



MEMORANDUM

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| DATE | December 23, 2025 |
| TO | California Board of Behavioral Sciences, Policy & Advocacy Committee |
| FROM | Rosanne Helms, Legislative Manager |
| SUBJECT | Consideration of Artificial Intelligence (AI) Regulation and Disclosure Requirements for Licensees and Registrants |

Background

As the use of artificial intelligence (AI) becomes more widespread, there is growing discussion about the role licensing boards should play in its regulation. Recently, the California Legislature took an initial step in this area with the passage of AB 489 (Bonta, Chapter 615, Statutes of 2025). AB 489 prohibits a person or entity who develops or deploys an artificial intelligence system from having that system represent or imply that it is a licensed health care provider by utilizing prohibited terms, letters or phrases. It makes violations subject to the jurisdiction of the applicable licensing board.

Regulating AI use requires striking a balance between avoiding overregulation that could stifle future technologies, while ensuring the public is protected from being misled or harmed. It may be prudent for the Board to consider adopting regulations similar to those governing advertising and telehealth, so that licensees and registrants have clear guidance on safe practice and disclosure requirements.

AI Listening Session

On November 12, 2025, Board staff hosted a listening session via Webex titled “BBS Lunch Time Listening Session: Artificial Intelligence in Mental Health Practice”. The purpose of the listening session was to gather insight and perspectives of professionals on the use of AI in mental health practice. This session featured a panel with representatives from the California Association of Marriage and Family Therapy (CAMFT), the National Association of Social Workers-California chapter (NASW-CA), and the California Alliance of Child and Family Services. Panelists responded to questions developed by staff addressing the potential benefits and risks of AI use in mental health practice, as well as ethical considerations relevant to practitioners, educators, students, and trainees. Feedback collected through a post-session survey indicated great interest among the participants in receiving additional ethical and legal guidance from the Board regarding the use of AI in mental health practice.

A link to the listening session can be found [here](#).

Organizational Efforts

Numerous mental health professional organizations are actively exploring how to utilize AI safely and ethically. Many have developed guidelines to assist with this effort.

The **National Board for Certified Counselors (NBCC)** published a document titled “*Comparative Analysis of AI Guidelines in Professional Counseling: Evaluation of Emerging Standards in AI-Assisted Mental Health Care*” (June 2025), which summarizes the similarities and differences among guidelines issued by several professional organizations. (See **Attachment A**.)

The American Association of State Counseling Boards (AASCB) created a document titled “*Supporting the Safe and Ethical use of AI in Mental Health Counseling*” (November 2024) (**Attachment B**). The document is intended to support state licensing boards in their public protection duty as AI tools become more widespread in mental health practice.

State Efforts

States have begun to develop laws regarding the use of AI in mental health therapy as well. Below are four examples.

Illinois: In August 2025, the Governor of Illinois signed the “Wellness and Oversight for Psychological Resources Act” into law.

The new law prohibits any person or entity from offering therapy by any means other than by a licensed professional. AI may only be used to provide administrative or supplementary support. The law defines administrative support as a task to assist a licensee in the delivery of therapy that does not involve communication, such as managing appointment scheduling and reminders or processing billing and insurance. Supplementary support is defined as tasks that assist a therapist in the delivery of therapy that do not involve therapeutic communication and that are not administrative support, such as maintaining client records and therapy notes or using data to track client progress. Use of supplementary support requires specified client disclosure and consent. (See **Attachment C** for the text of the law.)

Pennsylvania: Pennsylvania has proposed House Bill 1993 for its 2025-2026 Regular Session (**Attachment D**). Their proposal has many similarities with the Illinois law. The definitions of administrative support and supplementary support are essentially the same. The bill prohibits a mental health professional from using artificial intelligence to assist in supplementary support unless specified client disclosure and consent is obtained. It also prohibits an AI provider from making any representation or statement indicating that the system provides therapy services or that it is a therapist and prohibits programming an AI system to provide mental health therapy.

Florida: Florida has proposed House Bill 281 for its 2026 session (**Attachment E**). The bill would prohibit the state’s licensed or registered mental health professionals from using AI in their practice, except to assist in administrative or supplementary support services, or to record or transcribe a session if written informed consent is obtained at least 24 hours prior. It lists examples of permitted administrative or supplementary support services, including managing appointment scheduling, drafting general logistical communications that do not involve therapeutic advice, processing billing and insurance, managing patient records, and analyzing data for operational purposes.

Nevada: Nevada’s AB 406 was signed into law by its governor and became effective on July 1, 2025 (**Attachment F**).

Nevada’s law prohibits an AI provider from representing or programming an AI system to represent or state that the system is a therapist or that it is capable of providing professional mental or behavioral health care, or that a user can obtain that type of care from it. Additionally, an AI system cannot be programmed to provide services in the scope of practice of a mental health professional.

The law also prohibits a mental health provider from using AI to provide mental and behavioral health care to a patient, except when using it for administrative support tasks which include scheduling, managing records, billing, analyzing data for operational purposes, or organizing and tracking files or notes. If a therapist uses AI for any of these authorized purposes, they need to make sure that use complies with all applicable state and federal patient privacy and security laws, and they also must independently review the accuracy of any report, data, or information compiled or analyzed.

Recommendation

Conduct an open discussion regarding the Board’s role in regulating AI in mental health therapy, and any next steps the members wish to pursue.

Attachments

- **Attachment A:** National Board for Certified Counselors’ “*Comparative Analysis of AI Guidelines in Professional Counseling: Evaluation of Emerging Standards in AI-Assisted Mental Health Care*” (June 2025)
- **Attachment B:** American Association of State Counseling Boards’ (AASCB) “*Supporting the Safe and Ethical use of AI in Mental Health Counseling*” (November 2024)
- **Attachment C:** Illinois Law
- **Attachment D:** Pennsylvania Proposed Law
- **Attachment E:** Florida Proposed Law
- **Attachment F:** Nevada Law

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Comparative Analysis of AI Guidelines in Professional Counseling: Evaluation of Emerging Standards in AI-Assisted Mental Health Care

The National Board for Certified Counselors has undertaken a comparative analysis of Artificial Intelligence (AI) guidelines across major counseling organizations. The evaluation revealed several key similarities and important distinctions in their approaches to AI integration in counseling practice. The five major counseling organizations that have issued AI guidance include:

National Board for Certified Counselors (NBCC)

[Ethical Principles for Artificial Intelligence in Counseling](#)

American Counseling Association (ACA)

[Recommendations For Practicing Counselors and Their Use Of AI](#)

[Artificial Intelligence, Assessment, & Diagnosis](#)

[Further Recommendations Regarding The Future Of AI In Counseling](#)

American Mental Health Counselors Association (AMHCA)

[AMHCA Code of Ethics Addendum: Addressing Artificial Intelligence: 2023](#)

The Association for Addiction Professionals (NAADAC)

[The National Certification Commission for Addiction Professionals Code of Ethics](#)

American Association of State Counseling Boards (AASCB)

[Supporting the Safe and Ethical Use of AI in Mental Health Counseling](#)

