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Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

MARGARET W. BUSSE
Executive Director

MARK STEINAGEL
Division Director

April 21, 2026

Subject: DOPL and OAIP Response to Board Concerns with Doctronic AI Regulatory Mitigation Pilot

Dear Members of the Utah Medical Licensing Board,

We received your letter signed by 11 of the 14 board members dated April 20, 2026[1]. Thank you for your continued dedication to protecting the health and safety of Utah citizens. We deeply value the clinical expertise you provide and will attempt to address below the concerns that you have expressed regarding the regulatory mitigation agreement between the Office of Artificial Intelligence Policy (OAIP), the Division of Professional Licensing (DOPL), and Doctronic, LLC.

The Role of the OAIP and SB 149

The OAIP was created in 2024 by the Utah State Legislature under SB 149 with a mandate to operate an artificial intelligence regulatory mitigation program. This program allows the State to temporarily waive specific regulatory requirements to safely test the effectiveness of AI technologies in any industry in a controlled environment.

Companies requesting a regulatory mitigation agreement must submit a detailed deployment and safety plan, which is thoroughly vetted. If authorized, the agreement permits operation under the strict monitoring of the OAIP (and in this case, DOPL) for a limited pilot period to allow the State to gather data and report findings back to the legislature.

Pre-Implementation Review and Oversight

For any agreement involving a healthcare application, the OAIP consults with practicing medical specialists in that specific field, as well as public health experts and regulators, to ensure the technology contains the requisite safety guardrails. Accordingly, as Dr. Zach Boyd, the OAIP director, explained to the Board in its March 2026 meeting, the pilot involving Doctronic was rigorously reviewed by several medical professionals prior to launch. This evaluation process generated a large number of suggested

[1] These types of letters and recommendations may only come out of public meetings and are subject to open meetings protocols. Doing business outside of meetings sidesteps the Open and Public Meetings Act's intent for public bodies (like the board) to take actions and conduct deliberations openly. Utah Code 52-4-102.

substantive adjustments and guardrails, many of which were integrated into the pilot. As we communicated in a recent email thread, we look forward to involving the Board more in our vetting and oversight process as we evaluate this pilot and consider future pilots.

Clarifying the Doctronic Agreement Safeguards

Your letter expressed a critical concern that the Doctronic AI system will independently authorize prescription refills without necessary clinical oversight. As Dr. Boyd communicated in the Board's March meeting, the final agreement includes robust safety measures designed to replicate the standard of care:

- **100% Human Physician Review in Phase One:** The pilot is currently in Phase One, meaning every AI-generated prescription renewal is reviewed and approved by a licensed human physician before transmission to a pharmacy. Any cases of disagreement between the automated system and the reviewing clinician are further reviewed, analyzed, and assessed for risk using an established academic scoring procedure. Consistent safety must be demonstrated in Phase One before Phase Two is initiated, where clinician review is required soon after the prescription is issued. If the AI system is deemed safe in Phases One and Two, Phase Three can begin. Phase 3 would allow the AI to renew prescriptions semi-automously with continued clinical oversight in the form of random sampling of the AI outputs to ensure continued adherence to standards.
- **Comprehensive Clinical Assessments:** In all phases, the AI is required to conduct a comprehensive medical assessment that mirrors human clinical decision-making, including verifying the medication, screening for new side effects, analyzing drug interactions, confirming allergy status, and evaluating continued effectiveness.
- **Strict Scope Limitations:** The AI system is strictly prohibited from handling controlled substances, modifying treatment plans, or initiating new prescriptions. It only processes 30-, 60-, or 90-day renewals for existing prescriptions being used to treat specific chronic conditions. Furthermore, patients must be evaluated by a physician in-person or via telehealth at regular intervals.
- **Automatic Escalation Protocols:** If a case falls outside established guidelines, presents clinical complexity, or involves conflicting information, the AI is required to automatically escalate the encounter to a physician. Patients and pharmacists also retain a persistent option to request human physician review.

Addressing Financial Motivations

In your letter, you stated, "We must not allow AI or other financial motivations to override this obligation." Neither the State of Utah nor the Utah Department of Commerce has any motivation involved in the specific outcome of this policy project other than determining the best public policy for Utahns.

It is also important to note that the State of Utah and its Department of Commerce do not promote any private company and has no interest in the financial outcomes of any company. Our mandate in AI regulatory mitigation agreements is to evaluate whether a company can use AI safely enough to merit temporary regulatory relief. Each AI regulatory mitigation agreement is a controlled test to assess safety and governance practices related to one particular mode of delivery of regulated services.

Moving Forward and Collaboration

Your letter strongly recommended the immediate suspension of the Doctronic program pending further discussion. **Because the pilot is currently in Phase One—where a licensed physician reviews every refill decision, ensuring the program is already operating safely at the standard of care—we will not be suspending the pilot at this time.** The OAIP requires detailed monthly reporting from Doctronic and retains the absolute authority to modify or cancel the pilot if safety benchmarks are not met. **The OAIP and DOPL plan to discuss the progress of the pilot with the Board as more data is generated.**

As the Medical Board serves in an advisory capacity to DOPL and the Department of Commerce, we are eager to work collaboratively with you to ensure these initiatives are as effective and safe as possible. As previously explained to the board, we would like the Board to collaborate with us in the following ways:

- **Reviewing Pilot Progress:** We invite the Board to review pilot data alongside us as it becomes available, specifically looking at AI-to-physician concordance rates and escalation metrics to evaluate the system's performance.
- **Evaluating Future Proposals:** We welcome the Board's feedback on upcoming healthcare proposals currently in our vetting process to proactively incorporate your clinical insights.
- **Connecting with Subject Matter Experts:** We invite you to help us connect with prudent medical specialists across your networks who can assist in reviewing specific applications.

We believe that by working together, we can lay a solid, evidence-based foundation for utilizing AI in healthcare in Utah without compromising patient protection. We look forward to building a stronger rapport and would be happy to have OAIP representatives regularly attend your Board meetings to discuss ongoing progress with this agreement and others considered in the future.

Sincerely,

Mark Steinagel, Director, DOPL

Zach Boyd (Apr 21, 2026 21:18:36 MDT)

Zach Boyd, Director, OAIP