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The 2026 Healthcare AI Regulatory Map

Federal. State. Accreditor. Payer. What is **actually** in effect — and what isn't.

Built for AI committees. Free to copy, adapt, and steal.

HOW TO READ THIS

Three words that get blurred, and shouldn't be.

LABEL	MEANS	PLAN FOR IT?
EFFECTIVE	In force today. Non-compliance is exposure now.	Yes
PROPOSED	Published for comment. May change or die.	Watch
VOLUNTARY	Real, credible, and not enforced by anyone.	Roadmap
REPEALED	Never took effect. Still in people's slide decks.	No

Most summaries in circulation blur these. The difference between them is your entire planning horizon.

FEDERAL — IN EFFECT

What binds you today

→ **HTI-1 DSI transparency**

31 source attributes for predictive decision support in certified health IT. Effective January 2025.

→ **FDA clinical decision support guidance**

Revised final guidance issued Jan 6, 2026. Loosens the 2022 posture — enforcement discretion now extends to CDS offering a single recommendation.

→ **Predetermined Change Control Plans**

How adaptive/learning models stay cleared as they change. The only real federal answer to model drift.

→ **~1,500 FDA-authorized AI-enabled devices**

FDA's own AI-Enabled Medical Device List, 2026. Authorization is a floor, not an evaluation.

Note the gap: the January 2026 CDS guidance contains no substantive discussion of generative or adaptive AI.

FEDERAL — PROPOSED

The floor is being lowered, not raised

HTI-5, "Deregulatory Actions To Unleash Prosperity" — published in the Federal Register Dec 29, 2025. Comments closed Feb 27, 2026.

→ Proposes fully removing the AI model card requirements

The 31 source attributes under §170.315(b)(11) that took effect in January 2025.

→ Eliminates 34 of 60 certification criteria

Revises 7 more.

STATUS

PROPOSED. Not final. If someone tells your board the model card requirements are gone, they are ahead of the rule.

THE RATIONALE, VERBATIM

“We have no publicly available evidence that transparency requirements… have led to positive impacts on patient care, such as removing deficient or untested algorithms, or testing a deployed algorithm on local data.”

ASTP/ONC, in the HTI-5 proposed rule — December 2025

Whatever you think of the conclusion, take the premise seriously: nobody has demonstrated that disclosure alone changes what gets deployed.

ACCREDITOR

The Joint Commission: RUAIH

WHAT	WHEN	STATUS
Partnership with CHAI announced	June 2025	—
RUAIH guidance published 7 elements	Sept 17, 2025	VOLUNTARY
CHAI governance playbooks 8 components	May 27, 2026	VOLUNTARY
RUAIH Certification launched 5 domains	June 1, 2026	VOLUNTARY

READ THIS CAREFULLY

It certifies your organization, not any tool. JC accreditation is not a prerequisite. Hospitals are not penalized for skipping it. It is not survey-relevant today.

CHAI: what survived, what didn't

SURVIVED

Applied model cards. Open registry, open-source schema, adopted by health systems and vendors.

Governance playbooks. Eight components, built with 100+ healthcare organizations.

The partner program. Self-attestation against a defined set of governance controls, reviewed by CHAI.

DIDN'T

Assurance labs. The original pre-procurement testing model was abandoned; CHAI's CEO called it “a misstep.”

The certification language. Partners were asked to stop using it in February 2026.

Political air cover. HHS and FDA leadership publicly attacked the model in October 2025.

The pivot is the insight. CHAI found that what health systems actually needed was help with **ongoing** governance, not pre-deployment testing — and that the ongoing cost was already large enough to be the binding constraint.

