

# The 2026 US Healthcare AI Governance Crosswalk *Mapping Federal Policy & State Liability to Clinical Quality Outcomes*

**The Strategic Reality:** These are not just legal hurdles; they are **Clinical Quality Requirements**.

The Era of "Voluntary" AI Safety is Over. In 2026, healthcare organizations will navigate a complex patchwork of strict State Liability laws spanning Colorado, California, Utah, and Georgia, alongside new Federal Transparency mandates. These are not just legal hurdles; they are Clinical Quality Requirements.

## The Four Part Legal Framework

### **Federal Floor: Transparency (ONC HTI-2)**



The ONC "Predictive Decision Support Interventions" must now provide users with "source data" and "risk evidence." If your physicians cannot examine the "nutrition label" of AI tools, you are deploying opaque medicine that fails Joint Commission leadership standards

### **Liability Frontier: Duty of Care Colorado SB 205)**



Colorado establishes healthcare organizations as "Deployers" with direct liability for algorithmic discrimination. This shifts the burden from the software vendor to *you*. If an AI triage tool biases against a patient population, you face dual exposure: legal damages and failed CMS Health Equity scores

### **Practice of Medicine: Human Oversight (California SB 1120 & Georgia SB 133)**



New laws in both California and Georgia explicitly prohibit health plans from using AI to deny care unless a human physician reviews the decision. This maps directly to Utilization Management best practices. Organizations can now use these statutes to challenge payer denials that lack documented human review

### **Patient Relationship: Disclosure (California AB 3030 & Utah AI Policy Act)**



Mandatory disclosure when patients interact with GenAI is now a bipartisan standard protecting informed consent. This directly impacts HCAHPS scores. If patients discover they were interacting with a bot without consent, trust evaporates

By understanding these regulatory requirements as an integrated map to clinical quality, healthcare organizations can proactively design AI governance frameworks that simultaneously mitigate legal risks and elevate the standard of patient care. This integration transforms what might seem like disparate compliance tasks into a cohesive strategy for achieving excellence across all facets of healthcare delivery.

# From Compliance to Quality: The Integration Map

Why chase 50 different state laws? The smartest health systems adopt a "Highest Bar" strategy. By aligning with the strictest safety standards (CO & CA) today, you inoculate your organization against future Federal mandates and distinguish your brand as a National Leader in Quality.

Regulation	Legal Requirement	Quality Domain	Existing Framework
ONC HTI-2	Source data transparency	Clinical Decision Support	Joint Commission LD standards
Colorado SB 205	Duty of Care (Discrimination)	Health Equity	CMS Equity Framework
California SB 1120	Physician oversight	Utilization Management	Medical Staff Bylaws
California AB 3030	AI Disclosure	Patient Experience	HCAHPS Survey Domains
Utah AI Policy Act	GenAI Interaction Notice	Informed Consent	Patient Rights Policies
Georgia SB 133	Human Review (Denials)	Appeals Management	UM Committee Oversight



## The "Deployer" Test (Universal Liability)

Regardless of our state, have we accepted that we are "Deployers" of AI? Have we inventoried every "High-Risk" algorithm and assigned a clinical owner, or are we still relying on vendor promises? (Benchmark: CO SB 205)



## The "Human-in-the-Loop" Test (Universal Oversight)

Can we prove a physician reviewed every AI-driven denial? Adopting this standard nationally protects us from payer audits and improves denial overturn rates across all markets. (Benchmark: CA SB 1120 / GA SB 133)



## The "Mechanism of Action" Test (Universal Safety)

Do our clinicians have access to the "Evidence Basis" (Source Data & Logic) for our predictive tools? We wouldn't prescribe a drug without knowing its mechanism of action; we shouldn't deploy an algorithm without it either. (Benchmark: ONC HTI-2)

Contact me to request the deep-dive report or to schedule a call:

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