



Coalition for Health AI

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Director of
Strategy and
Policy

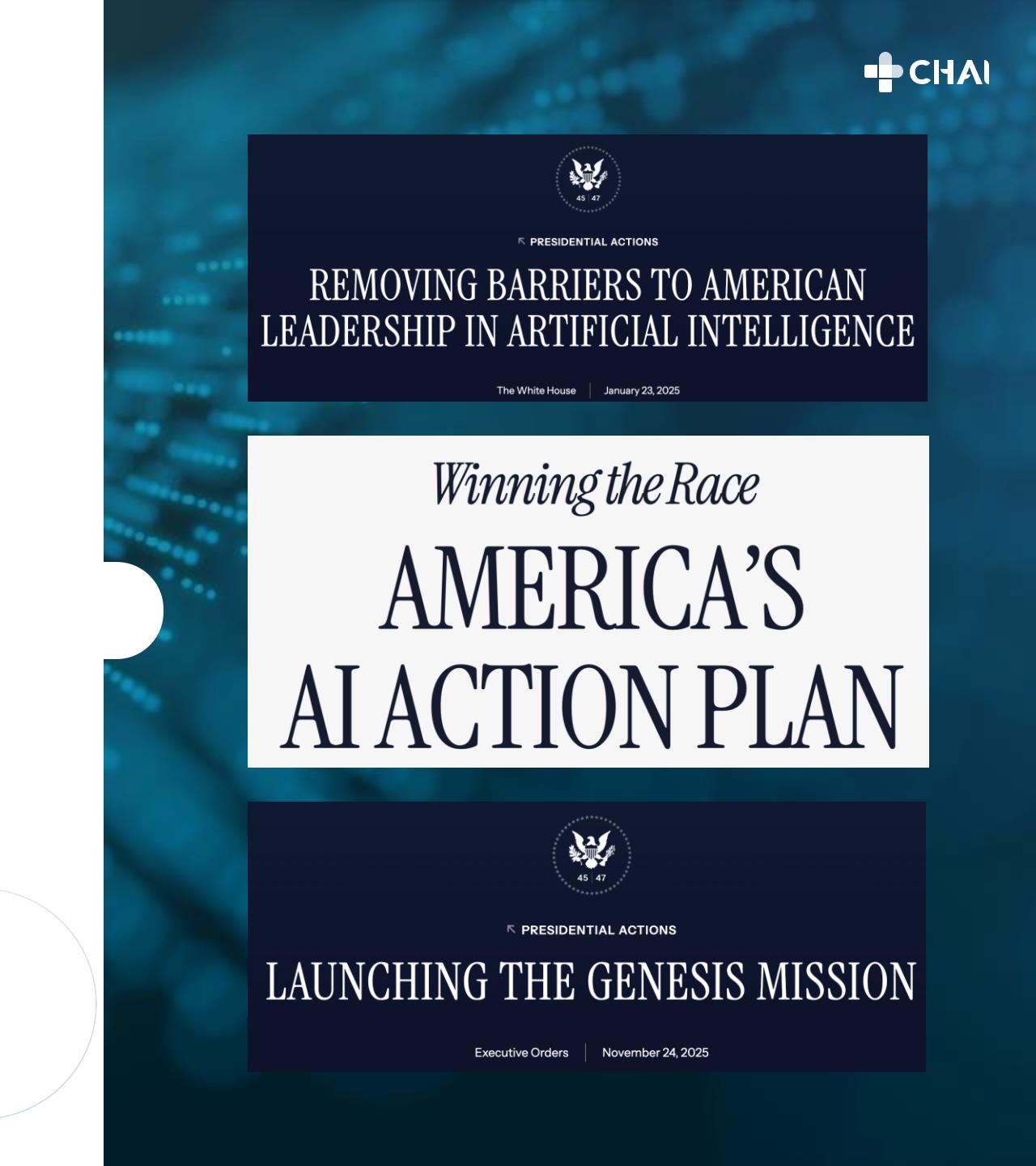
01/26/25



Federal AI Policy

OCTOBER 30, 2023

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 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 [§30][§].

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 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. [§3176(a)].

New York AB 6578 (2025)
 Pending Developers
 On or before January 1, 2026, the developer of a generative artificial intelligence model 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 owners of the datasets; a description of how the datasets were used to train the generative artificial intelligence 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; a description of the data's copyright status, including whether it is copyrighted, or patent, or whether they are entirely in the public domain; whether the datasets were purchased or licensed by the developer. [§ 1422].

North Carolina SB 624 (2025)
 Pending Developers
 Applicants for a health-information charter 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 [§ 148-3(b)(1a)-(2)].

