



# Coalition for Health AI

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## Federal AI Policy

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# Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence





# We released our Legislative Scan in September, looking at where the states are converging vs diverging on Health AI requirements

DESIGN

Transparency in AI Solution Design

## Training Data and Beyond



States do have broad agreement that some level of training data and provenance should be disclosed, but they diverge on audience, content, and enforcement, with some targeting state agencies, others favoring public disclosure.

Oklahoma HB 3577 and Pennsylvania HB 1663 require insurers to submit algorithms and training datasets to agencies, while California AB 412 and New York A 6578 emphasize public-facing dataset summaries. Some states go further and require more detailed information, for example bias mitigation steps, detailed testing and validation outputs, or model architecture.

## States Requiring Filing of Training Data with a Government Agency

### Oklahoma HB 3577 (2024)

Failed Insurers

An insurer shall submit the artificial intelligence-based algorithms and training data sets that are being used or will be used in the utilization review process to the Department for transparency (§303)

### Pennsylvania HB 1663 (2023)

Failed Insurers

An insurer shall submit the artificial intelligence-based algorithms and training data sets that are being used or will be used in the utilization review process to the department for transparency (Section 38)

## States Requiring Broader AI System Documentation

### North Carolina SB 624 (2025)

Pending Developers

Applicants for a health-information chatbot license must submit detailed documentation of the technical architecture and operational specifications, data collection, processing, storage and deletion practices, security measures and protocols, privacy protection mechanisms, quality control and testing procedures, risk assessment & mitigation strategies (§ 114B.35)(1a-d).

### Vermont HB 341 (2025)

Pending Deployers Developers

Each Artificial Intelligence System Safety and Impact Assessment must include: the purpose of the system, deployment context and intended use cases, the benefits of use, any foreseeable risks of unintended or unauthorized uses and mitigation steps, whether the model is proprietary, a description of the data processed or used for training, including whether that data has been processed to remove personal information, copyrighted material, and data designated as "do not train." It should also include a description of transparency measures, such as informing individuals when the system is in use, and identify any third-party AI systems or datasets the deployer relies on for training or operation. If the developer of the system offers from the developer, the assessment should state whether the developer disclosed this information and shared testing results, vulnerabilities, and software parameters. It should include a description of the data the system processes pre-deployment, the post-deployment monitoring and user safeguards in place, and the oversight process for addressing emerging issues. Finally, the assessment must explain how the model effects consequential decisions or the collection of biometric data. (§ 4793a (b)(1-13))

### Arkansas HB 1297 (2025)

Withdrawn Insurers

A healthcare insurer that offers, issues, renews, delivers, or extends a health benefit plan in this state shall disclose to the following through an equal model used the strengths and limitations of artificial intelligence-based algorithms, including without limitation known biases, performance variability, and predictions where artificial-based intelligence algorithms are more less effective, used or to be used in the healthcare insurer's utilization review process. The disclosure shall include the algorithm criteria, data sets used to train the algorithm, including mitigation of any known bias; the algorithm itself; a description of how the algorithm is used in an applied use case; the outcomes of the software or workflow in which the algorithm is used; and results of independent third-party validation for improved transparency and trustworthiness. (23-65-2102(a)(1-2))

## States Requiring Disclosure or Publication of Training Data / Dataset Summaries

### California AB 412 (2025)

Pending Developers

A developer of a GenAI model shall do all of the following: Document any covered materials that the developer knows were used by the developer to train the GenAI model. Make reasonable efforts to identify and document any other covered materials that were used by the developer to train the GenAI model. Make available information on the developer's internet. (§3716(a)(4))

### New York AB 6578 (2025)

Failed Developers

On or before January 1, 2026, the developer of a generative artificial intelligence model or service shall post on the developer's website documentation regarding the data used by the developer to train the generative artificial intelligence model or service. This includes the sources or contents of the datasets, a description of how the datasets further the intended purpose of the model or service; the number of data points included in the datasets, which may be expressed in ranges, with estimates for dynamic datasets; a description of the types of data points within the datasets; whether the datasets include any data protected by copyright, trademark, or patent, or whether they are entirely in the public domain; whether the datasets were purchased or licensed by the developer. (§ 1422)

### Virginia HB 2250 (2025)

Failed Developers

A developer of a generative artificial intelligence system or service that is made available in the Commonwealth for use, shall post on the developer's website the following information about the generative artificial intelligence training data set used to train the generative artificial intelligence system or service, including a description of each dataset used, including its name, source, size, contents (copyrighted, Do Not Train, personal, or illegal data), management steps, collection period, and whether synthetic data was used. (§ 59.1-609)

