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Al Act & EHDS Compliance in Healthcare: From Risk to Strategic Advantage



Two Game-Changing Regulations Collide



The Perfect Storm

- Artificial Intelligence, Al Act (Aug 2026) + European Health Data Space, EHDS (Mar 2027-2031)
- Healthcare AI is at the epicenter
- Any healthcare AI system
 developed or deployed during this
 period must comply with both
 frameworks from day one.
- Regulatory synergy
- Dual compliance is survival, not optional
- The risk is exclusion from the EU market



Stakeholder Compliance Requirements

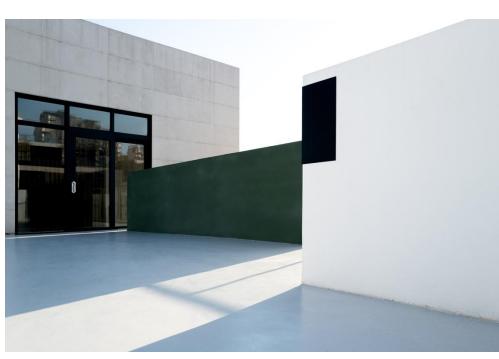
Al Developer/Provider (Health Tech Company)

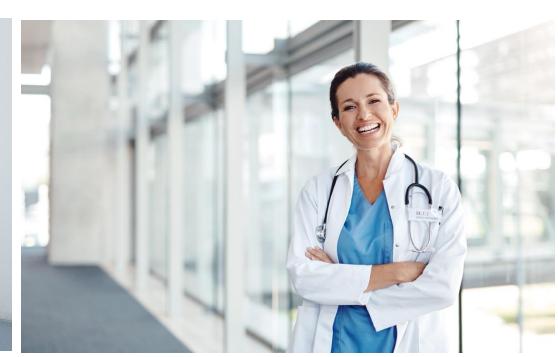
Healthcare Deployer (Hospital)

Healthcare Professionals

Patients (Data Subjects)









The company must design data governance systems that satisfy both AI Act's data quality requirements and EHDS's health data protection standards simultaneously.

Hospitals must establish governance frameworks that ensure Al transparency requirements align with patient data rights under EHDS.

Medical professionals must balance Al Act requirements for human oversight with EHDS requirements for patient data transparency and control. Patients gain comprehensive protection through both frameworks, with Al Act ensuring algorithmic transparency and EHDS ensuring data control.

Al Developer (Company)

Al Act Obligations:

- Implement comprehensive risk management system
- Ensure training data quality and bias mitigation
- Maintain detailed technical documentation
- Conduct conformity assessment with notified body
- Implement post-market monitoring system
- Ensure human oversight capabilities

EHDS Obligations:

- Comply with health data processing requirements for secondary use
- Implement technical and organizational measures for health data protection
- Ensure interoperability with European health data infrastructure
- Obtain necessary permits for health data processing

Healthcare Deployer (Hospital)

Al Act Obligations:

- Ensure proper human oversight during AI system deployment
- Monitor AI system performance and report serious incidents
- Provide adequate training to medical staff using the AI system
- Maintain logs of AI system usage and decisions

EHDS Obligations:

- Ensure patient consent for health data processing
- Implement data subject rights (access, portability, deletion)
- Comply with health data sharing requirements with other healthcare providers
- Maintain audit trails for health data access

Healthcare Professionals

Al Act Obligations:

- Maintain meaningful human control over Al-assisted diagnoses
- Understand AI system limitations and capabilities
- Report AI system malfunctions or unexpected behavior
- Ensure final diagnostic decisions remain under human responsibility

EHDS Obligations:

- Respect patient data rights when using AI systems
- Ensure proper consent for Alassisted diagnosis
- Maintain professional confidentiality standards
- Support patient access to their health data and Al-generated insights

Patients (Data Subjects)

Al Act Rights:

- Right to information about Al system use in their healthcare
- Right to human review of Alassisted medical decisions
- Protection from discriminatory AI outcomes
- Right to understand AI system logic affecting their health

EHDS Rights:

- Enhanced control over health data processing
- Right to data portability across healthcare providers
- Right to access Al-generated health insights
- Right to restrict certain health data processing

Why This Matters



Market access depends on compliance

Early compliance = competitive edge

Example of first-mover benefit:

A Finnish health data platform may be designated as a trusted health data holder under EHDS. This status allows it to streamline data-sharing agreements with research institutions and attract EU-wide partnerships. The platform's early compliance with data quality labeling can give it a reputational edge.

