September 30, 2026

The Honorable Greg Landsman
United States House of Representatives
Washington, D.C. 20515

The Honorable Buddy Carter
United States House of Representatives
Washington, DC 20515

The Honorable Kim Schrier
United States House of Representatives
Washington, DC 20515

The Honorable Tom Barrett
United States House of Representatives
Washington, DC 20515

Re: Letter of Support for the DNAI Act

Dear Representatives Landsman, Carter, Schrier and Barrett::

The undersigned organizations write in strong support of your proposal, the Doctors Not AI (DNAI) Act (H.R. 10210). The DNAI Act is urgently needed to protect patient access to care and preserve the practice of medicine.

Health plans are increasingly using predictive models, algorithms, and AI-powered utilization review tools to evaluate claims and determine "medical necessity." When these systems issue or materially determine denials, patients—particularly those with mental health and other chronic conditions—can lose access to medically necessary care. The use of AI to deny care also overrides clinical judgment, eliminates transparency, and adds to administrative burden. The result is reduced patient access and frustrated physicians forced to sell their independent practices, and a reduction in patient choice, especially in rural areas. Insurance decisions affecting someone's mental health care, cancer treatment, or hospital stay should never be dictated by an algorithm—they should be made by qualified health professionals.

Insurers are investing heavily in automated review tools that reduce their costs while shifting financial and administrative burdens onto patients and clinicians. The resulting burden is accelerating practice consolidation, with only about 42% of physicians remaining in independent, physician-owned practices today and the number of independent rural physicians falling 43% between 2019 and 2024, leaving rural patients with fewer choices and longer drives for care. Importantly, the DNAI Act allows insurance plans and issuers to use AI as a tool to enhance efficiency and legitimately reduce administrative costs. But it prohibits them denying care by substituting AI for the clinical judgment of licensed medical practitioners.

The DNAI Act helps patients by:

- **Ensuring AI plays only a supporting role**: prohibits AI from issuing or making adverse benefit determinations involving medical judgment and requires that medical-necessity denials be made by a licensed health care professional with appropriate expertise.
- **Protects independent clinical judgment:** requires an independent evaluation of the patient's individual circumstances and prohibits treating AI outputs as presumptively valid.
- **Increases transparency**: requires disclosure when AI is used in review, includes AI-generated outputs in the administrative record, and makes documentation available to patients upon request.

- **Reinforces mental health parity:** treats AI use in mental health care as a treatment limitation to be subject to evaluation under the Mental Health Parity Law, helping prevent disproportionate algorithmic scrutiny of mental health and substance use disorder care.

When health coverage is denied, the consequences include delayed treatment, financial strain, worsening health conditions, and in some cases, life-threatening harm. Americans expect that decisions about their care will be made by qualified professionals exercising independent medical judgment—not by automated systems designed primarily for cost containment. The DNAI Act restores that balance, and we thank you for introducing this important legislation. Thank you for your leadership on this important issue; we welcome the opportunity to discuss it further.

Sincerely,

Inseparable
Active Minds
American Academy of Child and Adolescent Psychiatry (AACAP)
American Association for Psychoanalysis in Clinical Social Work
American Association of Psychiatric Pharmacists
American Association on Health and Disability
American College of Physicians
American Counseling Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Osteopathic Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association Services
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare (AABH)
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Crisis Residential Association
Depression and Bipolar Support Alliance (DBSA)
Eating Disorders Coalition for Research, Policy & Action
Gaining Momentum
Global Alliance for Behavioral Health and Social Justice
International Certification and Reciprocity Consortium
International Society of Psychiatric-Mental Health Nurses
Lakeshore Foundation
Legal Action Center
Meadows Mental Health Policy Institute
Mental Health America
National Alliance on Mental Illness
National Association for Behavioral Healthcare
National Association of Social Workers
National Board for Certified Counselors
National Council for Mental Wellbeing

National Disability Rights Network
National Eating Disorders Association
National Register of Health Service Psychologists
Psychotherapy Action Network (PsiAN)
REDC
SMART Recovery
The Jed Foundation
The Kennedy Forum
The National Alliance to Advance Adolescent Health
The Trevor Project
Tourette Association of America