

2026 AAVSB

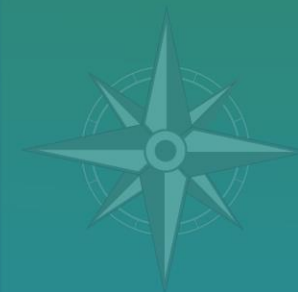
ANNUAL MEETING

&

CONFERENCE

PROVIDENCE
09.23 - 09.26

September 26, 2026



AI-Powered Complaint Triage

Practical Tools and Governance for Veterinary Regulators

Frank Meyers, JD

Federation of State Medical Boards

2026 AAVSB Annual Meeting & Conference · Providence, RI · September 26, 2026

2026 AAVSB
ANNUAL MEETING
& CONFERENCE
PROVIDENCE
09.23 - 09.26



Serving the boards that protect the public.

1912

FOUNDED

FSMB has supported medical regulation in the U.S. for 110+ years.

68

MEMBER BOARDS

Medical and osteopathic boards across the U.S., D.C., and territories.

7

SERVICE AREAS

Licensure data, credentialing, education, assessment, research, technology, advocacy.

We don't license or discipline — boards do that. We support that work.



FSMB Resources

A sample of what member boards draw on — data, credentialing, education, research and advocacy.

Advocacy, Policy, and Communications



FSMB's Washington, D.C.-based staff supports state medical boards in achieving their policy goals and educates lawmakers on the crucial role of medical regulation in health care.

- Provides letters or testimony to support member boards on proposed legislation.
- Actively tracks state and federal legislation relevant to medical regulators and provides regular summaries to member boards.
- Solicits input from boards on **FSMB policies** impacting health care and medical regulation.
- Provides **board-by-board overviews on structure, composition, and policies**.
- Provides public relations support to member boards.
- Provides **regular bulletins** on news impacting medical regulation.

Email advocacy@fsmb.org for additional information.

Licensing and Disciplinary Data



FSMB's Physician Data Center (PDC) provides access to one of the nation's most robust repositories of health-provider data, with licensure, disciplinary, and demographic information on more than one million physicians and PAs.

- Provides access to a **centralized database** with the most complete and up-to-date picture of a physician's licensure history, specialty certification, and disciplinary actions taken by a state medical board.
- Supplies member boards with daily notifications through the Disciplinary Alert Service when a physician licensed in their state is disciplined in another jurisdiction.
- Provides the public access to **DocInfo**, a free physician search tool powered by **PDC's** licensure and disciplinary data.

Email pdc@fsmb.org for additional information.

Educational Programming



FSMB's Education Services team provides tools and resources to help improve the quality of medical regulation and enhance the sharing of best practices among member boards.

- Provides high-quality, in-person and **virtual programming** designed specifically for medical regulators.
- Offers **on-demand CME** on an array of medical regulatory topics.
- Organizes the **FSMB Annual Meeting**, a forum for U.S. and international medical regulators from to share best practices and learn from industry colleagues.
- Provides scholarships for state board members and staff to attend the FSMB Annual Meeting.

Email edu@fsmb.org for additional information.

The Office of AI Innovation

Four pillars, four governance commitments — and the last twelve months.

- **Build** — research and development of AI tools for member boards
- **Operate** — internal efficiency and workforce multipliers
- **Guide** — policy, education and model guidance
- **Partner** — working directly with state boards
- **Commitments** — human-in-the-loop · data sovereignty · vendor-agnostic · measurable return

Disclosures

A few notes before we start.

INFORMATIONAL

Not Legal Advice

This presentation is for informational purposes only and is not intended to provide legal or medical advice.

MY VIEWS

Mine, Not FSMB's Position

The views and opinions expressed are those of the presenter and do not necessarily reflect the position of any organization.

AI TRANSPARENCY

I Used AI to Build This

Portions of this presentation, including images, were assisted by AI. That use does not imply endorsement or validation of the content by the AI or its creators.

