



April 29, 2026

The Honorable Kyle Mullica
Chair, Senate Health and Human Services Committee
Colorado State Senate
200 E Colfax Ave.
Denver, CO 80203

RE: ATA ACTION CONCERNS REGARDING HB 1195

Dear Chair Mullica and Members of the Senate Health and Human Services Committee,

On behalf of ATA Action, I am writing to share our perspective on House Bill 1195, which would regulate the use of artificial intelligence systems in the delivery of psychotherapy services. ATA Action appreciates the bill's focus on patient protection and the responsible use of AI in mental health care, and we are broadly supportive of the bill's core objectives. This bill is meaningfully better-drafted than similar legislation in other states – it avoids several common drafting problems, and its exemption framework in Section 12-245-224.5(9) is well-calibrated. However, we are concerned that one provision of the bill, as currently written, will arbitrarily restrict licensed professionals from directing established patients to use clinically validated AI tools between or alongside sessions, and we urge the Committee to consider the targeted amendment described below.

ATA Action is the affiliated policy and legislative advocacy arm of the American Telemedicine Association. ATA Action is the leading advocacy organization dedicated to advancing policy and accelerating the adoption of technology-enabled healthcare. Working collaboratively with federal and state legislators and policymakers, our organization drives industry momentum by influencing legislative and regulatory developments in telehealth, virtual care, remote patient monitoring, artificial intelligence in health, health data privacy, private sector healthcare investment, and more. We represent a diverse membership – including hospital systems, technology companies, professional associations, direct-to-consumer digital health providers, payers, pharmaceutical manufacturers, digital therapeutics developers, and remote monitoring organizations.

Section 12-245-224.5(5)(a) Requires Synchronous, Real-Time Interaction Even for Provider-Directed AI Tools

Our primary concern is Section 12-245-224.5(5)(a), which prohibits AI systems from interacting with clients in any form of therapeutic communication “without synchronous, real-time interaction” between the licensed professional, the AI system and the client. As currently written, this provision would prohibit licensed professionals from directing an established patient to use a clinically validated AI tool between sessions – for example, a cognitive behavioral therapy tool, a mood-tracking application with therapeutic components, or an AI system designed to support patients between appointments – unless the provider is actively present in real time during every AI-patient interaction.

This synchronous real-time requirement goes further than is necessary to protect patients and, in practice, eliminates the very use cases where AI can deliver the most value: supporting patients between sessions, extending the reach of clinical care into the hours and days when a provider is not available and providing continuity of care for patients in rural and underserved communities. Licensed professionals should be

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empowered – not restricted – to prescribe or recommend evidence-based tools to their patients, just as they prescribe medications, assign therapeutic homework or recommend wellness applications.

We recommend replacing Section 12-245-224.5(5)(a) with language that preserves the bill’s legitimate patient protection goals while allowing licensed professionals to direct established patients to use AI tools with appropriate consent and oversight. Our suggested language is below:

(a) Nothing in this section shall limit the ability of a licensed professional to direct an established patient to use artificial intelligence systems for the purpose of therapeutic communications so long as:

(I) the licensed professional and patient have an established relationship.

(II) the licensed professional maintains ultimate decision making authority over the diagnosis and treatment of the patient,

(III) The client or the client’s legally authorized representative is informed in advance in writing of the following:

(A) That an artificial intelligence system will be used; and

(B) The specific purpose for which the artificial intelligence system will be uses;

(IV) The client or the client’s legally authorized representative consents in writing to the use of the artificial intelligence system; and

(V) the client’s refusal to provider or later decision to revoke the consent required pursuant to subsection (5)(a)(III) of this section shall not be used as a basis to deny psychotherapy services.

Colorado’s Omnibus AI Legislation May Conflict With HB 1195

We also wish to flag a broader concern about timing and regulatory coherence. Colorado has been engaged in an extensive, multi-year stakeholder process developing omnibus AI legislation – including SB 24-205 and the follow-up omnibus AI bill currently under consideration – that specifically accounts for “health care services” in the definition of covered domains as it relates to consequential automated decisions. That framework includes significant notice and consent standards for patients when a consequential decision is made by a covered automated decision-making technology.

