research showing that most Americans believe they should be informed whenever AI is used in their care. Meyers discussed Utah's AI sandbox initiative, a one-year pilot program that allows companies to deploy AI prescription tools while temporarily waiving certain regulatory requirements. Although the Utah Medical Board initially objected to the program, the dispute was resolved, and the Doctronic pilot remains active. Meyers explained that these types of pilots allow regulators to better understand how emerging technologies should be governed.

In response to questions regarding mental health care, Meyers noted that many mental health diagnoses do not require a hands-on examination, making the field particularly susceptible to AI-driven care models. He observed that AI mental health chatbots are inexpensive, widely available, and accessible around the clock. Many users report a willingness to disclose sensitive information to these systems, especially when the AI exhibits sympathetic or conversational behavior. However, he emphasized the significant privacy concerns associated with individuals sharing highly sensitive information with AI tools.

Testimony from Healthcare Systems and Providers

Representatives from UnityPoint Health, Fort HealthCare, Marshfield Clinic, and Outreach Community Health Centers all testified during Wednesday's hearing and highlighted how their organizations are utilizing AI.

Sara Kroeneke described UnityPoint Health's implementation of multiple AI systems within the Epic universe. The organization currently uses Epic's programs to support care management and patient outreach efforts. However, she emphasized that these tools are intended to supplement rather than replace clinical decision-making. She additionally explained that UnityPoint has had to develop operational processes to determine risk thresholds and corresponding interventions.

The health system also utilizes Epic's AI-assisted text tools, which support summarization, tone adjustment, grammar correction, formatting improvements, and other documentation tasks within the electronic health record. Kroeneke discussed the organization's use of ambient AI scribe solutions and stated that UnityPoint is an early adopter of Epic's "Chart with Art" program.

Kroeneke repeatedly stressed the importance of preserving human accountability for both clinical decisions and patient communications. She additionally advocated for strong vendor transparency regarding intended uses and unintended consequences, as well as comprehensive AI governance frameworks within healthcare organizations. UnityPoint has established interdisciplinary governance committees, developed AI policies, and created guidelines for responsible use.

When questioned about return on investment, Kroeneke explained that UnityPoint evaluates AI initiatives using financial and operational metrics through Strata, including costs, staff training requirements, and patient outcomes.

Dr. Ramsey Larson from Fort HealthCare provided a physician's perspective on AI adoption in medicine. He described encountering AI-generated clinical information directly within his practice and stated that AI will affect every medical specialty. Larson noted that he personally uses OpenEvidence every day as a clinical reference tool.

He expressed concern about proposals at the federal level that could eventually authorize AI systems to prescribe medications independently. While acknowledging AI's tremendous potential benefits, Larson cautioned that technological change is occurring faster than society's ability to understand and manage its consequences. With this in mind Larson recommended several legislative guardrails. He argued that AI systems should not be permitted to represent themselves as licensed healthcare professionals, including physicians, nurses, or physician assistants. He further stated that AI should not make autonomous therapeutic decisions or prescribe medications independently. Physicians, he argued, must retain final authority over clinical decisions, and AI should never serve as the sole basis for denying patient care.

Sara Scheu from Marshfield Clinic discussed AI implementation from the perspective of a large rural healthcare provider. Having overseen previous technological transitions from paper records to electronic systems, she described AI as the newest major evolution in healthcare operations.

Marshfield Clinic has identified four primary AI use cases: approved generative AI tools and agents, ambient listening technologies, care-gap closure programs, and patient self-scheduling systems. The organization recently implemented a HIPAA-compliant generative AI agent and has used ambient listening technologies for several years. These tools have reduced documentation burdens and improved turnaround times for referrals and specialty care communication.

Scheu explained that care-gap closure technologies help identify overdue preventive and chronic care services while patient scheduling tools assist patients in managing their healthcare needs. AI-driven inbox management has also helped providers recover administrative time, enabling greater focus on direct patient care. She emphasized the need to preserve patient trust, maintain accountability, and allow responsible innovation. She also advocated for practical, technology-neutral regulation that avoids imposing unnecessary operational burdens on healthcare systems.

Dr. Nicole Mubanga from Outreach Community Health Center shared the perspective of a federally qualified health center (FQHC) serving vulnerable populations. Outreach Community Health Center is Wisconsin's only FQHC with dedicated federal funding for homelessness services. Mubanga

explained that the organization views AI as an opportunity to improve care delivery, increase access, and reduce provider burnout. However, adoption decisions are tempered by concerns regarding cost, patient trust, privacy, and data security.