In December 2025, building this tool meant a 14-week engagement with an outside vendor.

By September 2026, the same capability can be assembled in an afternoon.

The cost of building one has fallen to roughly nothing. The decisions about using one have not changed at all.



Agenda

Five stops. The middle is the story; the last two are what you take home.

01

The Problem

*Doing More
With Less*

02

Project Timeline

*From Concept
to Reality*

03

Technology Timeline

*Evolution of
What is Possible*

04

Guardrails

*AI Alone is
Not Enough*

05

Regulating AI

*When the Tool
Practices*



01

The Problem

Doing more with less



2026 AAVSB
ANNUAL MEETING
& CONFERENCE
PROVIDENCE
09.23 - 09.26



The Numbers

Where the time goes. Medical board data, because it is public.

9,184

complaints received in one year
by a single state medical board

2.5 yrs

average time to resolve a case
in Massachusetts

49%

of board budgets consumed
by investigation

934

days from complaint to judicial
review in California



Sources: [Texas Medical Board Annual Report FY2024](#) · [Boston Globe Spotlight, October 2025](#) · [ASPE/HHS state discipline study](#) · [California Medical Board reports](#). Click any number or source for the article.

What Triage Is

Five steps. A tool can touch three of them.



Steps 2–4 are where a tool helps. Step 5 is a decision about a licensee — a person makes it, every time. Triage is not adjudication: it decides what gets attention, not what happens to a licensee.

Is It a Regulatory Problem?

With AI, focus is the scarce resource — run the test first.

- **Unresponsive** — persists despite normal regulatory approaches. Backlogs survive process rewrites.
- **Harmful** — causes clearly defined harm. Delay harms the public and the licensee.
- **Important** — matters beyond your own agency: complainants, licensees, legislators.
- **Reoccurring** — not an isolated incident. It is structural.
- **Measurable** — progress can be demonstrated: days, agreement rates, variance.



The Problem Statement

Three sentences. Write them before you pilot anything.

- **The problem is...** complaints arrive in inconsistent formats and are assessed inconsistently, so similar conduct receives different regulatory attention depending on who reads it first.
- **We know because...** severity ratings vary between reviewers on the same file, and the order of the queue cannot readily be explained to a complainant or a legislator.
- **It matters because...** inconsistent triage is both a public-protection failure and a fairness failure to licensees — and it is the least visible part of the process.