Vermon HB 341 (2025)
 Pending 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, the data's source, the data's type, the data's size, the data's content, the data's copyright material, and data designated as "do not use". It should also include a description of transparency measures, such as informing individuals when the system is used to make a decision about them, and the developer's responsibility to the system's users. If the developer of the system differs from the deployer, the assessment should state whether the developer disclosed this information to the deployer, and if so, the date of disclosure, and the date the deployer relied on for training or operation. If the developer of the system differs from the deployer, the assessment should state whether the developer disclosed this information to the deployer, and if so, the date of disclosure, and the date the deployer relied on for training or operation. Finally, the assessment must explain how the model arrived at consequential decisions or the collection of biometric data. [§ 4193e (b)(1-3)].

Arkansas HB 1297 (2025)
 Withdrawn Insurers
 A healthcare insurer that offers, issues, renewes, delivers, or extends a health benefit plan in this state shall disclose to the following through an applied model card the strength of the algorithm, the data used to train the algorithm, the data used to test the algorithm, the limitation known biases, performance variability, and populations where artificial intelligence algorithms are more less effective, used or to be used in the healthcare system, the data used to train the algorithm, the data used to test the algorithm, the algorithm criteria, the algorithm itself, a description of how the algorithm is used in an applied model card, the data used to train the algorithm, the data used to test the algorithm, the algorithm's bias, the algorithm's performance variability or workflow in which the algorithm is used, and results of independent third-party validation for improved transparency and trustworthiness. [§23-37-202(1)(c)].

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 Disclosure or Publication of Training Data / Dataset Summaries

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Washington HB 1168 (2025)
 Pending Developers
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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+

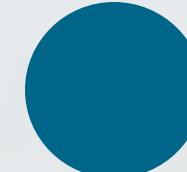
Health system members, including
MedStar Health, Mercy, Providence,
Stanford Medicine and Mayo Clinic.