The health center requires both written and verbal consent from patients when AI tools are utilized. Mubanga noted that implementation of Epic's MyChart AI response tool has been delayed because the system currently lacks the level of personalization patients expect.

She described a formal review process involving clinical, operational, fiscal, and safety considerations before adopting new technologies. Mubanga stressed the importance of protecting vulnerable populations, particularly with respect to sensitive information involving immigration status, reproductive health, and substance use disorders. She also raised concerns about disparities in technology access among rural and underserved providers.

Testimony from Developers of Healthcare Technology Utilizing AI

Dr. Jackie Gerhart described Epic Systems' approach to evaluating and deploying AI solutions. She explained that the company begins by identifying a specific problem, determining whether AI is necessary to solve it, and then focusing on responsible deployment.

Epic's development process includes software development, internal validation, external testing with healthcare organizations, implementation, monitoring, and performance measurement. Gerhart highlighted Epic's AI Trust and Assurance Suite, an open-source framework designed to support health system governance efforts.

She noted that UW Health has conducted local research on Epic's ambient documentation tools and reported measurable efficiency gains, including reductions in documentation time and improvements in daily workflow. Gerhart emphasized the importance of local validation, bias monitoring, AI literacy, and clear clinician accountability.

Representatives from Salesforce testified that artificial intelligence can help address healthcare workforce shortages, reduce administrative burden, and improve patient care by automating routine tasks and streamlining operations. The company highlighted the growing role of "agentic AI," which can perform tasks within defined guardrails, and described current healthcare applications including appointment scheduling, care coordination, patient outreach, eligibility verification, and clinical documentation. They emphasized that AI should support healthcare professionals rather than replace them and noted that these tools are most effective when paired with human oversight.

A key theme of the testimony was the need for integrated healthcare data. Salesforce argued that AI is most effective when it can access a comprehensive view of the patient that combines clinical, operational, and social determinant of health information. According to the company, this allows providers to better identify barriers to care, improve care coordination, and deliver more personalized interventions. Salesforce also highlighted examples of AI use in government operations, including efforts to improve licensing and customer service functions.

Salesforce recommended that policymakers focus on enabling interoperability and data-sharing standards while maintaining strong privacy, security, and data governance requirements. The company also stressed the importance of human oversight for decisions that materially affect patient care or coverage determinations and encouraged lawmakers to adopt technology-neutral, outcome-based regulations that promote innovation while ensuring transparency, accountability, and public trust in AI-enabled healthcare systems.

Deepak Ora, founder and CEO of Wearable Technologies, testified about how wearable devices and AI can improve patient outcomes by enabling continuous, real-time monitoring outside of traditional healthcare settings. Drawing on his company's experience working with patients recovering from serious medical events such as cardiac procedures and transplants, he described how wearable devices can track health metrics, detect falls, and identify potential problems early, allowing caregivers and providers to intervene before a patient's condition worsens. He emphasized that AI is used primarily to process and triage large volumes of patient data, while clinical decisions remain the responsibility of healthcare professionals.

Ora also focused heavily on privacy, security, and regulation. He explained that their technology is designed to keep patient data encrypted and processed locally whenever possible, limiting unnecessary data transmission. He urged policymakers to adopt flexible, outcome-based regulations that protect patients without restricting innovation and warned that a patchwork of state-specific requirements could make it difficult to scale new healthcare technologies. He expressed support for regulatory sandbox models that allow emerging AI applications to be tested in controlled environments and stressed the importance of transparency, accountability, audit trails, and meaningful consent processes to maintain public trust in AI-enabled healthcare.

Nick Meyer from Recovery.com testified on the use of AI to help individuals navigate behavioral health and substance use treatment options. He described how AI can help patients more efficiently identify appropriate providers and treatment programs by matching individuals with services that fit their clinical needs, insurance coverage, location, and personal preferences. Meyer emphasized that AI can improve access to care and reduce barriers for individuals seeking treatment, particularly in a behavioral health system that is often difficult for patients and families to navigate.

Meyer stressed that AI should be used as a tool to support, rather than replace, human judgment in healthcare. He highlighted the importance of transparency, patient privacy, and strong oversight when AI is used to guide healthcare decisions. Meyer encouraged policymakers to adopt a balanced, risk-based regulatory approach that promotes innovation while ensuring accountability and consumer protections, particularly for vulnerable populations seeking mental health and substance use treatment.

Testimony from URAC

Shawn Griffin discussed URAC's 35 years of accreditation experience across telehealth, pharmacies, health systems, and AI-enabled healthcare organizations. He highlighted concerns regarding AI hallucinations, particularly when systems are trained on incomplete or unrepresentative datasets, such as skin cancer detection tools trained primarily on images of lighter skin tones.