Key Similarities Among Counseling Organizations

| | NBCC | ACA | AMHCA | NAADAC | AASCB |
|--|--|-----|-------|--------|-------|
| Primacy of Human Relationship and Professional Judgment | <ul style="list-style-type: none"> • All organizations emphasize that the therapeutic relationship must remain central and uncompromised by AI integration • Consistent agreement that AI tools should enhance rather than replace professional clinical judgment • Consistent emphasis on counselor accountability for client outcomes • Shared emphasis on maintaining the interpersonal nature of counseling • Universal recognition that AI serves a supportive rather than primary role in treatment • Common focus on preserving the essential human elements of therapeutic interaction | | | | |
| Client Protection and Rights | <ul style="list-style-type: none"> • Comprehensive requirements for informed consent regarding AI use in treatment • Detailed provisions for protecting client privacy and confidentiality • Shared emphasis on client autonomy in deciding whether to participate in AI-assisted services • Common focus on transparent communication about AI capabilities and limitations • Universal requirement to prioritize client welfare over technological efficiency • Shared commitment to protecting vulnerable populations from AI-related risks | | | | |
| Data Security and Privacy Standards | <ul style="list-style-type: none"> • Rigorous requirements for HIPAA compliance in AI applications • Shared emphasis on secure data storage and transmission • Common standards for data encryption and protection • Universal guidelines for controlling access to AI-processed client information • Consistent requirements for secure deletion of client data when no longer needed • Shared protocols for handling data breaches or security incidents | | | | |
| Professional Competency Requirements | <ul style="list-style-type: none"> • Comprehensive understanding of AI capabilities and limitations required before implementation • Ongoing professional development requirements regarding AI technologies • Shared emphasis on understanding ethical implications of AI use • Common requirement for demonstrated proficiency in AI-assisted tools • Universal focus on maintaining clinical expertise independent of AI assistance • Shared commitment to staying current with AI developments and best practices | | | | |
| Ethical Decision-Making Framework | <ul style="list-style-type: none"> • Consistent emphasis on applying established ethical principles to AI integration • Shared requirement for regular evaluation of AI effectiveness • Common focus on balancing innovation with client protection • Universal guidelines for handling ethical dilemmas involving AI • Shared emphasis on documentation of AI-related decisions • Consistent approach to risk assessment and management | | | | |

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| Quality Assurance and Monitoring | <ul style="list-style-type: none"> • Regular evaluation of AI tool effectiveness required by all organizations • Shared emphasis on monitoring client outcomes in AI-assisted treatment • Common requirements for documentation of AI use and impact • Universal focus on quality control in AI-assisted services • Shared protocols for reporting AI-related concerns or incidents • Consistent requirements for ongoing assessment of AI integration |
| Cultural Competency and Bias Prevention | <ul style="list-style-type: none"> • Universal recognition of potential AI bias and discrimination • Shared commitment to ensuring AI tools are culturally responsive • Common requirements for assessing AI tools for cultural sensitivity • Consistent emphasis on serving diverse populations effectively • Shared focus on preventing algorithmic bias in clinical applications • Universal guidelines for culturally appropriate AI implementation |
| Professional Boundaries and Responsibilities | <ul style="list-style-type: none"> • Clear delineation of counselor responsibilities when using AI tools • Shared emphasis on maintaining professional boundaries • Common guidelines for appropriate scope of AI use • Universal focus on counselor accountability • Shared protocols for supervision and consultation regarding AI • Consistent standards for professional conduct in AI-assisted practice |
| Research and Evidence-Based Practice | <ul style="list-style-type: none"> • Shared commitment to evidence-based implementation of AI tools • Common emphasis on contributing to AI research in counseling • Universal focus on evaluating AI effectiveness • Shared requirement for staying informed about AI research • Consistent approach to integrating research findings into practice • Common guidelines for participating in AI-related research |
| Client Education and Empowerment | <ul style="list-style-type: none"> • Universal emphasis on educating clients about AI use in treatment • Shared focus on empowering clients to make informed decisions • Common guidelines for discussing AI limitations and capabilities • Consistent approach to addressing client concerns about AI • Shared commitment to maintaining client autonomy • Universal requirements for ongoing client communication about AI use |

Notable Differences Among Counseling Organizations in AI Guidance

| | NBCC | ACA | AMHCA | NAADAC | AASCB |
|-------------------------|--|--|---|--|---|
| Scope and Specificity | Framework <ul style="list-style-type: none"> Provides comprehensive, step-by-step implementation guidelines Includes specific procedural requirements for AI integration Offers detailed protocols for different clinical scenarios Maintains strict alignment with existing ethical frameworks Establishes clear boundaries for AI tool utilization | Framework <ul style="list-style-type: none"> Centers core ethical principles and theoretical foundations Focuses on adaptable guidelines that can evolve with technology Encourages professional judgment in AI application Promotes innovative approaches to AI integration Emphasizes the importance of research-based decision making | Framework <ul style="list-style-type: none"> Concentrates specifically on technology-supported counseling Emphasizes practical implementation in clinical settings Provides targeted guidance for specific technology applications Focuses on immediate clinical concerns and solutions Maintains a narrower scope of technological consideration | Framework <ul style="list-style-type: none"> Applies traditional ethical principles to new technology Takes a more generalized approach to AI integration Emphasizes flexibility in application Focuses on fundamental counseling principles Maintains broader interpretative guidelines | Framework <ul style="list-style-type: none"> Centers on public protection and regulatory compliance Establishes minimum standards for AI use in licensed practice Provides specific guidelines for scope of practice boundaries Focuses on risk management and liability considerations Emphasizes state-specific regulatory requirements |
| Implementation Strategy | Systematic Approach <ul style="list-style-type: none"> Provides detailed implementation timelines Includes specific compliance checkpoints Offers structured assessment tools Establishes clear accountability measures Maintains comprehensive documentation requirements | Research-Based <ul style="list-style-type: none"> Emphasizes evidence-based implementation Promotes pilot testing and evaluation Encourages continuous assessment and adaptation Focuses on outcome measurement Supports innovative implementation methods | Client-Centered <ul style="list-style-type: none"> Prioritizes client autonomy in technology adoption Emphasizes informed consent processes Focuses on practical application in clinical settings Maintains emphasis on safety and effectiveness Promotes transparent communication about technology use | Principle-Based <ul style="list-style-type: none"> Adapts existing frameworks to new technology Emphasizes professional judgment Maintains focus on core ethical principles Promotes flexible implementation approaches Emphasizes practitioner discretion | Compliance-Focused <ul style="list-style-type: none"> Requires documented compliance with state regulations Establishes clear boundaries for AI use in clinical practice Mandates specific documentation requirements Creates standardized reporting procedures Emphasizes liability protection and risk management |