Colorado’s omnibus AI Act is the country’s first comprehensive AI law and has not yet taken effect. HB 1195, as sector-specific legislation, could create requirements that conflict with or are superseded by the omnibus framework, creating confusion for providers and compliance uncertainty for the health technology industry. We believe Colorado should allow the omnibus legislation to go into effect and assess its application to AI in psychotherapy before layering on additional sector-specific requirements that may ultimately prove inconsistent with the broader framework

We share the Legislature’s commitment to protecting Coloradans seeking mental health care and to ensuring that AI tools are deployed responsibly and with appropriate oversight. We urge the Committee to adopt the targeted amendment described above and to consider the interaction between HB 1195 and Colorado’s broader AI policy framework before advancing this legislation. If you have any questions or would like to discuss further, please contact me at hyoung@ataaction.org.

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Kind regards,

Hunter Young

Hunter Young
Head of State Government Relations
ATA Action

Good afternoon, Madame vice chair and members of the Committee. My name is Carmen Feldman. I serve as General Counsel at SonderMind.

SonderMind is a Colorado-based behavioral health provider group with more than 5,800 therapists in the state, supported by a proprietary electronic health system and a suite of purpose-built AI tools that we developed in-house. Our AI mental health chatbot, Sonder, was developed under the guidance of licensed clinicians from concept through deployment. It is built on Anthropic and OpenAI models, context-trained for behavioral health, and clinically guardrailed with safety protections that SonderMind staff clinicians review and adjust on an ongoing basis. Sonder allows SonderMind App users to reflect and practice coping skills between therapy sessions.

SonderMind supports HB 26 1195 and asks the Committee to vote yes on amendments L.011, L.012 and L.013.

I want to take a moment to acknowledge the collaborative process that brought this bill to where it is today. SonderMind has worked with Representatives Rydin and Mabrey, Senators Amabile and Mullica, and stakeholders across the behavioral health community since before this bill was introduced. That collaboration produced meaningful results.

Together, we ensured that the wellness tools exemption covers the full range of between-session support tools that keep clients engaged in care, including journaling, session preparation, mood monitoring, crisis resource directories, and therapeutic homework. The sponsors removed the blanket prohibition on detecting emotions, which would have prevented us from using safety guardrails that identify users in crisis and direct them to the suicide hotline and other crisis resources. And we clarified that while a provider is responsible for reviewing AI outputs used in client care, a provider is not liable for technological bugs or data breaches caused by an AI developer or deployer.

Each of these changes strengthened the bill without weakening its core protection: AI does not replace licensed human judgment in the practice of psychotherapy.

This bill reflects what is possible when legislators, clinicians, healthcare innovators, and advocates work together. We are grateful to the sponsors and to every stakeholder who engaged in this process in good faith.

We respectfully ask the Committee to vote yes on the three proposed amendments today. Thank you. I am happy to answer any questions.

Senate Health & Human Services

05/06/2026

HB26-1195 Psychotherapy Artificial Intelligence Restrictions

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Alyssa Wermers For themselves	<p>Dear Chair Mullica and Senate Committee Members,</p> <p>I am writing to express my strong support for House Bill 26-1195, concerning the use of artificial intelligence in psychotherapy services. I am a Licensed Clinical Social Worker in Lafayette, CO, specializing in care for children.</p> <p>This legislation establishes clear and necessary boundaries to ensure that mental health care in Colorado remains grounded in human connection and expertise. Research indicates that the therapeutic relationship is the most influential and largest single factor that impacts progress in therapy. By prohibiting artificial intelligence systems from directly engaging in therapeutic communication, generating treatment plans without professional oversight, or attempting to interpret emotional or mental states, the bill reinforces the critical role of licensed clinicians in providing care.</p> <p>While AI can be a useful for administrative or supplemental purposes, it should never replace a person as a clinician. We have already seen detrimental effects of non-clinical AI, which has resulted in child deaths, due to lack of safety features. The use of AI in the therapeutic field must be regulated and mental health treatment must remain the responsibility of a human.</p> <p>Additionally, the bill protects consumers by preventing misleading claims that AI systems can provide psychotherapy and by requiring transparency and informed consent when AI tools are used. This bill protects the professions of trained mental health providers. These safeguards are essential in maintaining public trust and preventing harm, particularly for vulnerable individuals seeking mental health support.</p>

	<p>House Bill 26-1195 reflects a thoughtful, balanced approach to emerging technology—embracing innovation where appropriate while prioritizing patient safety, professional standards, and ethical care. I respectfully urge the General Assembly to support this important legislation.</p> <p>Thank you for your time and consideration.</p>
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