75%

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

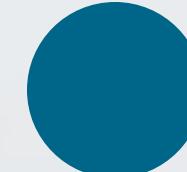
Our Work

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

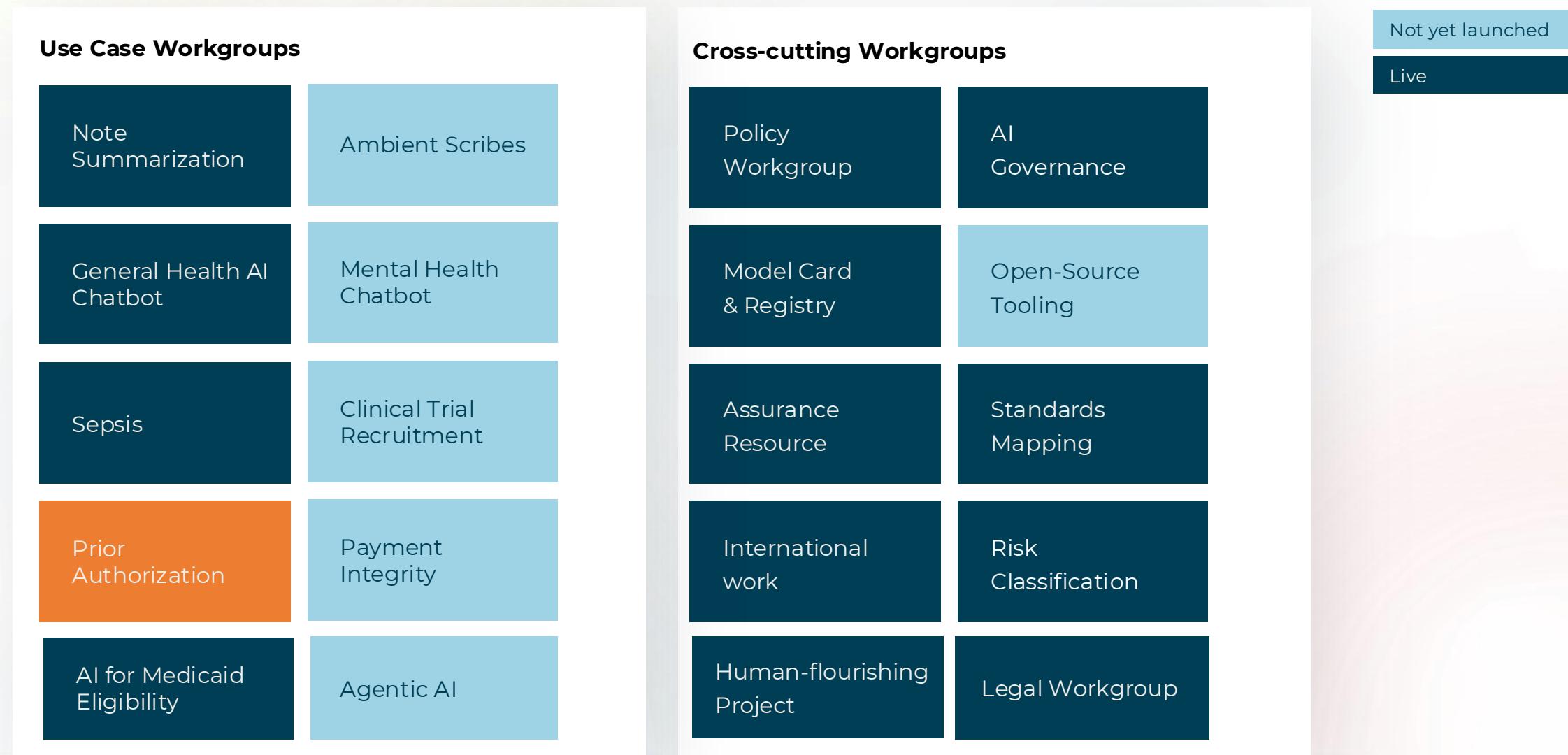
Safety

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:



How We Develop



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



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



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



Gain consensus on use-case specific responsible AI content



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

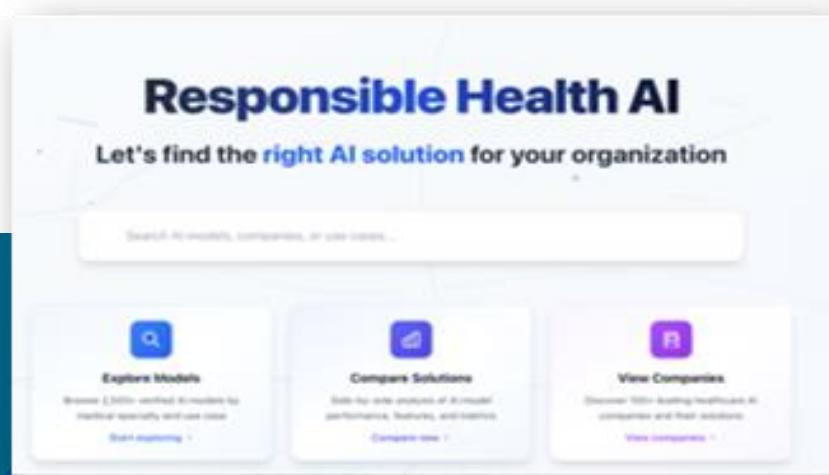
Vendors share as much as possible without compromising IP, ensuring transparency.

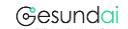
These model cards will be publicly available in an open-source national registry.

Example model card template

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

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
            	                  	 Booz Allen Hamilton   

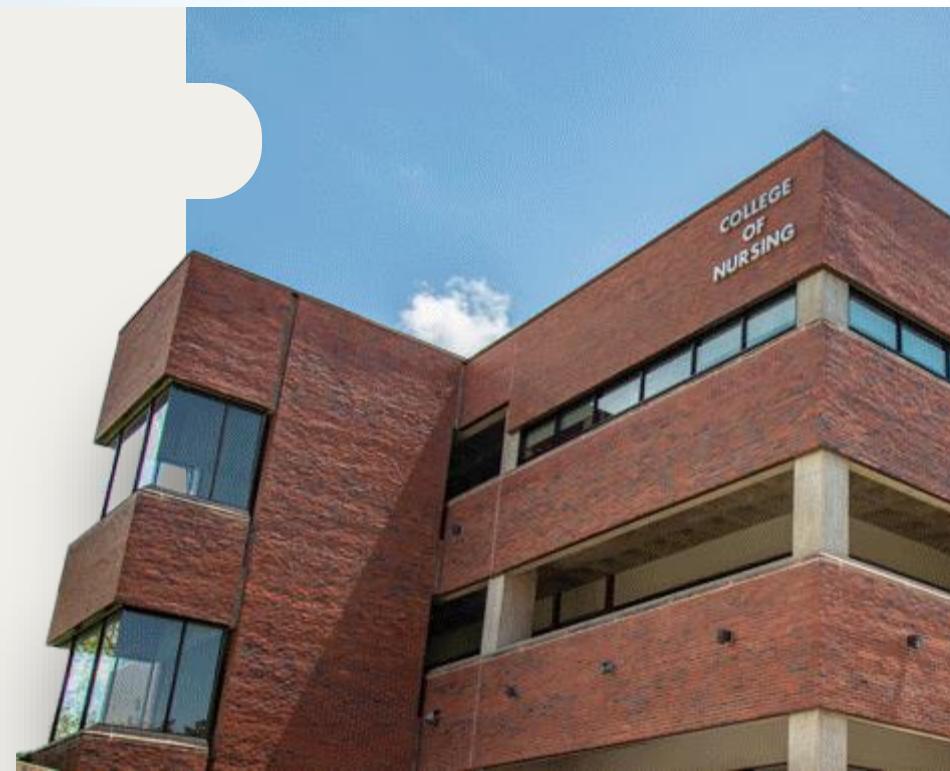
PUTTING
FIRST
®

NATIONAL HEALTH COUNCIL
Celebrating 100 Years

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

Let's keep talking!