| | NBCC | ACA | AMHCA | NAADAC | AASCB |
|--------------------------|--|---|---|---|--|
| Professional Development | Structured Training <ul style="list-style-type: none"> Requires specific AI competency benchmarks Maintains detailed supervision requirements Establishes clear training pathways Includes assessment of technological competence Requires ongoing professional development | Research-Oriented Approach <ul style="list-style-type: none"> Emphasizes understanding of empirical evidence Promotes research participation Focuses on evidence-based practice Encourages innovative approaches Supports continuous learning | Practical Skill Development <ul style="list-style-type: none"> Focuses on immediate clinical application Emphasizes safety and risk management Promotes practical technology skills Maintains focus on client protection Emphasizes hands-on experience | Cultural Competency Focus <ul style="list-style-type: none"> Emphasizes cultural awareness in technology use Promotes bias recognition and mitigation Focuses on diverse population needs Maintains emphasis on inclusive practice Supports culturally sensitive implementation | Licensure-Oriented Training <ul style="list-style-type: none"> Establishes minimum AI competency requirements for licensure Defines continuing education requirements for AI use Specifies supervision requirements for AI-assisted practice Requires demonstration of AI competency for license renewal Mandates regular updates on AI-related skills and knowledge |
| Research and Innovation | Assessment-Focused Research <ul style="list-style-type: none"> Emphasizes testing and validation studies Focuses on practical application research Maintains emphasis on measurement accuracy Promotes standardized assessment approaches Supports evidence-based tool development | Comprehensive Research Agenda <ul style="list-style-type: none"> Promotes extensive research initiatives Encourages innovation in AI applications Supports experimental approaches Emphasizes outcome measurement Promotes collaborative research efforts | Applied Research <ul style="list-style-type: none"> Focuses on clinical effectiveness studies Emphasizes practical outcomes Promotes real-world application research Maintains focus on safety studies Supports practice-based evidence | Evaluation-Centered Approach <ul style="list-style-type: none"> Emphasizes assessment of existing tools Focuses on outcome evaluation Promotes practical effectiveness research Maintains emphasis on quality measurement Supports continuous improvement studies | Evidence-Based Standards <ul style="list-style-type: none"> Requires validation of AI tools used in licensed practice Emphasizes protection of public interest in AI adoption Establishes criteria for acceptable AI applications Focuses on regulatory compliance in research applications Maintains emphasis on client protection in innovation |

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ATTACHMENT B



Supporting the Safe and Ethical Use of AI in Mental Health Counseling

State licensing boards in mental health counseling safeguard the public by ensuring that licensed professionals meet the minimum qualifications necessary for safe and ethical practice. As technological advancements, particularly in artificial intelligence (AI), continue to integrate into clinical practice, licensing boards ensure that new technologies enhance the quality of care without compromising client safety, privacy, or the therapeutic relationship.

The purpose of this document is to support state licensing boards in upholding their duty to protect the public from harm as licensees use AI tools in clinical practice. This document has three sections. The first section includes information for board members. It offers information on how to think about and evaluate a board's role in protecting the public from harm within their scope of responsibility. The second section offers guidance to boards as they monitor how licensees use AI. The third section contains resources that boards can adapt and send to licensees to help licensees evaluate whether to use artificial intelligence as a tool.

November 2024

AI Education for Boards

Technology and AI can be found in all aspects of mental health care delivery.

- a. Clinical Tools
 - i. Therapeutic Techniques
 - ii. Books and Educational Resources
 - iii. Assessment Tools
 - iv. Treatment Planning Tools
- b. Practice Management and Administrative Tools
 - i. Electronic Health Record
 - ii. Scheduling Software
 - iii. Billing and Insurance Management
 - iv. Telehealth Platforms
 - v. Licensing and Credentialing Platforms
- c. Communication and Collaboration Tools
 - i. Client Portal
 - ii. Secure Messaging to Clients or Other Providers
- d. Client Engagement Tools
 - i. Educational or Training Content
 - ii. Digital Interventions, such as mood logs

Licensed Counselors remain responsible for the care they provide, regardless of the tools they use.



Some of the concerns about AI in mental health care include privacy, efficacy, and bias. Licensed Counselors are responsible for their ability to understand and explain how AI is used in care, the potential benefits and risks to their clients, and allow clients to opt out of AI being used in their care, even if that results in some clients seeking care elsewhere. While bias has been found in some AI tools and programs, it has also been demonstrated to be reduced or eliminated in other tools and programs. The Licensed Counselor remains accountable for making the best clinical judgment for the diagnosis and care of their clients.

To stay abreast of technology and AI advancements board members and licensees should learn from reputable and knowledgeable people in the field. Learning opportunities come in the forms of workshops, presentations, conferences, articles, and publications, and talking to experts in both building and using technology in mental health care.

Guidance For Boards as They Navigate Licensees Use of AI in Clinical Practice

Boards should respond to errors, adverse outcomes, and complaints related to the use of AI the same way they would respond to any complaint. Here are a few topics that specifically relate to using AI in clinical practice:

- Licensees are accountable for the care they deliver, regardless of the tools they use to assist or augment their clinical practice. Having used any tools in practice, AI or analog, does not alter the licensee's responsibility for their professional judgment in the care delivered.
- Licensees are expected to evaluate tools before selecting them for use, looking for ethical and responsible development that actively works to reduce bias and improve the standard of care for all.
- Informed Consent forms should include the following information:
 - a. All third-party information sharing, including technology and AI tools
 - b. Potential risks and benefits to the client because of using those tools
 - c. Any outsourced services that use their AI tools or technology (answering service, billing service, on-call service, etc.)
 - d. Clients should have the opportunity to opt out of those tools being used in their care, even if that results in their seeking care elsewhere
- Licensees are expected to improve the tools by giving feedback to the developers if clients or counselors have any unexpected experiences. Topics for feedback may include:
 - a. Clinical relevance
 - b. Cultural relevance
 - c. Technical / User experience
- Licensees may not use tools that deliver services outside the licensee's scope of practice.
- Licensees should consider what non-practice-related technologies are present in counseling sessions and take steps to secure clients' privacy and confidentiality. For example, smart speakers and smartphones that are always listening should be turned off and secured when the licensee is in session.
- Tools used in practice should enhance care and should not interfere with human relationships. Decades of research consistently find the basis of effective care is the relationship between humans:
 - Therapeutic alliance (counselor and client for care to work)
 - Natural support system (family, friends, co-workers for outcomes to sustain)
- Licensees are held accountable to the following training standards and qualifications for practice when using AI and emerging technologies:
 - a. Federal Laws & Regulations
 - a. Health Insurance Portability and Accountability Act (HIPAA)
 - b. Family Educational Rights and Privacy Act (FERPA)

- c. 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)
- b. State Laws & Regulations (Tennessee for Example)
 - a. Tennessee Code Annotated (TCA) Title 63, Chapter 22 (Professional Counselors, Marital and Family Therapists, Clinical Pastoral Therapists)
 - b. Tennessee Department of Health Rules and Regulations for Licensed Professional Counselors
- c. Professional Association Guidelines & Codes of Ethics
 - a. ACA [2014 Code of Ethics](#)
 - b. ACA [Recommendations for Practicing Counselors and Their Use of AI](#)
 - c. AMHCA [Code of Ethics](#)
 - d. NBCC [Ethical Principles for Artificial Intelligence in Counseling](#)

