

Maine Telehealth and Telemonitoring Advisory Group

AI Workgroup – Meeting Minutes

Meeting	Second AI Workgroup Meeting
Date	Monday, December 15, 2025
Time	10:00–11:00 AM ET
Location	Zoom
Facilitators	Andrew Solomon; Danielle Louder; Reid Plimpton; Caren Bishop
Recorder	Prepared from meeting transcript and notes, with AI-curated summaries

Attendees

- Alecia Swihart
- Andrew Solomon
- Caren Bishop
- Carol Carew
- Danielle Louder
- Erica James
- Lisa Letourneau
- Reid Plimpton
- Sally Weiss
- Sue Woods
- Tim Terranova

Agenda

- Welcome & Introductions
- Discussion: Executive Order on AI regulations and implications for the Workgroup’s scope
- Survey review: AI utilization snapshot – refinements, target audiences, and distribution strategy
- Next steps and 2026 meeting cadence

1) Welcome & Introductions

The group welcomed participants and reviewed the purpose of the AI Workgroup: to support Maine healthcare stakeholders with practical resources, shared learning, and best practices for responsible AI adoption. Participants briefly shared current areas of interest and concerns regarding AI in healthcare.

2) Discussion: Executive Order on AI

Reid Plimpton introduced the discussion on President Trump’s December 11 executive order related to AI regulation, including the emphasis on a unified federal approach and limitations on a patchwork of

state-level regulations. Participants noted that the executive order aligns with prior national discussions regarding state-by-state regulation.

The group agreed that—while monitoring policy developments is important—the Workgroup’s primary role is to help providers and healthcare organizations navigate AI through practical guidance, implementation resources, and shared learning rather than serving as a policy-focused body.

Danielle Louder shared that the executive order was referenced multiple times at the ATA EDGE conference and noted the group will monitor for related updates and resources from the Center for Connected Health Policy (CCHP).

3) AI Healthcare Survey Refinement

The Workgroup reviewed the draft AI usage survey intended to create a statewide snapshot of AI utilization. Key discussion topics included the target respondent population, survey length (SurveyMonkey estimated ~5–7 minutes), and how the survey data would be used to inform priorities and resource development.

- Clarify the target audience and distinguish between inpatient/hospital and outpatient/clinic settings; consider separate versions tailored to each setting.
- Strengthen role-based questions (e.g., whether an organization has an AI lead) and ensure respondents can select multiple roles/use cases where appropriate.
- Refine tool/vendor questions (including potential consolidation of vendor-related items) and better distinguish clinical vs. administrative use.
- Add or expand questions related to patient/consumer engagement, consent, and resistance to AI adoption; consider capturing other concerns (e.g., energy use).
- Include governance and decision-making questions (who is at the table, oversight structures, and how decisions are made). The group discussed removing or simplifying questions that may be difficult to answer and replacing them with clearer governance items.
- Increase the use of open-ended questions (particularly around challenges, lessons learned, and resource needs) to capture qualitative insights not covered by structured items.
- Define “AI” clearly in the introduction to reduce ambiguity and improve consistency of responses.
- Clarify in the survey introduction how the information will be used and what respondents can expect in follow-up (e.g., deeper interviews or targeted outreach).

Several participants emphasized the importance of aligning the survey with the Workgroup’s overarching objectives and ensuring the results directly inform actionable next steps, including identifying high-priority resource gaps (financial, technical, governance, and workforce-related).

4) Next Steps and 2026 Meeting Cadence

The group discussed meeting cadence and agreed to establish a recurring monthly schedule for 2026. Participants also agreed that an updated survey draft should be circulated for review prior to the January meeting.

Decisions and Agreements

- The Workgroup will prioritize practical resources, shared learning, and best practices; policy developments will be monitored but are not the primary focus of the group.
- The AI utilization survey will be revised to clarify audience and purpose, add more open-ended questions, and strengthen governance/decision-making content.
- Two survey versions may be developed (hospital/inpatient and outpatient/clinic) for more appropriate and efficient distribution.
- The Workgroup will move toward a recurring monthly meeting schedule in 2026, with the next meeting planned for January.

Action Items

- Caren Bishop: Update the AI usage survey and introduction based on Workgroup feedback (including open-ended questions, definitions, and governance items).
- Caren Bishop: Circulate the updated survey to the group for additional review prior to the January meeting.
- Lisa Letourneau: Share MMA's prior AI survey results with the Workgroup for reference.
- Danielle Louder: Reach out to Angela Westhoff (Maine Hospital Association) and other stakeholder organizations (e.g., MPCA, MMA) to support survey distribution and broader representation.
- Andrew Solomon: Send a calendar poll to identify the best recurring monthly meeting time for 2026.

Next Meeting

To be scheduled via calendar poll; target is January 2026.

Adjournment

The meeting concluded at approximately 11:00 AM ET.