Griffin expressed concerns that AI could widen disparities between well-resourced and underserved communities, especially rural healthcare providers. He noted that more than 1,200 AI-related bills have been introduced across the country and argued that legislation will continually struggle to keep pace with technological development.

To address these concerns, URAC convened a Healthcare AI Advisory Committee consisting of health systems, technology companies, insurers, pharmaceutical companies, and other stakeholders. Griffin advocated for independent accreditation standards as a mechanism for establishing guardrails while still encouraging innovation.

He compared the current state of AI to "an overconfident third-year medical student," arguing that the technology requires supervision, training, and constraints rather than prohibition.

Testimony from Insurers

Ann Traenkler from Delta Dental described their AI strategy, which emphasizes responsible adoption to improve provider experiences, customer service, and oral health outcomes. Delta Dental currently uses AI screening tools to identify claims that may require additional clinical review. Any claim flagged by the system undergoes review by licensed dental consultants who examine clinical information, supporting documentation, and applicable criteria. Claims that may not meet relevant standards are ultimately reviewed by a licensed dentist before a final determination is made. Traenkler stressed the importance of maintaining human accountability in claim denial decisions and encouraged policymakers to account for the unique operational realities of insurers when developing AI regulations.

Ryan Peterson spoke on behalf of The Alliance and explained how they represent approximately 500 self-funded employers in Wisconsin that collectively purchased over \$1 billion in healthcare services in 2025. He clarified that The Alliance does not function as an insurance company but instead facilitates direct relationships between employers and providers. Because The Alliance manages extensive data exchanges involving employers, brokers, consultants, administrators, patients, and providers, Peterson said that privacy and security are major concerns. All information sharing is governed through HIPAA and business associate agreements.

Peterson advocated for a practical disclosure framework requiring transparency whenever AI materially accesses, uses, stores, or retains protected health information. He also recommended disclosure requirements when AI influences healthcare recommendations and suggested that employers should have the ability to audit such uses.

Representatives from Lakeland Care discussed their efforts to evaluate AI in a long-term care setting. The organization has focused primarily on lower-risk administrative functions such as human resources support, policy management, workflow optimization, route planning, and file monitoring. They emphasized that AI should not replace human judgment in patient-related decisions, and repeatedly stressed the importance of maintaining humans in the loop and ensuring accountability for final decisions.

When asked about cost savings, Lakeland Care explained that AI has produced operational efficiencies and allowed existing staff to manage increased workloads. However, she noted that the technology remains relatively new, making it difficult to draw firm conclusions about long-term financial impacts.

Testimony from Health Practitioner Educators

Discussion during this group focused on the need to train healthcare professionals to use AI responsibly while maintaining professional judgment. Speakers from UW School of Medicine, Medical College of Wisconsin, and Nicolet College emphasized that clinicians will increasingly encounter AI tools throughout their careers and must understand both the capabilities and limitations of those technologies.

Dr. Eric Tartula from UW School of Medicine encouraged thoughtful integration of AI education into medical training programs so future physicians can effectively evaluate AI-generated recommendations while retaining responsibility for patient care decisions.

Erica Neilitz from Nicolet College discussed AI use within nursing education and argued that AI is already embedded in the daily experiences of nursing students. She encouraged educational approaches that allow students to use AI in controlled environments that promote critical thinking rather than simply providing answers.

Neilitz emphasized the importance of protecting nursing judgment, professional autonomy, and patient advocacy. She argued that AI should strengthen the nursing workforce rather than serve as a substitute for nurses and noted that effective use of technology can allow nurses to spend more time caring directly for patients.

Testimony from the Office of the Commissioner of Insurance

Commissioner of Insurance Nathan Houdek described ongoing work by the National Association of Insurance Commissioners (NAIC) on artificial intelligence governance. Wisconsin chaired the NAIC's Big Data and AI Working Group during 2026, and approximately 25 states have adopted the organization's AI model bulletin.

Houdek discussed the AI Risk Evaluation Supplement, which was developed to assist regulators in understanding how insurers are using AI systems. The supplement includes exhibits related to AI use, governance structures, risk management programs, and model data. Wisconsin participated in a multi-state pilot involving 12 states and insurers from various sectors.

He explained that participating Wisconsin companies were highly engaged in the process and that the pilot has provided valuable learning opportunities for regulators. Houdek recommended that Wisconsin continue coordinating with other states through the NAIC process to promote regulatory consistency while awaiting additional evidence regarding the effectiveness of different policy approaches.