02

Project Timeline

From concept to reality

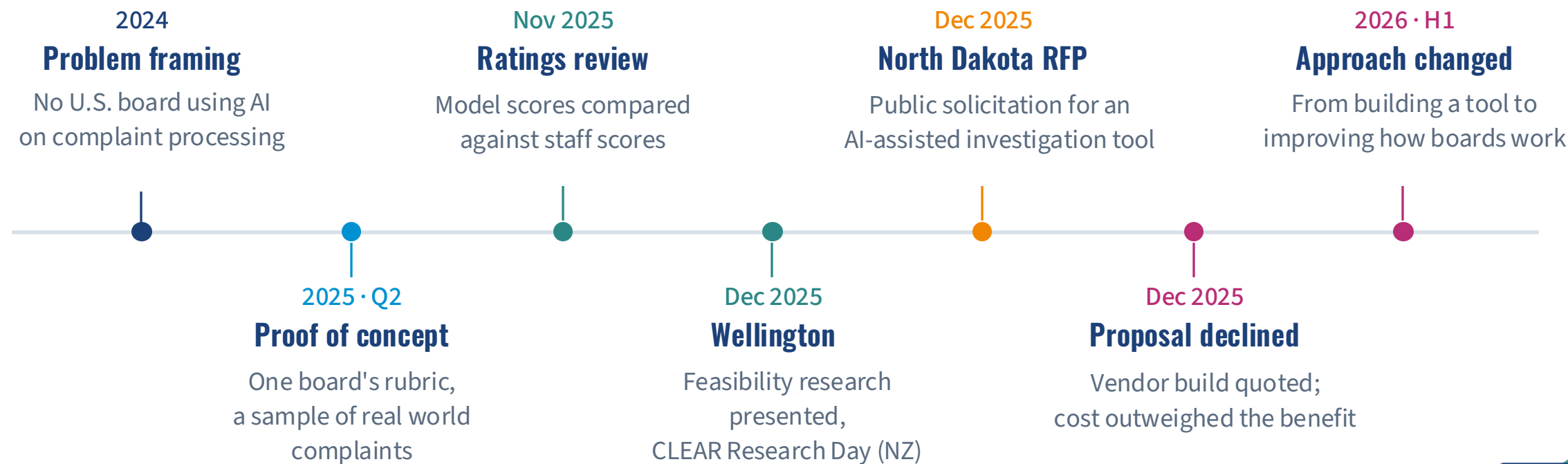


2026 AAVSB
ANNUAL MEETING
& CONFERENCE
PROVIDENCE
09.23 - 09.26



Project Timeline

What we did, and when.



What Boards Asked For

Three very different boards. None of them asked for AI — all three asked for consistency.

U.S. VIRGIN ISLANDS

No dedicated investigator

- A licensure database that is effectively a spreadsheet
- Disciplinary files held as paper copies
- Asked for automation to modernize basic functions

NEW HAMPSHIRE

5 investigators, 200,000+ licensees

- Significant case backlog and inconsistent case presentation
- Unclear delineation of duties between board members and staff
- Wanted standard red / yellow / green priority ratings

NORTH DAKOTA

Went to public procurement

- RFP for a secure, HIPAA-compliant AI investigation aid
- Analyze complaint and response documentation
- Recommend strategies, generate summaries

Design Requirements

What we learned — refined against expert reviewer feedback.

- **Standardized intake** — handwritten letters, mixed media and varying detail become one consistent summary format.
- **Traceability** — every point cites its source document. Reviewers asked us to keep this.
- **Neutral language** — allegations restated neutrally before any person forms a first impression.
- **Deterministic scoring** — a points-based rubric set by the board. The model extracts facts; your rubric does the ranking.



We set out to build a tool.

What we kept was the thinking.

The vendor build did not survive. The rubric, the guardrails and the validation method did — they are the second half of this session.





03

Technology Timeline

Evolution of what is possible



2026 AAVSB
ANNUAL MEETING
& CONFERENCE
PROVIDENCE
09.23 - 09.26



Then and Now

The same four years, in three screenshots.

2022

a chatbot

ChatGPT

Examples

Capabilities

Limitations

"Explain quantum computing in simple terms"

"Got any creative ideas for a 10 year old's birthday?"

"How do I make an HTTP request in Javascript?"

Remembers what user said earlier in the conversation

Allows user to provide follow-up corrections

Trained to decline inappropriate requests

May occasionally generate incorrect information

May occasionally produce harmful instructions or biased content

Limited knowledge of world and events after 2021

The ChatGPT launch screen (recreation).

One question in, one answer out

2025

a purpose-built tool

C-20260210-C888DC	Licensee Dr. Aris, Complainant Patient	A patient filed a formal...	unprofessional conduct medical records	MEDIUM	45	review
C-20260208-0D8CB5	Licensee Dr. Aris, Complainant Patient Name (Unknown)	A patient filed a formal...	unprofessional conduct medical records	HIGH	85	review
C-20260208-4E88DC	Licensee Dr. Aris, Dr. Aris, Complainant Patient Name (Unknown), Patient Name (Unknown)	A patient filed a formal...	unprofessional conduct medical records	HIGH	85	review
C-20260208-23484D	Licensee (Dr. Complainant John...	The complaint alleges...	unprofessional conduct medical records	MEDIUM	55	review

A triage queue: extracted facts, rubric scores, human review

2026

agentic work

CRM Enricher

Settings

Triggers

When should this agent run?