Resources For Boards to Distribute to Licensees to Support the Ethical Use of AI in Clinical Practice

Existing Rules & Regulations licensees are held accountable to:

- a. Federal Laws & Regulations
 - i. Health Insurance Portability and Accountability Act (HIPAA)
 - ii. Family Educational Rights and Privacy Act (FERPA)
 - iii. 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)
- b. State Laws & Regulations (Tennessee, for Example)
 - i. Tennessee Code Annotated (TCA) Title 63, Chapter 22 (Professional Counselors, Marital and Family Therapists, Clinical Pastoral Therapists)
 - ii. Tennessee Department of Health Rules and Regulations for Licensed Professional Counselors
- c. Professional Association Guidelines & Codes of Ethics
 - i. ACA [2014 Code of Ethics](#)
 - ii. ACA [Recommendations for Practicing Counselors and Their Use of AI](#)
 - iii. NBCC [Ethical Principles for Artificial Intelligence in Counseling](#)

Recommended Informed Consent Clauses to add – see Appendix A

Licensees should use great caution when considering using AI tools in crisis management care. When in doubt, licensees should handle all crisis situations with a human response. AI holds great promise in supporting crisis care, however many crisis innovations are in development or are only available within large organizations. Licensees must consider the limitations of the tools they have access to before engaging any tools in crisis management. For example, chatbots that have no escalation protocols may not be safe or effective.

To stay abreast of technology and AI advancements licensees should learn from reputable and knowledgeable people in the field. Learning opportunities come in the form of

workshops, presentations, conferences, articles, and publications, and talking to experts in both building and using technology in mental health care.

Appendix A

Informed Consent for Mental Health Counseling with AI Support

Welcome! We're excited to work with you on your journey to better mental health. Our goal is to provide you with the best care possible, and that includes using advanced tools like Artificial Intelligence (AI) to support your treatment. This document will explain how AI is used, the potential benefits and risks, and your rights regarding its use. Please read this carefully and ask any questions you might have.

1. What is AI and How is it Used in Your Care?

Artificial Intelligence (AI) is a technology that helps us analyze information and provide personalized support. In our mental health counseling services, AI might be used to:

- **Analyze Your Progress:** AI tools can help track your mood, identify patterns, and offer insights to your therapist.
- **Provide Resources:** AI may recommend helpful articles, activities, or exercises based on your needs.
- **Enhance Communication:** AI tools can assist in scheduling appointments and reminding you of important tasks.
- **Provide Administrative Support:** AI may be used to complete the required documentation that your provider/counselor/therapist reviews and approves before being entered into your record

2. Benefits of Using AI in Your Care

- **Personalized Support:** AI helps tailor recommendations and resources specifically to your needs.
- **Timely Insights:** By analyzing your data, AI can provide quick feedback and suggest adjustments to your treatment plan.
- **Convenience:** AI tools can make scheduling and communication more efficient, helping you stay on track with your care.
- **Attention:** Your provider/counselor/therapist's attention can be on you and your care while AI tools manage documentation or other tasks related to your care.

3. Risks and Considerations

- **Privacy:** While we take steps to protect your data, no system is completely immune to breaches. We use secure technology to keep your information safe.
 - **How we treat your data:** Your data will be stored within the HIPAA-compliant tools we select, never on an individual's device.

- **How the tools we select treat your data:** Any tools we select for use will capture data, in some cases including audio or video recordings, with your consent. The data is securely stored, accessed only by authorized individuals, and disposed of according to strict regulations to protect your privacy. Here is a high-level overview of how our tools treat your data:
- **Data Collection:** The data is collected, translated into text, and then integrated into the electronic health record and/or data set.
- **Secure Storage:** The data is stored on secure servers that are HIPAA compliant to ensure your information is kept confidential and secure.
- **Access Control:** Only authorized personnel can access your data. This might only include your provider/counselor/therapist or could include researchers with proper permissions and your consent.
- **Retention Policies:** We have policies that dictate how long data should be stored that meet our obligations set forth by both laws and codes of ethics that govern our practice.
- **Secure Deletion:** When it is time to dispose of the data – either because it has reached the end of its retention period, or it is no longer needed – the organization uses secure methods to permanently erase the data from servers so that it cannot be recovered.
- **Audit Trails:** Our AI tools maintain records of when data was accessed and deleted to ensure accountability and compliance with regulations.
- **Accuracy:** AI is a tool to assist in care but is not perfect. Human oversight is always involved to ensure the quality of your treatment.
- **Dependence:** Overreliance on AI tools might sometimes affect personal interaction with your therapist. We strive to balance technology with human connection.

4. Your Rights and Choices

- **Opting Out:** You have the right to decline the use of AI tools in your care. If you choose to opt-out, it may mean seeking care through other providers or methods. We are here to support you in finding the best path for your needs.
- **Questions and Concerns:** If you have any questions or concerns about the use of AI in your counseling, please let us know. We're happy to discuss your options and provide more information.

5. Your Consent

By signing below, you acknowledge that you have read and understood the information provided, including the use of AI in your mental health counseling. You consent to the use of AI tools as described and understand your right to opt-out at any time.

If you have any questions or need further clarification, please don't hesitate to ask. We're here to support you every step of the way!

Signature:_____ **Date:**_____



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ATTACHMENT C

ILLINOIS LAW

HB1806 Enrolled

LRB104 07364 AAS 17404 b

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the
5 Wellness and Oversight for Psychological Resources Act.

6 Section 5. Purpose. The purpose of this Act is to
7 safeguard individuals seeking therapy or psychotherapy
8 services by ensuring these services are delivered by
9 qualified, licensed, or certified professionals. This Act is
10 intended to protect consumers from unlicensed or unqualified
11 providers, including unregulated artificial intelligence
12 systems, while respecting individual choice and access to
13 community-based and faith-based mental health support.

14 Section 10. Definitions. In this Act:

15 "Administrative support" means tasks performed to assist a
16 licensed professional in the delivery of therapy or
17 psychotherapy services that do not involve communication.

18 "Administrative support" includes, but is not limited to, the
19 following:

- 20 (1) managing appointment scheduling and reminders;
21 (2) processing billing and insurance claims; and
22 (3) drafting general communications related to therapy

1 logistics that do not include therapeutic advice.

2 "Artificial intelligence" has the meaning given to that
3 term in Section 2-101 of the Illinois Human Rights Act.

4 "Consent" means a clear, explicit affirmative act by an
5 individual that: (i) unambiguously communicates the
6 individual's express, freely given, informed, voluntary,
7 specific, and unambiguous written agreement, including a
8 written agreement provided by electronic means, and (ii) is
9 revocable by the individual. "Consent" does not include an
10 agreement that is obtained by the following:

11 (1) the acceptance of a general or broad terms of use
12 agreement or a similar document that contains descriptions
13 of artificial intelligence along with other unrelated
14 information;

15 (2) an individual hovering over, muting, pausing, or
16 closing a given piece of digital content; or

17 (3) an agreement obtained through the use of deceptive
18 actions.