### Washington HB 1168 (2025)

Pending Developers

On or before January 1, 2026, the developer of a generative artificial intelligence model or service shall post on the developer's website documentation regarding the data used by the developer to train the generative artificial intelligence model or service. This includes a high-level summary of the datasets used to train the generative AI system, including their sources, purposes, size, types, licensing, personal or aggregate data, modifications, training dates, and whether synthetic data was used. (§ 2 (1)(a)(i)-(a)(ii))





## Who is CHAI?



We are an industry-led, public-private partnership committed to advancing AI in healthcare responsibly

We bring together the broad spectrum of interdisciplinary stakeholders in the US Health Ecosystem to drive the development, evaluation and appropriate use of Responsible AI in health.



# We Are The World's Largest Health AI Community

5,000

members driving  
consensus-driven innovation

100+

Professional organizations and  
patient advocacy groups,  
ensuring patient-centric work.

200+

Health system members, including  
MedStar Health, Mercy, Providence,  
Stanford Medicine and Mayo Clinic.

75%

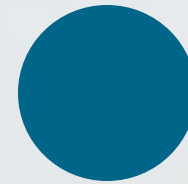
Of our members define  
themselves as “industry”,  
of which 24% are startups.





# Our Work

CHAI operates  
across four pillars



03

Certify



04

Educate



# When CHAI Started, There Was No Clear Definition Of Responsible AI

So, we coalesced our membership to arrive at a consensus-definition of what that means.

**The five core Principles of Responsible AI:**



Usefulness

Fairness

Safety

Transparency

Security and Privacy



Our community fed back that they wanted more applied resources. As such we are developing GitHub and open source tooling to existing and future workgroup content.

Here is the full map of workgroups within CHAI for 2025/6:

### Use Case Workgroups

Note Summarization	Ambient Scribes
General Health AI Chatbot	Mental Health Chatbot
Sepsis	Clinical Trial Recruitment
Prior Authorization	Payment Integrity
AI for Medicaid Eligibility	Agentic AI

### Cross-cutting Workgroups

Policy Workgroup	AI Governance
Model Card & Registry	Open-Source Tooling
Assurance Resource	Standards Mapping
International work	Risk Classification
Human-flourishing Project	Legal Workgroup

Not yet launched

Live



# How We Develop

01



**Convene** multidisciplinary group of CHAI members to define specific use case scope

02



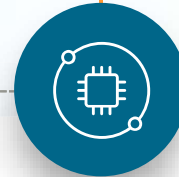
**Develop** use-case specific best practice guidance to add detail and applied context to existing Responsible AI Guide

03



**Define** use-case specific methods and metrics for testing and evaluation of responsible AI principles

04



Gain consensus on use-case specific responsible AI content

05



Share publicly, gather feedback and release new versions



# Assurance resources help train, test, validate, evaluate, and govern health AI systems

Our key assurance resources include:

01

Enabling  
Infrastructure

02

Access to high-  
quality real-  
world data

03

Model Testing  
and Validation

04

Governance  
Platforms



# Certified Governance

Governance Platforms that align to THE standard for health system AI governance

## Core Services

Inventorying  
Monitoring  
Local Validation  
Post-market validation  
AI Category  
CHAI Registry Enabled  
Governance Structure  
Policy



## SIGNAL 1

Verified Customers:

- 01 Inventory
- 02 Monitoring
- 03 CHAI Registry Enabled

Request Consultation



 ALIGNMT AI

Verified Customers:

- 01 Local Validation
- 02 Agentic AI
- 03 Post Market Validation

Request Consultation



 Pacific AI

Verified Customers:

- 01 Inventory
- 02 Governance Structure
- 03 Policy

Request Consultation



We've worked with model vendors and customers to define the essential data needed for AI model procurement

Vendors share as much as possible without compromising IP, ensuring transparency.

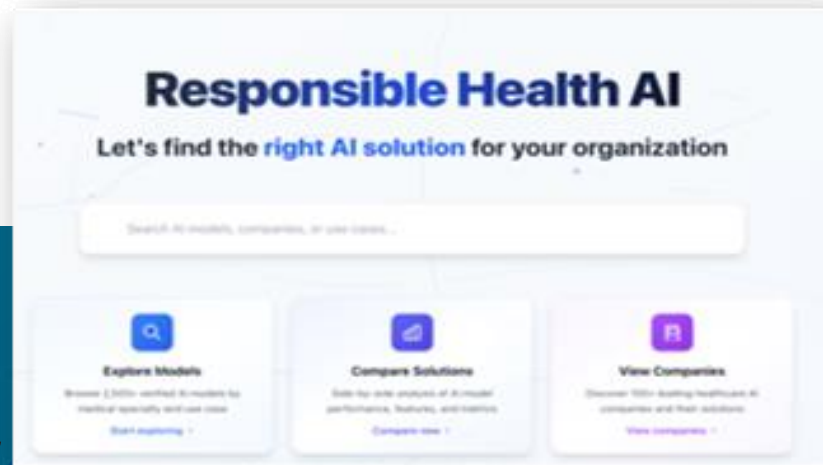
These model cards will be publicly available in an open-source national registry.





