Risk of Non-Compliance

Fines up to €35M or 7% of global turnover (Al Act)

A Fines up to €20M or 4% of turnover (EHDS)

Market access restrictions

Reputational damage

Operational delays due to regulatory gaps

Rewards of Early Compliance

First-mover advantage in EU digital health market

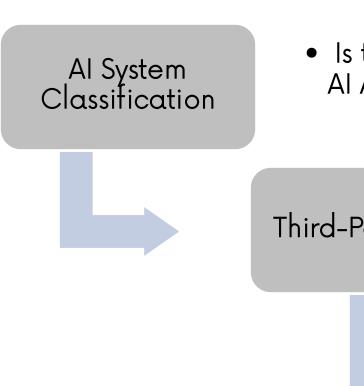
Access to cross-border health data via HealthData@EU

Trusted Health Data Holder status

Competitive differentiation through EU data quality labels

Streamlined product approvals and partnerships

Understanding High-Risk Classification



 Is the system high-risk under the AI Act?

Third-Party Assessment

 Is a notified body required under MDR/IVDR?

Most healthcare AI systems will be classified as high-risk

- Applies to safety components and medical devices
- Requires third-party conformity assessment
- Most healthcare Al systems are high-risk

Data Governance & Quality

• Is the dataset representative, error-free, and well-documented? (AI Act + EHDS)



• Is the system designed for human intervention? Are users informed they're interacting with AI?



Cybersecurity & Documentation

 Are Al-specific threats addressed? Is technical documentation complete?



Interoperability & Secondary Use

 Do EHR systems support EU formats? Is secondary data use secure and compliant?

Examples

If your AI is a safety component or a medical device, and it requires third-party conformity assessment, you're in scope.



A company developing an Al-based triage assistant for emergency departments

Must classify its system as high-risk under the AIA. Because the tool influences clinical decision-making and is integrated into a CE-marked medical device, it requires third-party conformity assessment and documentation aligned with MDR and AIA standards.

A company developing an Al-powered diagnostic tool for detecting early-stage cancer

Must comply with AIA because the system is classified as high-risk. It functions as a safety component of a medical device and requires third-party conformity assessment under MDR. Company has to redesign its model to include human oversight and bias mitigation protocols before market entry.





Transforming Health

Data Access

2031

EHDS – The Data Revolution

Example:

Hospital begins preparing its EHR systems to support the EHDS exchange format. This will involve upgrading legacy systems to ensure interoperability for patient summaries and prescriptions, which will be mandatory by 2029. The hospital can collaborate with Finnish vendors to align with EU technical specifications.

2027 - Foundation Phase

26 March 2027 - General Application Date

- Digital health authorities designated
- National contact points established
- Technical specifications adopted
- MyHealth@EU infrastructure ready

2029 - Phase 1 Implementation

26 March 2029 - Priority Data Categories (a-c)

- Patient summaries, ePrescriptions, medical images
- EHR systems for priority categories
- Secondary use provisions active

2031 - Phase 2 Implementation

26 March 2031 - Extended Data Categories (d-f)

- Laboratory results, discharge reports, rare disease registries
- Full EHR system compliance
- Complete Chapter III provisions

2035 - Final Phase

26 March 2035 - Full Implementation

- All Article 75(5) provisions active
- Complete EHDS ecosystem operational

Dual Compliance is the New Normal

	Scenario	Applicable	Key Compliance
N		Regulations	Requirements
1	AI-Powered	Al Act + MDR	High-risk AI classification +
1	Diagnostic		medical device software
1	Software		classification
/	EHR System with	MDR + EHDS	Medical device
/	Medical Device		requirements + health
/	Functions		data interoperability
	Al Health Data	Al Act + EHDS	Al risk assessment + health
	Analytics		data access compliance
000	Al Medical	Al Act + MDR +	Triple compliance: Al risk
1	Device in EHR	EHDS	management, medical
1	System		device safety, and health
			data interoperability



AIA complements MDR/IVDR

Example:

A U.S.-based health tech firm offering AI-based imaging analysis in Europe has to comply with both AIA and EHDS. Although headquarted outside the EU, their product is used in European hospitals. Must implement secure data processing environments and revise documentations to meet EU standards. Location doesn't exempt companies from compliance.