19 "Department" means the Department of Financial and
20 Professional Regulation.

21 "Licensed professional" means an individual who holds a
22 valid license issued by this State to provide therapy or
23 psychotherapy services, including:

24 (1) a licensed clinical psychologist;

25 (2) a licensed clinical social worker;

26 (3) a licensed social worker;

- 1 (4) a licensed professional counselor;
- 2 (5) a licensed clinical professional counselor;
- 3 (6) a licensed marriage and family therapist;
- 4 (7) a certified alcohol and other drug counselor
- 5 authorized to provide therapy or psychotherapy services;
- 6 (8) a licensed professional music therapist;
- 7 (9) a licensed advanced practice psychiatric nurse as
- 8 defined in Section 1-101.3 of the Mental Health and
- 9 Developmental Disabilities Code; and
- 10 (10) any other professional authorized by this State
- 11 to provide therapy or psychotherapy services, except for a
- 12 physician.

13 "Peer support" means services provided by individuals with

14 lived experience of mental health conditions or recovery from

15 substance use that are intended to offer encouragement,

16 understanding, and guidance without clinical intervention.

17 "Religious counseling" means counseling provided by clergy

18 members, pastoral counselors, or other religious leaders

19 acting within the scope of their religious duties if the

20 services are explicitly faith-based and are not represented as

21 clinical mental health services or therapy or psychotherapy

22 services.

23 "Supplementary support" means tasks performed to assist a

24 licensed professional in the delivery of therapy or

25 psychotherapy services that do not involve therapeutic

26 communication and that are not administrative support.

1 "Supplementary support" includes, but is not limited to, the
2 following:

3 (1) preparing and maintaining client records,
4 including therapy notes;

5 (2) analyzing anonymized data to track client progress
6 or identify trends, subject to review by a licensed
7 professional; and

8 (3) identifying and organizing external resources or
9 referrals for client use.

10 "Therapeutic communication" means any verbal, non-verbal,
11 or written interaction conducted in a clinical or professional
12 setting that is intended to diagnose, treat, or address an
13 individual's mental, emotional, or behavioral health concerns.

14 "Therapeutic communication" includes, but is not limited to:

15 (1) direct interactions with clients for the purpose
16 of understanding or reflecting their thoughts, emotions,
17 or experiences;

18 (2) providing guidance, therapeutic strategies, or
19 interventions designed to achieve mental health outcomes;

20 (3) offering emotional support, reassurance, or
21 empathy in response to psychological or emotional
22 distress;

23 (4) collaborating with clients to develop or modify
24 therapeutic goals or treatment plans; and

25 (5) offering behavioral feedback intended to promote
26 psychological growth or address mental health conditions.

1 "Therapy or psychotherapy services" means services
2 provided to diagnose, treat, or improve an individual's mental
3 health or behavioral health. "Therapy or psychotherapy
4 services" does not include religious counseling or peer
5 support.

6 Section 15. Permitted use of artificial intelligence.

7 (a) As used in this Section, "permitted use of artificial
8 intelligence" means the use of artificial intelligence tools
9 or systems by a licensed professional to assist in providing
10 administrative support or supplementary support in therapy or
11 psychotherapy services where the licensed professional
12 maintains full responsibility for all interactions, outputs,
13 and data use associated with the system and satisfies the
14 requirements of subsection (b).

15 (b) No licensed professional shall be permitted to use
16 artificial intelligence to assist in providing supplementary
17 support in therapy or psychotherapy where the client's
18 therapeutic session is recorded or transcribed unless:

19 (1) the patient or the patient's legally authorized
20 representative is informed in writing of the following:

21 (A) that artificial intelligence will be used; and

22 (B) the specific purpose of the artificial
23 intelligence tool or system that will be used; and

24 (2) the patient or the patient's legally authorized
25 representative provides consent to the use of artificial

1 intelligence.

2 Section 20. Prohibition on unauthorized therapy services.

3 (a) An individual, corporation, or entity may not provide,
4 advertise, or otherwise offer therapy or psychotherapy
5 services, including through the use of Internet-based
6 artificial intelligence, to the public in this State unless
7 the therapy or psychotherapy services are conducted by an
8 individual who is a licensed professional.

9 (b) A licensed professional may use artificial
10 intelligence only to the extent the use meets the requirements
11 of Section 15. A licensed professional may not allow
12 artificial intelligence to do any of the following:

13 (1) make independent therapeutic decisions;

14 (2) directly interact with clients in any form of
15 therapeutic communication;

16 (3) generate therapeutic recommendations or treatment
17 plans without review and approval by the licensed
18 professional; or

19 (4) detect emotions or mental states.

20 Section 25. Disclosure of records and communications. All
21 records kept by a licensed professional and all communications
22 between an individual seeking therapy or psychotherapy
23 services and a licensed professional shall be confidential and
24 shall not be disclosed except as required under the Mental

ATTACHMENT C

ILLINOIS LAW

HB1806 Enrolled

- 7 -

LRB104 07364 AAS 17404 b

Health and Developmental Disabilities Confidentiality Act.

Section 30. Enforcement and penalties.

(a) Any individual, corporation, or entity found in violation of this Act shall pay a civil penalty to the Department in an amount not to exceed \$10,000 per violation, as determined by the Department, with penalties assessed based on the degree of harm and the circumstances of the violation. The civil penalty shall be assessed by the Department after a hearing is held in accordance with Section 2105-100 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. An individual, corporation, or entity found in violation of this Act shall pay the civil penalty within 60 days after the date of an order by the Department imposing the civil penalty. The order shall constitute a judgment and may be filed and executed in the same manner as any judgment from a court of record.

(b) The Department shall have authority to investigate any actual, alleged, or suspected violation of this Act.

Section 35. Exceptions. This Act does not apply to the following:

- (1) religious counseling;
- (2) peer support; and
- (3) self-help materials and educational resources that are available to the public and do not purport to offer

1 therapy or psychotherapy services.

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1993 Session of
2025

INTRODUCED BY SHUSTERMAN, PROBST, PIELLI, HILL-EVANS, RIVERA,
HOHENSTEIN, FRANKEL, SANCHEZ, HADDOCK, GREEN, SCOTT, SMITH-
WADE-EL AND WAXMAN, OCTOBER 24, 2025

REFERRED TO COMMITTEE ON PROFESSIONAL LICENSURE,
OCTOBER 24, 2025

AN ACT

1 Providing for the use of artificial intelligence in mental
2 health therapy and for enforcement.

3 The General Assembly of the Commonwealth of Pennsylvania
4 hereby enacts as follows:

5 Section 1. Short title.

6 This act shall be known and may be cited as the Artificial
7 Intelligence in Mental Health Therapy Act.

8 Section 2. Definitions.

9 The following words and phrases when used in this act shall
10 have the meanings given to them in this section unless the
11 context clearly indicates otherwise:

12 "Administrative support." A task performed to assist a
13 mental health professional with the logistics of an appointment
14 that does not involve therapeutic communication, including:

- 15 (1) managing appointment scheduling and reminders;
16 (2) processing billing and insurance claims; and
17 (3) drafting general communications related to therapy

1 logistics that do not include therapeutic advice.