Testimony from the American Psychological Association

Vaile Wright from the American Psychological Association discussed the growing role of AI in mental healthcare. She observed that many individuals interact with AI systems daily without realizing it and noted that ChatGPT reportedly serves hundreds of millions of users globally. She also highlighted concerns regarding large numbers of users discussing suicidal thoughts and intentions with conversational AI tools.

Wright explained that many individuals now seek mental health support through chatbots either instead of, or alongside, traditional therapy. While these tools may offer benefits due to their accessibility and human-like interactions, she cautioned that significant risks remain. As of the hearing, no conversational chatbot had received FDA clearance for delivering mental health treatment. She concluded by urging policymakers to modernize regulatory frameworks to better address the unique opportunities and risks associated with AI-powered mental health tools.

Testimony from Utah’s Office of Artificial Intelligence Policy

Zach Boyd, Director of Utah’s Office of Artificial Intelligence Policy, described Utah’s approach to AI regulation through a dedicated AI office and regulatory “sandbox” program designed to balance consumer protection, innovation, and continuous learning. Rather than regulating AI through broad new laws, Utah allows companies to apply for temporary pilot programs where AI-enabled healthcare tools can be tested under close oversight. Boyd explained that many of the applications involve “agentic AI,” where AI tools can take actions such as patient screening, medication management, prescription renewals, or care navigation, while operating within defined safeguards and human supervision. He emphasized that these technologies have the potential to expand access to care, reduce costs, and help address healthcare workforce shortages, particularly for routine or low-risk conditions.

Boyd noted that Utah’s sandbox model requires participating organizations to submit detailed deployment and safety plans, undergo third-party review, share outcomes with regulators, and operate under phased human oversight before broader deployment. He argued that real-world testing is essential because AI systems may perform differently in practice than in controlled testing environments. As a result, Utah has focused on collecting evidence about safety, effectiveness, governance, and accountability before pursuing permanent policy changes. Boyd recommended flexible, iterative regulation that allows innovation while maintaining strong oversight, independent auditing, and clear accountability. He also suggested that states explore regulatory sandbox models to evaluate emerging healthcare AI applications before determining whether broader legislative or regulatory action is needed.

Testimony from the Health Care Trust Institute

Tina Grande, President and CEO of the Health Care Trust Initiative, testified that AI is already improving healthcare through clinical decision support, medical imaging, patient communication tools, care coordination, and administrative functions such as scheduling and claims processing. She emphasized that AI should be viewed as a broad set of technologies with varying levels of risk,

rather than a single tool, and argued that policymakers should focus on how AI is being used and the potential consequences of its use rather than regulating all AI applications the same way. According to HTI, AI can improve patient outcomes, increase access to information, reduce administrative burden, and lower healthcare costs when deployed responsibly.

Grande recommended a risk-based regulatory framework that places the strongest safeguards on high-risk applications while allowing lower-risk uses to continue supporting innovation and improving care delivery. Key policy recommendations included maintaining meaningful human oversight for decisions that materially affect patients, requiring strong governance, privacy, security, transparency, and ongoing monitoring of AI systems, and relying on existing national frameworks such as the NIST AI Risk Management Framework and NAIC guidance for insurers. She cautioned against overly prescriptive regulations, broad consent or opt-out requirements, private rights of action, and inconsistent state-by-state requirements that could impede innovation and increase compliance burdens. Grande also stressed the importance of harmonizing AI and data privacy policies across states and strengthening protections for health data both inside and outside traditional HIPAA-covered entities.

Slide Decks from all presentations and memos from legislative council are available below:

- [Presentation, "The US Consumer Privacy Law Landscape," by Jordan Francis, Senior Policy Counsel for U.S. Legislation, Future of Privacy Forum](#)
- [Handout from Jordan Francis, Senior Policy Counsel for U.S. Legislation, Future of Privacy Forum, "Comprehensive Consumer Privacy Laws: The Baseline for Emerging Technology Regulations," Future of Privacy Forum](#)
- [Presentation, "AI IN MEDICAL PRACTICE: What patients can use today, and how state medical boards are responding," by Frank B. Meyers, Director, Regulatory Innovation and Member Services, Federation of State Medical Boards](#)
- [Presentation, "AI in Medical Imaging: Rise of the Machines," by Dr. Richard Bruce, Professor of Radiology and Vice Chair of Informatics, School of Medicine and Public Health, University of Wisconsin-Madison](#)
- [Presentation, "Considerations for use of AI in Healthcare," by Sara Kroenke, DNP, RN, CPHQ, Clinical Informatics Nurse Specialist, UnityPoint Health – Meriter](#)
- [Handout from Dr. Ramsey G. Larson, Family Medicine, Fort HealthCare, "THE WISCONSIN PROTECTING THE PRACTICE OF MEDICINE ACT: A Proposed Legislative Recommendation to the Wisconsin Legislative Council Study Committee on the Use of Artificial Intelligence in Health Care"](#)
- [Presentation, "Responsible AI in Healthcare: A Deployer's Perspective," by Sara Scheu, Transformation Business Partner, Marshfield Clinic](#)
- [Presentation, "Artificial Intelligence in Practice: A Community Health Center Perspective," by Dr. Nicole Mubanga, Chief Medical Officer, Outreach Community Health Centers](#)
- [Presentation, "Decrease Friction, Increase Intelligence, and Improve Healthcare," by Dr. Jackie Gerhart, Chief Medical Officer, Epic](#)
- [Presentation, "Salesforce PoV on AI in Health Care," by Karen Hay, Global Digital Transformation Executive, and Jeff Szczerbinski, Partner – State of Wisconsin, Salesforce](#)