Run agent

New chat with CRM Enricher in Notion

When agent is mentioned in Notion

Meeting note summarized in GTM Meeting Notes

Instructions

What should the agent do every time it runs? Here are a few best practices.

Overview

You keep the CRM accurate by processing new meeting records, matching them to the right

A custom agent that runs itself when a meeting note is summarized (Notion)

A Working Example

MedReview — our record-review module, reviewing a full case.

AI

Full case workup — documents, AI analysis, clinical timeline, and flagged concerns. Every finding is backed by cited source text.

MR-20260408-F7C265 In Review

Isaiah615 Bartoletti50 | Dr. Elias Thorne

Change Status + Add Document

DOCUMENTS 5 files

- isaiah615_bartoletti50_discharge_summary.pdf
Discharge Summary · 3.4 KB
- isaiah615_bartoletti50_lab_report.pdf
Lab Result · 3.1 KB
- isaiah615_bartoletti50_progress_note.pdf
Medical Record · 2.9 KB
- chest_xray_effusion_00022826_002.png
Imaging · 413.6 KB
- chest_xray_cardiomegaly_00026825_006.png
Imaging · 422.3 KB

Select a document to preview

PER-IMAGE ANALYSIS

chest_xray_effusion_00022826_002.png Chest X-ray 90%

REGION
Chest

FINDINGS
The image displays a chest X-ray view. The right lung appears clear with normal vascular markings. The left hemithorax shows significant opacification, particularly in the lower zones, obscuring the left hemidiaphragm and mediastinal structures. A chest tube is visible entering the left pleural space. There is apparent volume loss on the left side. The heart size appears within normal limits. Ribs and clavicles are intact.

ABNORMALITIES

- Left hemithorax opacification/consolidation with associated volume loss HIGH
- Chest tube in left pleural space MEDIUM
- Possible small subcutaneous emphysema along the left chest wall LOW

IMPRESSION
Left-sided lung pathology with volume loss, likely related to pneumothorax, pleural effusion, or pneumonia, currently under drainage via a chest tube.

chest_xray_cardiomegaly_00026825_006.png X-ray 75%

REGION
Chest

FINDINGS
The image shows a portable AP chest X-ray. Significant opacification is present in the right lower lung field, obscuring the right hemidiaphragm and heart border. Opacity is also noted in the left lower lung field, obscuring the left hemidiaphragm. The cardiac silhouette appears enlarged (cardiomegaly). A central venous catheter is visible in the upper chest.

ABNORMALITIES

- Right pleural effusion or consolidation HIGH
- Left pleural effusion or atelectasis MEDIUM

Reading the screen

- Source documents on the left; the analysis never leaves them behind
- Every finding is backed by cited source text
- Confidence flags on every output — and a human review status on every case

2026 AAVSB

ANNUAL MEETING

& CONFERENCE

PROVIDENCE
09.23 - 09.26

Building the tool is no longer the difficult part.
Deciding how it may be used is.

A complaint-triage tool is now within reach of any board in this room.

Authorizing one, setting its limits, and being able to explain it afterwards is work that has not become any easier.





04

Guardrails

AI alone is not enough



AI as the Practitioner

CASE IN POINT: DR. MCGRATH

- An AI chatbot marketed as a virtual veterinarian — pet nutrition, behavior, common health problems
- A sub-site of Dr. Gupta, Martin Shkreli's AI physician chatbot. Same model, \$20 a month
- No veterinary review, no supervision, no VCPR. Both now offline

CALIFORNIA, OCTOBER 2025

The screenshot shows the California Legislative Information website. The top navigation bar includes links for Home, Bill Information, California Law, Publications, Other Resources, My Subscriptions, and My Favorites. Below the navigation bar, there is a search bar and a dropdown menu for "Bill Information >> Bill Search >> Text". The main content area displays the details for Assembly Bill No. 489, titled "Health care professions: deceptive terms or letters: artificial intelligence." (2025-2026). The bill is currently in the "Chaptered" stage, with a version dropdown set to "10/11/25 - Chaptered". The bill's text is displayed in a table with columns for Text, Votes, History, Bill Analysis, Today's Law As Amended, Compare Versions, Status, and Comments To Author. The bill's title is "Assembly Bill No. 489" and "CHAPTER 615". The bill's description is "An act to add Chapter 15.5 (commencing with Section 4999.8) to Division 2 of the Business and Professions Code, relating to healing arts." The bill was approved by the Governor on October 11, 2025, and filed with the Secretary of State on October 11, 2025. The date published is 10/13/2025 09:00 PM.