2 "Artificial intelligence." As follows:

3 (1) A machine-based system that can, for a given set of
4 human-defined objectives, make predictions, recommendations
5 or decisions influencing real or virtual environments,
6 including the ability to:

7 (i) perceive real and virtual environments;

8 (ii) abstract perceptions made under this paragraph
9 into models through analysis in an automated manner; and

10 (iii) use model inference to formulate options for
11 information or action based on outcomes under
12 subparagraph (i) or (ii).

13 (2) The term includes generative artificial
14 intelligence.

15 "Consent." As follows:

16 (1) A clear, explicit affirmative act by an individual
17 that:

18 (i) unambiguously communicates the individual's
19 express, freely given, informed, voluntary, specific and
20 unambiguous written agreement, including a written
21 agreement provided by electronic means; and

22 (ii) is revocable by the individual.

23 (2) The term does not include an agreement that is
24 obtained by the following:

25 (i) The acceptance of a general or broad terms of
26 use agreement or similar document that contains
27 descriptions of artificial intelligence along with other
28 unrelated information.

29 (ii) An individual hovering over, muting, pausing or
30 closing a given piece of digital content.

1 (iii) An agreement obtained through the use of
2 deceptive actions.

3 "Generative artificial intelligence." The class of
4 artificial intelligence models that emulate the structure and
5 characteristics of input data in order to generate derived
6 synthetic content, including images, videos, audio, text and
7 more.

8 "Mental health professional." An individual who is licensed,
9 certified or otherwise authorized to administer or provide
10 professional mental health care or counseling under:

11 (1) the act of May 22, 1951 (P.L.317, No.69), known as
12 The Professional Nursing Law;

13 (2) the act of March 23, 1972 (P.L.136, No.52), known as
14 the Professional Psychologists Practice Act;

15 (3) the act of October 5, 1978 (P.L.1109, No.261), known
16 as the Osteopathic Medical Practice Act;

17 (4) the act of December 20, 1985 (P.L.457, No.112),
18 known as the Medical Practice Act of 1985; or

19 (5) the act of July 9, 1987 (P.L.220, No.39), known as
20 the Social Workers, Marriage and Family Therapists and
21 Professional Counselors Act.

22 "Peer support." Services provided by individuals with lived
23 experience of mental health conditions or recovery from
24 substance use that are intended to offer encouragement,
25 understanding and guidance without clinical intervention.

26 "Permitted use of artificial intelligence." Administrative
27 support or supplementary support in therapy or psychotherapy for
28 which the mental health professional maintains full
29 responsibility for all interactions, outputs and data use
30 associated with the system.

1 "Religious counseling." Counseling provided by clergy
2 members or pastoral counselors or other religious duties if the
3 services are explicitly faith-based and are not represented as
4 clinical mental health services or therapy or psychotherapy
5 services.

6 "Supplementary support." A task performed to assist a mental
7 health professional in the delivery of therapy or psychotherapy
8 services that does not involve therapeutic communication and
9 that is not administrative support, including:

10 (1) preparing and maintaining client records, including
11 therapy notes;

12 (2) analyzing anonymized data to track client progress
13 or identify trends, subject to review by a mental health
14 professional; and

15 (3) identifying and organizing external resources or
16 referrals for client use.

17 "Therapeutic communication." A verbal, nonverbal or written
18 interaction conducted in a clinical or professional setting that
19 is intended to diagnose, treat or address an individual's
20 mental, emotional or behavioral health concerns, including the
21 following:

22 (1) Direct interaction with clients for the purpose of
23 understanding or reflecting their thoughts, emotions or
24 experiences.

25 (2) Providing guidance, therapeutic strategies or
26 interventions designed to achieve mental health outcomes.

27 (3) Offering emotional support, reassurance or empathy
28 in response to psychological or emotional distress.

29 (4) Collaborating with clients to develop or modify
30 therapeutic goals or treatment plans.

(5) Offering behavioral feedback intended to promote psychological growth or address mental health conditions.

"Therapy or psychotherapy services." Services provided to diagnose, treat or improve an individual's mental health or behavioral health. The term does not include religious counseling or peer support.

Section 3. Permitted use of artificial intelligence.

A mental health professional shall not be permitted to use artificial intelligence to assist in providing supplementary support in therapy or psychotherapy services for which the client's therapeutic session is recorded or transcribed unless:

(1) The patient or the patient's legally authorized representative is informed in writing:

(i) that artificial intelligence will be used; and

(ii) the specific purpose of the artificial intelligence tool or system that will be used.

(2) The patient or the patient's legally authorized representative provides consent to the use of artificial intelligence.

Section 4. Prohibition on unauthorized therapy services.

(a) Prohibited statements.--An artificial intelligence provider shall not make any representation or statement or knowingly cause or program an artificial intelligence system made available for use by a person in this Commonwealth to make any representation or statement that explicitly or implicitly indicates that:

(1) the artificial intelligence system is capable of providing therapy or psychotherapy services;

(2) a user of the artificial intelligence system may interact with any feature of the artificial intelligence

1 system which simulates human conversation in order to obtain
2 therapy or psychotherapy services; or

3 (3) the artificial intelligence system, or any
4 component, feature, avatar or embodiment of the artificial
5 intelligence system, is:

6 (i) a provider of therapy or psychotherapy;

7 (ii) a mental health professional;

8 (iii) a therapist;

9 (iv) a clinical therapist;

10 (v) a counselor;

11 (vi) a psychiatrist;

12 (vii) a doctor; or

13 (viii) any other provider of therapy or

14 psychotherapy services.

15 (b) Certain system prohibited.--An artificial intelligence
16 provider shall not make available for use by a person in this
17 Commonwealth an artificial intelligence system that is
18 specifically programmed to provide a service or experience to a
19 user that would constitute the practice of a mental health
20 professional if provided by a natural person.

21 (c) Use of artificial intelligence.--A mental health
22 professional may use artificial intelligence only to the extent
23 that the use meets the requirements of section 3. A mental
24 health professional may not allow artificial intelligence to:

25 (1) make independent therapeutic decisions;

26 (2) directly interact with a client in any form of
27 therapeutic communication;

28 (3) generate therapeutic recommendations or treatment
29 plans without review and approval by the mental health
30 professional; or

1 (4) detect emotions or mental states.

2 Section 5. Enforcement.

3 A violation of this act shall constitute unprofessional
4 conduct under the following provisions of law, including a
5 substantively similar provision of a successor act:

6 (1) Section 14(a)(9) of the act of May 22, 1951
7 (P.L.317, No.69), known as The Professional Nursing Law.

8 (2) Section 8(11) of the act of March 23, 1972 (P.L.136,
9 No.52), known as the Professional Psychologists Practice Act.

10 (3) Section 15(a)(8) of the act of October 5, 1978
11 (P.L.1109, No.261), known as the Osteopathic Medical Practice
12 Act.

13 (4) Section 41(8) of the act of December 20, 1985
14 (P.L.457, No.112), known as the Medical Practice Act of 1985.