EHDS adds data access and interoperability

Example:

A Finnish startup offering Alpowered radiology analysis to hospitals across Europe has to comply with both AIA and EHDS. Although its operations are local, its AI outputs are used in other EU countries, triggering cross-border compliance obligations. Need to implement secure data environments and revise its documentation to meet both frameworks.



Unified Data Governance is Key

Both regulations demand strong data governance

Al Act: Bias mitigation, dataset quality

EHDS: Data quality labels, metadata standards

Action: Implement unified governance across both frameworks





Key Differences:

- Scope: Al Act covers all high-risk Al systems across sectors; EHDS specifically focuses on health data
- Data Categories: AI Act defines technical data types (training, validation, testing); EHDS defines 17 specific health data categories
- Prohibited Uses: Al Act focuses on biometric and emotion recognition restrictions; EHDS emphasizes insurance/employment discrimination prevention
- Governance: AI Act relies on market surveillance authorities; EHDS establishes specialized health data access bodies
- Secondary Use Framework: EHDS has comprehensive secondary use provisions for research and innovation; AI Act has more limited research provisions



Compliance as a Catalyst for Innovation – a Gateway to Growth

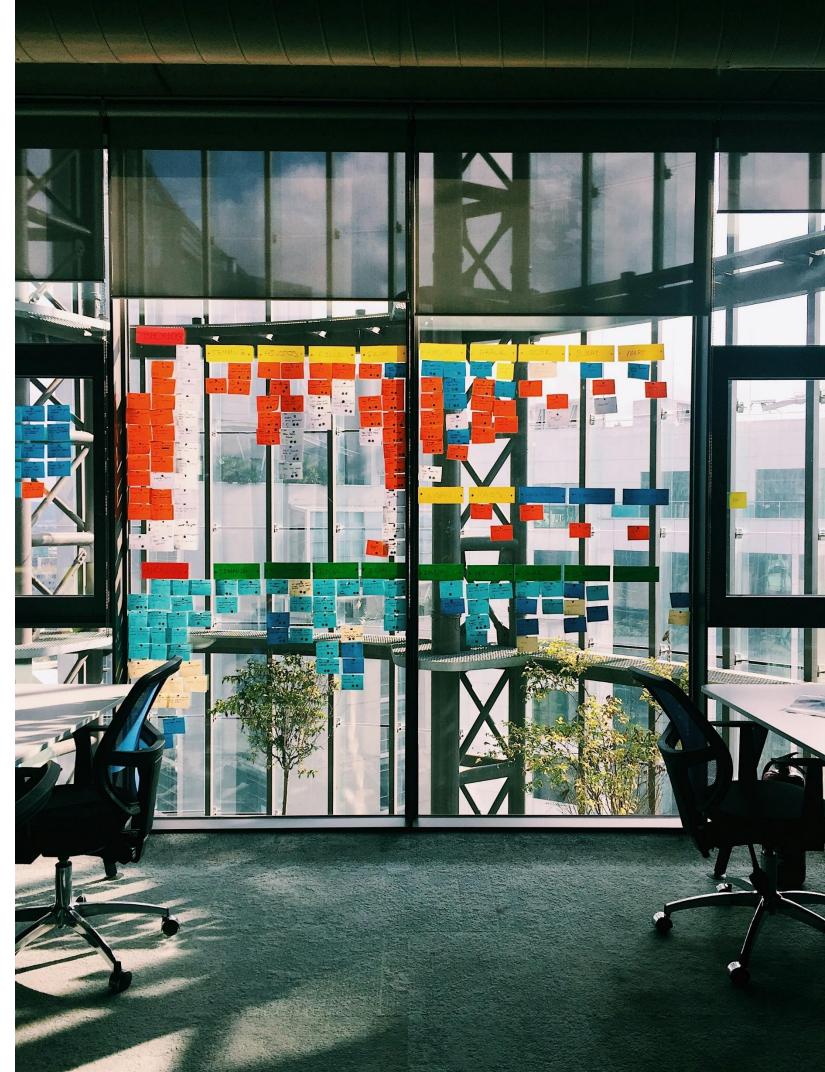


Business Opportunities

- EHDS creates a harmonized EHR market, reducing fragmentation.
- Secondary use of health data opens doors for research, innovation, and Al training.
- HealthData@EU will support crossborder access.