[AB 489, signed October 11, 2025 — implying licensure with AI is now a crime under the Medical Practice Act. Click for the bill.](#)

The 2024 Policy

FSMB guidance, adopted April 2024. Boards regulate practitioners, not tools.

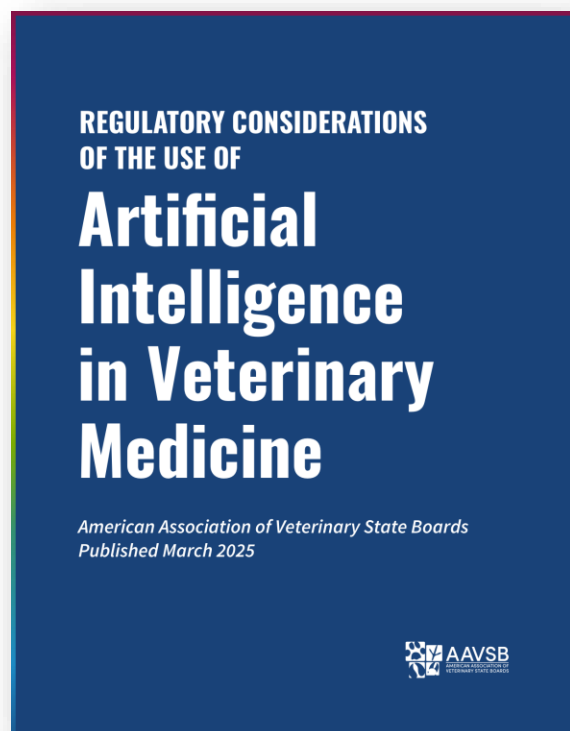


[FSMB, 'Navigating the Ethical and Responsible Incorporation of Artificial Intelligence into Clinical Practice', April 2024. Cover shown; click it for the full policy.](#)

- **Transparency & disclosure** — how AI use is disclosed to patients; the patient deserves to know.
- **Education & understanding** — foundational AI knowledge and continued competence for licensees.
- **Responsible use & accountability** — developers explain their tools; the licensee remains accountable.
- **Equity & access** — attention to bias in training data that could reproduce historical inequities.
- **Privacy & data security** — protection of patient information across every system that touches AI.
- **Oversight & regulation** — boards retain disciplinary authority over licensees who use AI tools.

AAVSB Guidance

Adopted March 2025. What each consideration means when the AI belongs to the board.



[AAVSB, 'Regulatory Considerations of the Use of Artificial Intelligence in Veterinary Medicine', 21 March 2025. Cover shown; click it for the full paper.](#)

- **Understand risks and limitations** — know what the model cannot do, and write it down before deployment.
- **Maintain full transparency** — say the tool exists: to staff, to complainants and to licensees.
- **Safeguard client data privacy** — on-premises processing, masked identifiers, a written retention rule.
- **Obtain informed consent where appropriate** — decide in advance whose consent triage requires, if anyone's.

Data

What you can use. Further down the ladder, your statute decides — not the technology.

- **Board-owned, public** — statutes, rules, published decisions, your own forms. Use freely.
- **Board-owned, confidential** — complaint files, investigative records. On-premises only.
- **Animal and owner records** — clinical records, owner contact details. Minimize and mask.
- **Licensee personal data** — health, employment, disciplinary history. Exclude from triage.



Before a pilot, ask counsel: does the statute permit processing? Is the output a public record? What must be retained?

