Artificial Intelligence in Health Care

What patients experience, what they worry about, and how AARP is engaging

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AARP Wisconsin

- 750,000 members
- Programs that support health:
  - Driver Safety
  - Walk with a Doc (Madison and Milwaukee)
  - Walk with an Eagle (La Crosse)
  - Livable Community and Outreach Work

AARP's Public Policy on AI aims to ensure:

1. Older adults receive meaningful benefits from the innovations that AI can bring; and

2. Older adults are protected against potential harms from AI

AI is becoming a fixture in doctors' offices…most older adults have no idea

81%
of physicians use AI

19%
of adults 50+ believe their provider is using AI

9%
of adults 50+ have had a provider explain that AI was being used

Sources: American Medical Association Survey (2026), AARP AI in Health Care Survey (2026)

What are older adults comfortable with?

54%

AI handling administrative tasks (billing, documentation)

53%

AI scribes

23%

Have used a generative AI tool in connection with their own care

Source: AARP AI in Health Care Survey (2026)

What are older adults concerned about?

65%

Concerned provider may rely more on AI than medical training

68%

Concerned about their personal health information

90%

Want to be informed when AI is used in care

82%

Want to ensure provider makes final decision on diagnosis/treatment

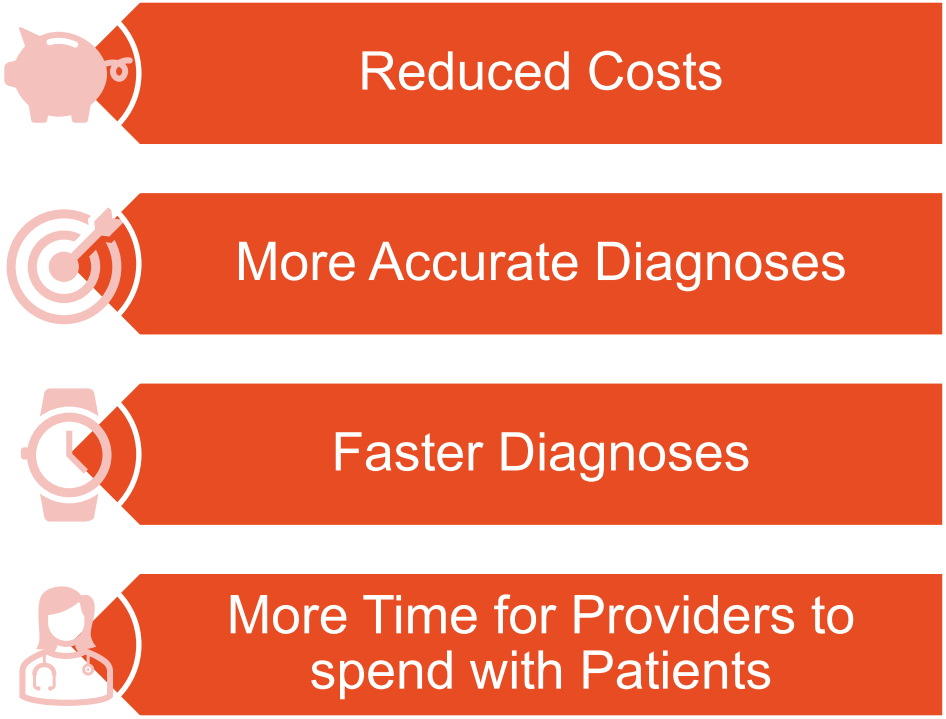
Sources: AARP AI in Health Care Survey (2024 and 2026)

Wisconsin Patient Perspective

- Asked AARP Wisconsin members for their thoughts
- Heard from 521 Wisconsinites
- NOT a scientific survey

Source: AARP Wisconsin Qualtrics Questionnaire (2026)

Top Wisconsin Patient Perceived Benefits



Source: AARP Wisconsin Qualtrics Questionnaire (2026)

Top Wisconsin Patient Concerns

Difficult to Challenge AI Coverage Decision (81%)

Doctors May Rely Too Much on AI (84%)

AI Mistakes Could Affect Care (80%)

Personal Health Information Not Secure (73%)

Source: AARP Wisconsin Qualtrics Questionnaire (2026)

What Wisconsinites 50+ Want Policymakers to Know

"It should be used as a tool and NOT the final/only method to determine my care/diagnoses."

