

Before the Utah Office of AI Policy
Salt Lake City, Utah 84111

In The Matter of Utah AI Healthcare Liability and Regulatory Framework Request for Expert Feedback

The American Consumer Institute is an independent 501(c)(3) education and research organization. Its mission is to identify, analyze, and protect the interests of consumers in selected legislative and rulemaking proceedings in information technology, health care, insurance, and other matters.

We write to address two of the seven proposed hypotheses under consideration: Hypothesis 3, concerning the clinical standard for physician review of AI-generated recommendations, and Hypothesis 5, concerning how physician automation bias should be incorporated into the standard of care.

Utah's Office of AI Policy should avoid turning physician oversight into a blanket requirement that blocks validated medical AI from improving care, while preserving physician oversight in higher risk medical uses. Autonomous AI should be allowed, without required physician oversight, in clearly defined use cases when it matches or surpasses existing healthcare standards and is supported by robust real-world validation data including accuracy, complication reductions, and patient outcomes. This is especially important in rural communities, where the realistic choice may not be between AI and a specialist, but between AI-supported diagnosis and no timely diagnosis at all. Physician review should be clearly defined when it is required, including expectations of what clinician oversight entails.

Demonstrated clinical performance should be the standard of regulation. Automation is appropriate when testing and real-world data verifies an AI tool matches or exceeds human clinical benchmarks, performs reliably across relevant patient populations, and produces measurable improvements in accuracy, outcomes, complication rates, timeliness, or cost. When an AI system has met that standard, requiring a physician to recheck every output adds little clinical value while consuming valuable healthcare provider time. The legal question should be whether human review materially improves patient safety or outcomes.

Not every medical AI tool will justify autonomous use. Some AI tools may be valuable because they assist physicians by flagging risks, identifying likely diagnoses, prioritizing cases, recommending treatments, or improving monitoring. These tasks still require a physician's judgement before action is taken.

Physician review should be required when the AI operates outside its validated use case, when patient facts materially differ from the population used to train the tool, when the model reports low confidence or uncertainty, when the proposed action carries high risk of serious harm, when the result would trigger irreversible or difficult-to-reverse treatment, or at the healthcare provider's discretion. Review should also be required when AI recommends major changes in medication, invasive procedures, emergency triage decisions, or for denial or delay of care.

Utah's framework should distinguish between AI systems that have proven reliable enough to safely automate a defined task and AI systems that are useful inputs into a broader clinical judgment but not reliable enough to replace that judgment.

These standards are especially important for rural communities, where the practical choice is often not between a AI-supported specialist or an AI diagnosis, but between an AI diagnosis care and delayed or no care.¹ Mandatory physician or specialist review sounds protective, but in areas with severe provider shortages it can preserve the provider scarcity AI can help alleviate. Rural hospitals often lack specialists,² and validated AI tools can help them identify risks, prioritize cases, support diagnosis, and determine when referral or escalation is necessary.

Of key importance, the status of a particular AI tool should not necessarily be fixed permanently. A tool that begins as clinical decision support should be able to earn more autonomous status if additional real-world evidence shows sustained safety, accuracy, and reliability. Conversely, an autonomous tool should lose that status or face tighter oversight if post-market data show rising error rates. The law should create a performance-based pathway in which an AI system's legal treatment can change if the evidence changes.

Utah should adopt a framework that protects patients by measuring AI tools against evidence, not by imposing blanket human-review requirements that may do little to improve safety. This approach would protect patients without forcing every AI tool into one-size-fits-all oversight. Highly validated AI tools should not be burdened with redundant physician double-checking when the evidence shows that review does not improve safety. For higher-risk AI uses Utah should require provider review and documentation. That balance would give patients real protection while preserving the ability of hospitals, physicians, and rural communities to benefit from safe and effective medical AI.

Respectfully,

Justin Leventhal
Senior Policy Analyst
Justin@TheAmericanConsumer.Org
www.TheAmericanConsumer.org

The American Consumer Institute
4350 N. Fairfax Drive
Suite 725
Arlington, VA 22203

¹ Justin Leventhal, "The War on Medical AI Is Raising Your Healthcare Bill," RealClear Health, April 15, 2026, https://www.realclearhealth.com/articles/2026/04/15/the_war_on_medical_ai_is_raising_your_healthcare_bill_1176885.html

² "Health Care Capsule: Accessing Health Care in Rural America," U.S. Government Accountability Office, published May 16, 2023, <https://www.gao.gov/products/gao-23-106651>.