Validation

You do not evaluate a triage tool by using it.

- **Build a gold-standard set** — 40–60 closed complaints across the severity range, scored by experienced staff, reasoning recorded.
- **Score blind, twice** — the tool never sees the staff score; staff never see the tool's until they commit.
- **Measure agreement, not accuracy** — there is no ground truth in triage. Target staff-to-staff agreement levels.
- **Re-test on a schedule** — quarterly, and after any change to model, rubric or intake form. Drift is silent.



05

Regulating AI

When the tool becomes the practitioner



2026 AAVSB
ANNUAL MEETING
& CONFERENCE
PROVIDENCE
09.23 - 09.26



The White House Orders

Washington's posture, in three orders.

January 2025 — 'Removing Barriers to American Leadership in AI' rescinds the 2023 safety-and-testing order. The posture flips to acceleration.

July 2025 — 'Winning the AI Race' — the Action Plan casts regulation as the obstacle, not the safeguard.

December 2025 — 'Ensuring a National Policy Framework for AI' stands up an AI Litigation Task Force to challenge state AI laws — laws like the ones in this section.

WHITEHOUSE.GOV • DECEMBER 11, 2025



[The December order, on the White House site — click for the full text. Legislative preemption recommendations followed in March 2026.](#)

The federal posture is accelerate — and preempt. The guardrails, for now, are state guardrails.

The FDA's Role

One agency, two very different answers.

HUMAN MEDICINE

1,400+ AI-based devices authorized as medical devices — but many AI advice tools reach the market with no premarket review at all.

Two rewrites in one month — the CDS guidance was revised January 6, 2026, then again January 29 — each widening what escapes the device definition.

Gerke — generative-AI clinical decision support “can enter the U.S. market without FDA premarket review.”

VETERINARY MEDICINE

Post-market only — for animal devices the FDA “does not have the legal authority to require any premarket notification review process.”

No class system — the human Class I–III risk framework simply does not apply.

Dual-use trap — even when a device was FDA-reviewed for humans, “the FDA's review would not have covered the animal uses.”

Neither profession has a federal gatekeeper pre-clearing these tools. The guardrail is the licensee — and the board.

Sources: [Gerke, The FDA's New CDS Software Guidance and Its Implications for AI, Utah L. Rev. \(2026\)](#) · [AAVSB whitepaper, pp. 8–10](#)

The Utah Pilot

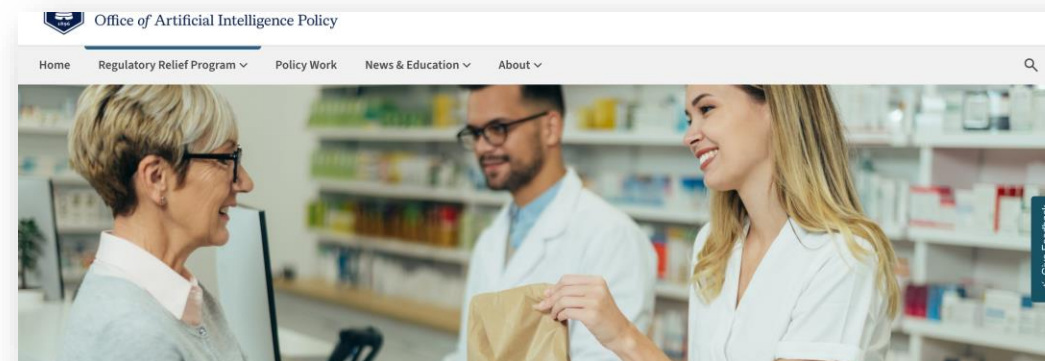
January 6, 2026 — the first state authorization of autonomous AI prescription renewals.

SB 149 — Utah's AI Policy Act created an Office of AI Policy that can waive licensure rules through 'regulatory mitigation agreements.'

The agreement — Doctronic's AI renews existing 30-, 60- and 90-day prescriptions on its own. New scripts, controlled substances and treatment changes are excluded.