STATES — PROVIDER-FACING

Disclosure, review, and who may practice

STATE	REQUIREMENT	EFFECTIVE
Texas · SB 1188	Practitioners may use AI in diagnosis/treatment only if they review all AI-generated records. Also bars offshoring of electronic medical records, including via cloud vendors.	Sep 1, 2025
Texas · HB 149	Providers must disclose AI use in diagnosis or treatment to patients, before or at the time of interaction.	Jan 1, 2026
California · AB 3030	Disclaimers on generative-AI clinical communications to patients.	Jan 1, 2025
California · AB 489	AI may not imply licensed-professional credentials.	Jan 1, 2026
Utah · SB 226 / HB 452	Disclosure for high-risk AI interactions; mental-health chatbot rules; bars sale of identifiable health data from those interactions.	May 7, 2025

A second wave — chatbot disclosure, behavioral health limits, and who may hold a clinical license — is moving through more than a dozen states with 2027 effective dates.

At least nine states in one session

STATE	CORE REQUIREMENT	EFFECTIVE
Maryland · HB 1563	Quarterly carrier reports flagging AI use; explanation required if denials rise 10% in a year.	Jun 1, 2026
Indiana · HB 1271	AI cannot be the sole basis for downcoding; human review before an adverse determination.	Jul 1, 2026
Alabama · SB 63	Prior auth must rest on individual medical history; annual certification to the DOI.	Oct 1, 2026
Georgia · SB 444	AI for administrative tasks only; licensed provider review for adverse determinations.	Jan 1, 2027
Utah · SB 319	Disclose AI use in prior auth to the state, providers, and enrollees.	Jan 1, 2027
Washington · SB 5395	No sole reliance on AI for denials; mandatory reporting.	Jun 11, 2026
Colorado · HB 26-1139	AI cannot be the sole basis for a medical-necessity denial. Periodic audits.	Jan 1, 2027

All signed between March and June 2026.

THE CORRECTION

Colorado deleted the law you're preparing for.

SB 24-205, the Colorado AI Act, will never take effect. It was scheduled for June 30, 2026. SB 26-189, signed May 14, 2026, repeals and replaces it.

The replacement is **effective January 1, 2027**. Read the exemption carefully: HIPAA covered entities get **narrower accommodations**, not the blanket carve-out the original Act carried. Notice at point of interaction, adverse-outcome disclosure within 30 days, access and correction rights, the right to request human review, and three-year recordkeeping all still apply.

BUT COLORADO DID NOT STEP BACK FROM HEALTH AI

It replaced one broad horizontal law with two narrow vertical ones: HB 26-1139 (payer AI, effective Jan 1, 2027) and HB 26-1195 (AI in psychotherapy, signed June 2026). The repeal narrowed the scope, not the count.

PREEMPTION

Don't plan on the states being overridden

→ Executive Order 14365, signed Dec 11, 2025

Directs an AG-led AI Litigation Task Force, a Commerce review of state AI laws, and conditions certain federal funding.

→ Task Force established Jan 9, 2026

DOJ intervened in xAI's suit against Colorado on Apr 24, 2026 — though DOJ's own release didn't attribute it to the Task Force. Colorado agreed not to enforce against xAI specifically, pending resolution.

→ White House legislative recommendations, Mar 20, 2026

Broad preemption proposed. No healthcare carve-out.

→ Congress has repeatedly declined to enact it

No federal suit filed against California, Texas, or Illinois.

Preemption is a live policy fight, not a planning assumption.

THE READ

The federal floor is falling. The state ceiling is rising.

Federal transparency requirements are proposed for removal. Six states passed payer-AI laws in ten weeks. The accreditor's framework is voluntary.

Which means the obligation is migrating — away from federal certification, toward **state law, accreditors, insurance underwriters, and the plaintiffs' bar.**

Three of those four don't publish a compliance date. They just show up at renewal, at survey, or with a complaint.

THE PRACTICAL VERSION

Stop asking what you're required to do. Start asking what you'd be able to produce if someone asked you to prove it.

Get something wrong? Tell me and I'll reissue it.

Compiled August 2026 from primary sources — Federal Register, Joint Commission, CHAI, and state legislative records. Status labels are as of publication and will drift.

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Onboard AI is the system of record for AI lifecycle management in health systems.