15 (5) Section 11(a)(2) of the act of July 9, 1987
16 (P.L.220, No.39), known as the Social Workers, Marriage and
17 Family Therapists and Professional Counselors Act.

18 Section 6. Exceptions.

19 This act does not apply to:

20 (1) religious counseling;

21 (2) peer support; or

22 (3) self-help materials and educational resources that
23 are available to the public and do not purport to offer
24 therapy or psychotherapy services.

25 Section 7. Effective date.

26 This act shall take effect in 60 days.

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ATTACHMENT E
FLORIDA PROPOSED LAW

HB 281

2026

A bill to be entitled
An act relating to the use of artificial intelligence
in psychological, clinical, counseling, and therapy
services; creating ss. 490.016 and 491.019, F.S.;
defining the term "artificial intelligence";
prohibiting the use of artificial intelligence in the
practice of psychology, clinical social work, marriage
and family therapy, and mental health counseling;
providing exceptions; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

**Section 1. Section 490.016, Florida Statutes, is created
to read:**

490.016 Use of artificial intelligence.—

(1) As used in this section, the term "artificial
intelligence" means any machine-based system that varies in
level of autonomy and that, for any explicit or implicit
objective, infers from the inputs the system receives how to
generate outputs, including, but not limited to, content,
decisions, predictions, or recommendations that can influence
physical or virtual environments.

(2) Except as otherwise provided in this section, a
licensee may not use artificial intelligence in the practice of
psychology or school psychology. A licensee may use artificial

26 intelligence to:

27 (a) Assist in administrative or supplementary support
28 services. Administrative and supplementary support services
29 include, but are not limited to, all of the following:

30 1. Managing appointment scheduling and reminders.

31 2. Drafting general communications related to therapy
32 logistics that do not involve therapeutic advice.

33 3. Processing billing and insurance claims.

34 4. Preparing and managing patient records.

35 5. Analyzing data for operational purposes.

36 (b) Record or transcribe a counseling or therapy session
37 if a licensee obtains written, informed consent at least 24
38 hours before the provision of services.

39 **Section 2. Section 491.019, Florida Statutes, is created**
40 **to read:**

41 491.019 Use of artificial intelligence.—

42 (1) As used in this section, the term "artificial
43 intelligence" means any machine-based system that varies in
44 level of autonomy and that, for any explicit or implicit
45 objective, infers from the inputs the system receives how to
46 generate outputs, including, but not limited to, content,
47 decisions, predictions, or recommendations that can influence
48 physical or virtual environments.

49 (2) Except as otherwise provided in this section, a
50 licensee, registered intern, or certificateholder may not use

51 artificial intelligence in the practice of clinical social work,
52 marriage and family therapy, or mental health counseling. A
53 licensee, registered intern, or certificateholder may use
54 artificial intelligence to:

55 (a) Assist in administrative or supplementary support
56 services. Administrative and supplementary support services
57 include, but are not limited to, all of the following:

- 58 1. Managing appointment scheduling and reminders.
59 2. Drafting general communications related to therapy
60 logistics that do not involve therapeutic advice.
61 3. Processing billing and insurance claims.
62 4. Preparing and managing patient records.
63 5. Analyzing data for operational purposes.

64 (b) Record or transcribe a counseling or therapy session
65 if a licensee, registered intern, or certificateholder obtains
66 written, informed consent at least 24 hours before the provision
67 of services.

68 **Section 3.** This act shall take effect July 1, 2026.

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ATTACHMENT F

NEVADA LAW

Assembly Bill No. 406—Assemblymembers
Jackson and Nadeem

CHAPTER.....

AN ACT relating to health; prohibiting certain uses of artificial intelligence in public schools; requiring the Department of Education to develop a policy concerning certain uses of artificial intelligence; imposing certain restrictions relating to the marketing and programming of artificial intelligence systems; prohibiting certain persons from representing themselves as qualified to provide mental or behavioral health care; imposing certain restrictions relating to the use of artificial intelligence by providers of mental or behavioral health care; providing civil penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prescribes the authority and duties of a school counselor, school psychologist and school social worker. (NRS 391.293, 391.294, 391.296) **Section 2** of this bill prohibits a public school from using artificial intelligence to perform the functions and duties of a school counselor, school psychologist or school social worker which relate to the mental health of pupils. **Section 2** additionally requires the Department of Education to develop a policy for the use of artificial intelligence by such school employees while providing therapy, counseling or other mental or behavioral health services to pupils. **Section 2** requires the policy to include a method for the Department to examine the accuracy and efficacy of the use of artificial intelligence for such purposes.

Existing law: (1) regulates the practice and requires the licensure of certain mental health professionals, including psychiatrists, psychologists, marriage and family therapists, clinical professional counselors, registered nurses, social workers, alcohol and drug counselors and problem gambling counselors; and (2) prohibits unlicensed persons from engaging in the practices of those professions. (Chapters 630, 632, 633 and 641-641C of NRS) **Section 7** of this bill prohibits, with certain exceptions, an artificial intelligence provider from offering to users in this State an artificial intelligence system that is specifically programmed to provide a user with a service or an experience that would constitute the practice of professional mental or behavioral health care if provided by a natural person. **Section 7** also prohibits, with certain exceptions, an artificial intelligence provider or a natural person who is not licensed to practice professional mental or behavioral health care from making certain representations that would lead a person to believe that the provider, the artificial intelligence system operated by the provider or the natural person is capable of or qualified to provide mental or behavioral health care. **Section 8** of this bill imposes certain restrictions and prohibitions on the use of an artificial intelligence system by a licensed provider of mental and behavioral health care.



EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~forbidden material~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. (Deleted by amendment.)

Sec. 2. Chapter 391 of NRS is hereby amended by adding thereto a new section to read as follows:

1. A public school, including, without limitation, a charter school or university school for profoundly gifted pupils, shall not use artificial intelligence to perform the functions and duties of a school counselor, school psychologist or school social worker as prescribed in NRS 391.293, 391.294 and 391.296, respectively, which relate to the mental health of pupils.

2. The Department shall develop a policy for the use of artificial intelligence by a school counselor, school psychologist, school social worker or other educational personnel while providing therapy, counseling or other mental or behavioral health services to pupils. The policy developed pursuant to this subsection must include, without limitation, a method for the Department to examine the accuracy and efficacy of any artificial intelligence used for such purposes. The Department may collaborate with the Division of Public and Behavioral Health of the Department of Health and Human Services in developing the policy.

3. The provisions of subsection 1 do not prohibit a school counselor, school psychologist, school social worker or other educational personnel from using artificial intelligence in accordance with the policy developed pursuant to subsection 2 or to perform tasks for administrative support, which may include, without limitation:

- (a) Scheduling;*
- (b) Managing records;*
- (c) Analyzing data for operational purposes; and*
- (d) Organizing, tracking and managing files or notes pertaining to a pupil.*

4. As used in this section, “artificial intelligence” means a machine-based system that, for any explicit or implicit objective, infers from the inputs the system receives how to generate outputs, including, without limitation, content, decisions, predictions or recommendations, that can influence physical or virtual environments.