- Presentation, “Building AI for care that stays on the wrist: What we have learned building a device people actually wear – where AI helps, what we do to keep it safe, and where the state could help,” by Deepak Arora, Founder and Chief Executive Officer, Wearable Technologies, Inc.
- Presentation, “AI in Behavioral Health: Which Use Cases to Trust, and Where to Put the Guardrails,” by Nick Myers, Director of AI Innovation, Recovery.com
- Memorandum from Erin Kennon, Legislative Liaison, DSPS; Tom Ryan, Executive Director, Medical Examining Board; and Dr. Gregory Schmeling, Chair, Wisconsin Medical Examining Board to the Legislative Council Study Committee on the Use of Artificial Intelligence, "Role of the Wisconsin Department of Safety and Professional Services (DSPS) and the Wisconsin Medical Examining Board (MEB) in Regulating Artificial Intelligence Use in the Practice of Medicine"
- Memorandum from Andrew Hanus, Policy Counsel, and Abbey Rude, Vice President Government Relations, Wisconsin Hospital Association, to Members of the Legislative Council Study Committee on the Use of Artificial Intelligence in Health Care, “Overview of AI Use in Wisconsin Hospitals and Policy Considerations”
- Memo No. 1, "Overview of 'Sandbox' Models; Wisconsin Bills Relating to Consumer Data Privacy and Artificial Intelligence; and Other States' Definitions of 'Artificial Intelligence'"
- Presentation, “The Role of Accreditation in Supporting Safe and Transparent AI In Health Care,” by Dr. Shawn Griffin, President and Chief Executive Officer, URAC
- Presentation, “2026 Legislative Council Study Committee: The Use of Artificial Intelligence in Health Care,” by Anne Treankler, Chief Analytics and Strategy Officer, Delta Dental of Wisconsin
- Presentation, “AI in Healthcare with The Alliance,” by Ryan Peterson, VP of IT, Analytics and Development, The Alliance
- Presentation, "Responsible AI in Medicaid Managed Long-Term Care: Practical Uses, Real Guardrails, and Human Accountability," by Sara Muhlbauer, Chief Executive Officer, Lakeland Care, Inc.
- Presentation, "Training physicians to use AI — without surrendering judgment," by Erick Tarula, Associate Professor of Neurology, School of Medicine and Public Health, University of Wisconsin-Madison
- Presentation, “AI in medical education: Training physicians for an AI-enabled healthcare system,” by Dr. John Hayes, Associate Professor, Department of Family and Community Medicine, Medical College of Wisconsin
- Presentation, “Preparing Nurses for AI-Enabled Practice: Education, professional judgment, and the human side of care,” by Erica Neilitz, MSN, RN, CNE®cl, Nursing Simulation Coordinator, School
- Presentation, “AI Regulation in Insurance Industry,” by Nathan Houdek, Commissioner of Insurance; Sarah Smith, Director of Public Affairs; Coral Manning, Policy Initiatives Advisor; and Libby Boer, Attorney, Office of the Commissioner of Insurance
- Presentation, “USE OF AI IN MENTAL HEALTH CARE” by Dr. C. Vaile Wright, Senior Director for Health Care Innovation, American Psychological Association
- Presentation, “Testimony on AI in Healthcare,” by Tina Olson Grande, President and Chief Executive Officer, Healthcare Trust Institute

- Materials Distributed by Justin Boge in support of a Badger Lens screen for health-technology policy
- Materials Distributed by Madeline Nevermann regarding the 2025 National Association of Insurance Commissioners (NAIC) Artificial Intelligence and Machine Learning (AI/ML) Survey Report