— Neil, Chippewa County

"High penalties must be levied for unintentional release of personal data."

— Mark, Pierce County

"AI should only be used as a reference entity, not in a final decision-making role."

— Robert, Marathon County

"Huge concern that AI will be used to determine the most profitable care (or lack of) based on age or profit margins rather than the patient's desires."

— Mark, Waukesha County

"I do not want computers denying my care or my family's care!"

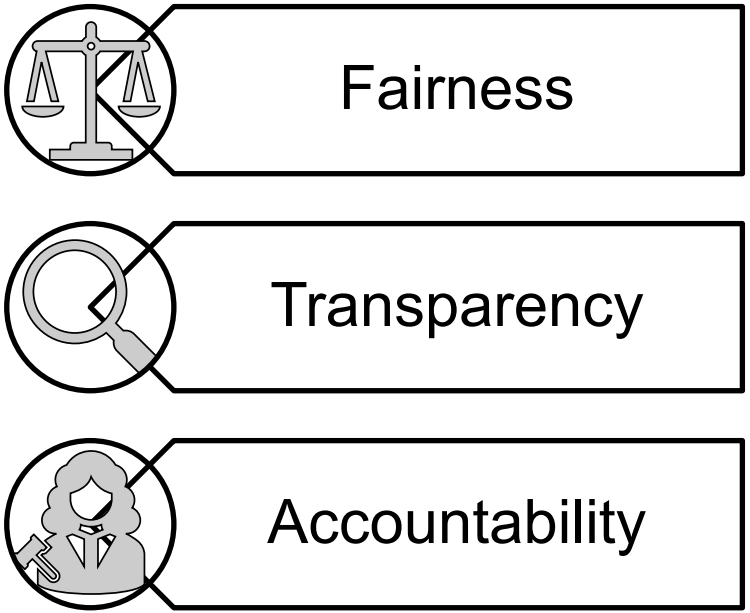
— Sue, Milwaukee County

"Make sure patients understand when and why it's being used."

— Jeanne, Milwaukee County

Source: AARP Wisconsin Qualtrics Questionnaire (2026)

AARP Guiding Principles on AI in Health Care



The level of government regulation, required human oversight, and penalties should be commensurate with the risk of harm to individuals.

WISeR As a Case Study on Patient Impact

- Medicare Pilot on AI-driven prior authorization in 6 states
- Plan to pay AI vendors based on how much “savings” they generate, which creates a clear incentive to deny care.
- Older Americans have had regular treatments denied or urgent care needs delayed

AARP's Specific Recommendations:

Protect against improper AI-based coverage denials

Require full disclosure of the reasons for an adverse coverage decision made or informed by an AI or algorithmic tool, including comprehensive and accessible information about the factors or criteria utilized in making the decision.

Require notice + explanation to patients

Ensure transparency at all stages. Consumers should get full disclosure of the factors and criteria used in any AI-informed adverse decision, in plain language.

Require third-party evaluation

Health-care AI tools should be evaluated for accuracy, reliability, and fairness before deployment and routinely thereafter.

Guard against incorrect AI-informed diagnoses

Provider accountability for medical liability should not be reduced or removed when AI is involved in a decision.

Preserve human decision-making

Keep a human in the loop! Doctors and other licensed clinicians — not the tool — should remain the final decision-makers. 82% of older adults expect this.

Preserve grievance & appeal rights

Consumers must retain the ability to contest and appeal AI-informed coverage or care decisions.

KEY TAKEAWAYS

1

Awareness is way behind adoption.

81% of clinicians use AI; most patients still don't know when it's being used in their care.

2

Older adults are open — with limits.

Comfort is high for administrative uses; 82% want a human to make the final diagnostic or treatment call.

3

Real concerns cut across accuracy, privacy, and the human touch.

68% worry AI means less time with their provider; 68% see data-privacy risks after AI processes their info

4

AARP is engaged across the U.S. and in D.C.

National consumer pulse series.

5

The guardrails: fairness, transparency, accountability.

Plus risk-based regulation, human-in-the-loop, third-party evaluation, and clear rights to notice, explanation, and appeal.

Thank you | Questions & Discussion