Example model card template

Name: Developer:		Inquires or to report an issue: <a href="mailto:abc@abc.com">abc@abc.com</a> or +1 (999) 999- 9999	
Release Stage: Global Availability:		Release Date: Regulatory Approval, If applicable:	Version:
Summary:		Uses and Directions:	
Keywords:		<ul style="list-style-type: none"> <li>Intended use and workflow:</li> <li>Primary intended users:</li> <li>How to use:</li> <li>Targeted patient population:</li> <li>Cautioned out-of-scope settings and use cases:</li> </ul>	
<b>Warnings</b>			
<ul style="list-style-type: none"> <li>Known risks and limitations:</li> <li>Known biases or ethical considerations:</li> <li>Clinical risk level:</li> </ul>			
<b>Trust Ingredients</b>			
<b>AI System Facts:</b> <ul style="list-style-type: none"> <li>Outcome(s) and output(s):</li> <li>Model type:</li> <li>Foundation models used in application, if applicable:</li> <li>Input data source:</li> <li>Output/Input data type:</li> <li>Development data characterization:</li> <li>Bias mitigation approaches:</li> <li>Ongoing Maintenance:</li> <li>Security and compliance environment practices or accreditations, if applicable:</li> <li>Transparency, Intelligibility, and Accountability mechanisms, if applicable:</li> </ul>			
<b>Transparency Information:</b> <ul style="list-style-type: none"> <li>Funding source of the technical implementation:</li> <li>3rd Party Information, If Applicable:</li> <li>Stakeholders consulted during design of intervention (e.g. patients, providers):</li> </ul>			
<b>Key Metrics</b>			
Usefulness, Usability, and Efficacy		Fairness and Equity	Safety and Reliability
Goal of metric(s):		Goal of metric(s):	Goal of metric(s):
Result:	Interpretation:	Result:	Interpretation:
Test Type:		Test Type:	Test Type:
Testing Data Description:		Testing Data Description:	Testing Data Description:
Validation Process and Justification:		Validation Process and Justification:	Validation Process and Justification:
<b>Resources</b>			
<ul style="list-style-type: none"> <li>Evaluation References, If Available:</li> <li>Clinical Trial, If Available:</li> <li>Peer Reviewed Publication(s):</li> <li>Reimbursement status, if applicable:</li> <li>Patient consent or disclosure required or suggested:</li> <li>Stakeholders consulted during design of solution:</li> </ul>			



In June 2025, CHAI previewed the first-ever public registry for Health AI governance. Backed by 36 health systems & AI partners adopting Solution Cards:



Health Systems	Solution Providers	Supporters
 Cleveland Clinic  KAISER PERMANENTE	 Gesundai  Lyric	 American Heart Association
 Mercy  Memorial Sloan Kettering Cancer Center	 Ambience  Dyna.AI	Booz   Allen   Hamilton
 UMass Memorial  Providence	 OrbDoc  iodine	 avanade
 DukeHealth  RUSH	 BeeKeeperAI™  Healthvana	 ARIADNE LABS BETTER EVIDENCE
 SHARP  Mount Sinai	 Qualified Health  aidoc	 HARVARD UNIVERSITY
 Stanford MEDICINE	 bend  Penguin AI	
 UTHealth  Nabla	 COMPEAR HEALTH  innovaccer	
	 Ferrum  Dandelion	
	 ThetaRho  surescripts	
	 Biotale	



We're developing education programs on AI governance, team structures and provider-facing curriculum

In February 2025, CHAI launched an executive and professional education program with Florida State University College of Nursing

**empowering nurses to play an active role in shaping health AI.**



Nurses play a pivotal role in caring for patients and must be a part of the conversation when it comes to AI."

**Dr. Brian Anderson**  
CEO of CHAI

We plan to roll out further education programs with other professional bodies and institutions.





# Thank you.

Contact us at

[admin@chai.org](mailto:admin@chai.org)

# Let's keep talking!