Secs. 3-6. (Deleted by amendment.)



Sec. 7. Chapter 433 of NRS is hereby amended by adding thereto a new section to read as follows:

1. An artificial intelligence provider shall not make any representation or statement or knowingly cause or program an artificial intelligence system made available for use by a person in this State to make any representation or statement that explicitly or implicitly indicates that:

(a) The artificial intelligence system is capable of providing professional mental or behavioral health care;

(b) A user of the artificial intelligence system may interact with any feature of the artificial intelligence system which simulates human conversation in order to obtain professional mental or behavioral health care; or

(c) The artificial intelligence system, or any component, feature, avatar or embodiment of the artificial intelligence system is a provider of mental or behavioral health care, a therapist, a clinical therapist, a counselor, a psychiatrist, a doctor or any other term commonly used to refer to a provider of professional mental health or behavioral health care.

2. An artificial intelligence provider shall not make available for use by a person in this State an artificial intelligence system that is specifically programmed to provide a service or experience to a user that would constitute the practice of professional mental or behavioral health care if provided by a natural person.

3. A natural person shall not represent himself or herself as being qualified to provide professional mental or behavioral health care, including, without limitation, by using the title of “therapist,” “psychotherapist” or “counselor,” or any similar title, if the person does not possess a valid credential issued by a governmental entity that authorizes the person to practice professional mental or behavioral health care in this State.

4. The Division:

(a) May investigate potential violations of this section.

(b) May bring an action to recover a civil penalty pursuant to subsection 5.

(c) Shall deposit any money received from a civil penalty into the State General Fund.

(d) Shall develop and disseminate to the public educational materials which contain:

(1) Information describing how a person may obtain professional mental or behavioral health care from a licensed or certified provider of professional mental or behavioral health care.



(2) Information about free or low-cost services or options that are available to persons in this State who are experiencing a mental or behavioral health crisis.

(3) Recommended best practices relating to the use or potential use of artificial intelligence by a person who is seeking care or relief from a mental or behavioral health condition, or who is experiencing a mental or behavioral health event, which may include, without limitation, recommendations concerning the circumstances under which such a person should seek the assistance or care of a provider of professional mental or behavioral health care.

5. A person who violates any provision of subsection 1, 2 or 3 is subject to a civil penalty not to exceed \$15,000 per violation.

6. This section shall not be construed to prohibit:

(a) Any advertisement, statement or representation for or relating to materials, literature and other products which are meant to provide advice and guidance for self-help relating to mental or behavioral health, if the material, literature or product does not purport to offer or provide professional mental or behavioral health care.

(b) Offering or operating an artificial intelligence system that is designed to be used by a provider of professional mental or behavioral health care to perform tasks for administrative support in conformity with subsection 2 of section 8 of this act.

7. As used in this section:

(a) “Artificial intelligence provider” means a person who operates or provides an artificial intelligence system.

(b) “Artificial intelligence system” means a machine-based system that, for any explicit or implicit objective, infers from the inputs the system receives how to generate outputs, including, without limitation, content, decisions, predictions or recommendations, that can influence physical or virtual environments.

(c) “Professional mental or behavioral health care”:

(1) Means mental or behavioral health care or services relating to the diagnosis, treatment or prevention of mental illnesses or emotional or behavioral disorders which are typically provided by a provider of mental or behavioral health care within his or her authorized scope of practice.

(2) Includes, without limitation, the practice of:

(I) Psychology, as defined in NRS 641.025.

(II) Clinical professional counseling, as defined in NRS 641A.065.



(III) Marriage and family therapy, as defined in NRS 641A.080.

(IV) Social work and clinical social work, as defined in NRS 641B.030.

(V) Counseling persons with alcohol and other substance use disorders and counseling persons with an addictive disorder related to gambling, as defined in NRS 641C.100 and 641C.105, respectively.

(VI) Psychiatry.

Sec. 8. Chapter 629 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided by subsection 2 and, where applicable, the policy adopted by the Department of Education pursuant to section 2 of this act, a provider of mental and behavioral health care shall not use an artificial intelligence system in connection with providing professional mental and behavioral health care directly to a patient.

2. A provider of mental and behavioral health care may use an artificial intelligence system to assist the provider with performing tasks for administrative support, which may include, without limitation:

(a) Scheduling appointments;

(b) Managing records;

(c) Billing patients and managing records relating to billing;

(d) Analyzing data for operational purposes; and

(e) Organizing, tracking and managing files or notes relating to an individual session with a patient.

3. If a provider of mental and behavioral health care uses an artificial intelligence system for any purpose authorized in subsection 2, the provider shall ensure that such use complies with all applicable federal and state laws governing patient privacy and the security of electronic health records, health-related information and other related data, including, without limitation:

(a) The Health Information Technology for Economic and Clinical Health Act, 42 U.S.C. §§ 300jj et seq. and 17901 et seq.;

(b) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended; and

(c) The provisions of NRS 439.581 to 439.597, inclusive.

4. A provider of mental and behavioral health care shall independently review the accuracy of any report, data or other information compiled, summarized, analyzed or generated by an artificial intelligence system for a purpose described in paragraph (c) or (e) of subsection 2.



5. *A provider of mental and behavioral health care who violates any provision of this section is guilty of unprofessional conduct and is subject to disciplinary action by the board, agency or other entity in this State by which he or she is licensed or certified.*

6. *As used in this section:*

(a) *“Artificial intelligence system” means a machine-based system that, for any explicit or implicit object, infers from the inputs the system receives how to generate outputs, including, without limitation, content, decisions, predictions or recommendations, that can influence physical or virtual environments.*

(b) *“Professional mental and behavioral health care” means psychotherapy, psychiatry, counseling, therapy or other care or services relating to the diagnosis, treatment or prevention of mental illnesses or emotional or behavioral disorders which are provided by a provider of mental and behavioral health care within his or her authorized scope of practice.*

(c) *“Provider of mental and behavioral health care” means:*

(1) *A psychiatrist licensed to practice medicine in this State pursuant to chapter 630 or 633 of NRS;*

(2) *A psychologist licensed to practice in this State pursuant to chapter 641 of NRS;*

(3) *A social worker licensed in this State as an independent social worker or a clinical social worker pursuant to chapter 641B of NRS;*

(4) *A registered nurse holding a master’s degree in the field of psychiatric nursing and licensed to practice professional nursing in this State pursuant to chapter 632 of NRS;*

(5) *A marriage and family therapist or clinical professional counselor licensed in this State pursuant to chapter 641A of NRS;*

(6) *An alcohol and drug counselor or problem gambling counselor who is licensed or certified pursuant to chapter 641C of NRS; and*

(7) *A person who provides counseling services as part of his or her training for any of the professions listed in subparagraphs (1) to (6), inclusive.*

Sec. 9. (Deleted by amendment.)

Sec. 10. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 9, inclusive, of this act become effective:



- (a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and
- (b) On July 1, 2025, for all other purposes.

20 ~~~~~ 25