The boards' role — the medical and pharmacy boards were 'relevant agencies' — consulted, not the authorizer.

COMMERCE.UTAH.GOV · OFFICE OF AI POLICY

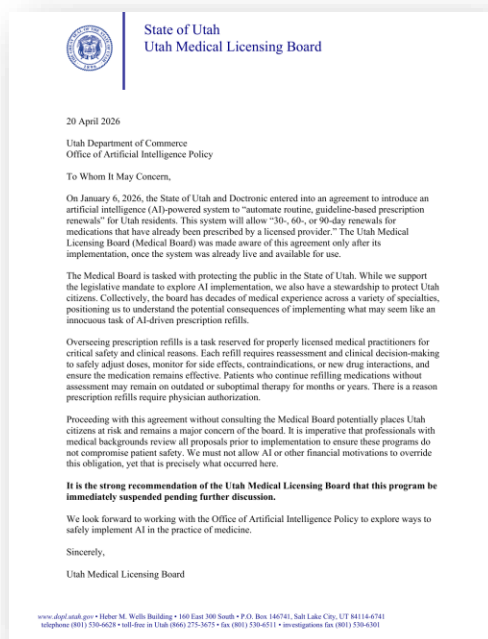


[The live agreement page — click for the pilot, its phases and every document that follows.](#)

The Board Pushes Back

Two letters, one day apart.

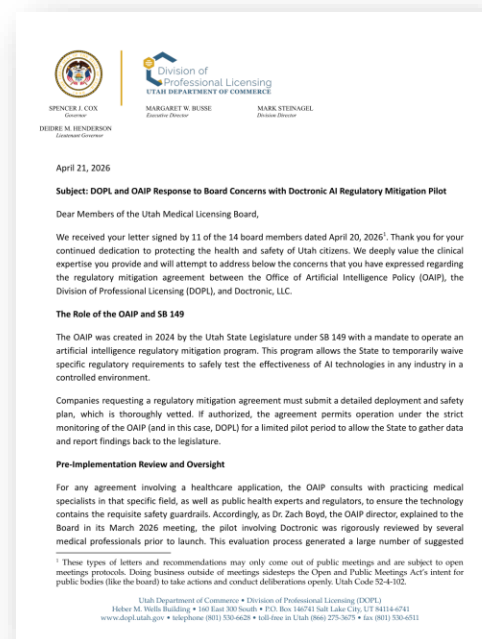
APRIL 20 — THE MEDICAL BOARD



“Made aware of this agreement only after its implementation.”

Signed by 11 of 14 members.
The ask: immediate suspension.

APRIL 21 — THE STATE



A next-day reply: SB 149 is the mandate.

Plus a footnote: the board's own letter may have violated open-meetings law.

Both letters are public — click either page for the full document.

The Work Underway

The profession's answer is being written now.

May 19, 2026 — FSMB convenes the Workgroup on the Regulation of Artificial Intelligence in the Practice of Medicine.

The charge — a comprehensive report and model guidelines for state boards, with particular emphasis on AI performing clinical functions with limited or no physician supervision — sandbox programs included.

This room — AAVSB's 2025 guidance already stakes the veterinary position. The pilots will come.

FSMB.ORG • MAY 19, 2026



[The announcement — click for the full release and the workgroup's charge.](#)

References & Links

Scan a QR code to open the resource on your phone.

AAVSB & VETERINARY REGULATION



AAVSB AI Guidance Whitepaper

aavsb.org



Model Docs & White Papers

aavsb.org/model-docs-white-papers



AI POLICY & TOOLS



AMA Deepfake Framework

ama-assn.org · March 2026



FSMB AI Policy

fsmb.org/aipolicy



Doctronic / Utah AI Office

ai.utah.gov



NIST AI Risk Management

nist.gov/itl/ai-risk-management-framework

THANK YOU

Let's Talk.

Catch me in the hallway or message me on LinkedIn.



LinkedIn