Example: A biotech startup partners with a national health data holder to access anonymized patient data for training its AI models. Thanks to EHDS provisions, they could use the data for innovation and product development, accelerating their time to market and improving model accuracy.

Demonstrates how compliance opens doors to valuable data and partnerships.



Your Roadmap to Compliance

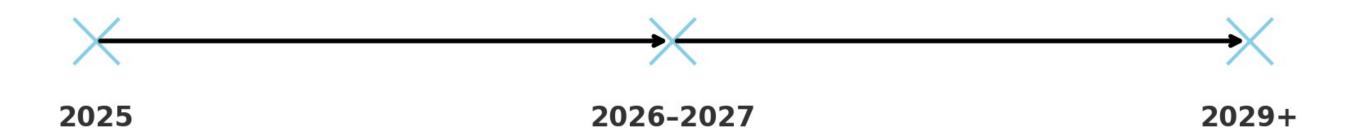
Implementation Strategy

Phased Roadmap for Al Act & EHDS

Gap analysis & prohibited practices

Full AI Act compliance & EHDS preparation

Implement priority categories



Invest Smart, Monitor Proactively



Resource Allocation

Legal, technical, and training teams must work together.
Use EU testing environments to validate products.

Risk Mitigation

Monitor risks continuously and unify documentation systems to meet both AI Act and EHDS requirements.



What are you buying?

Your Company

What are you selling?

Products

Software

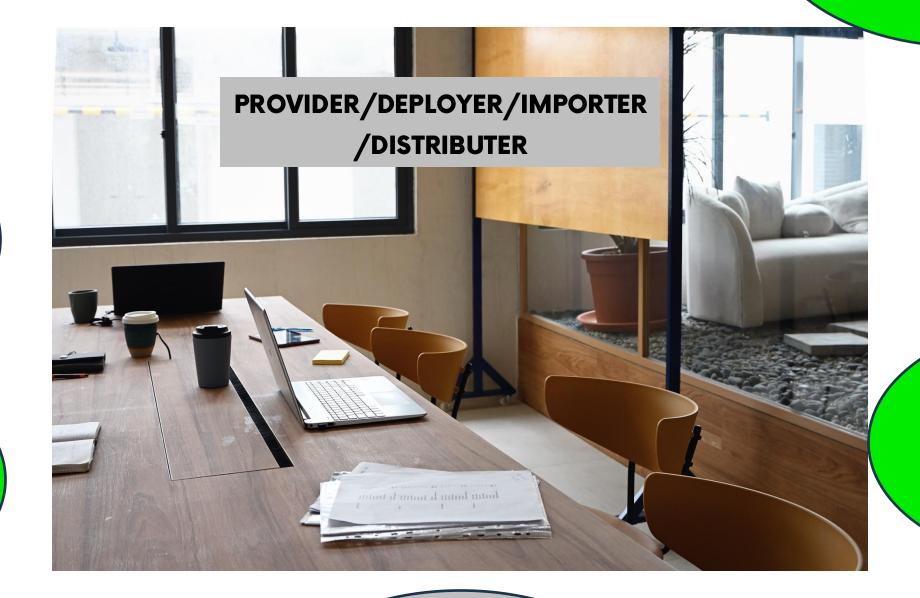
Services

B2B: public/private

Products / Services

Components

Manufacturing



- Written agreements
- Supply chain liability management
- IPR strategy
- Insurance framework

PRE-CONTRACT:

Vendor Due

Diligence & Supply

Chain Compliance

- Data protection and crossborder considerations
- · Confidential information
- Legal risk assessment
- Dispute resolution

B2C

THANKYOU

FOR COMING

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Extra slide

Anticipate the Tough Questions



What if we're not ready?

Penalties, restricted access



Documentation burden?

Templates, integration



Third-country companies?

No escape clause



Can we phase compliance?

Yes, strategically

Designing for Safety and Trust

Human oversight is a legal requirement. In healthcare, patient safety demands even stricter oversight than the regulations require.

Aspect	Al Act	EHDS
Scope of Human Oversight	Direct operational oversight of AI systems during use to prevent risks to health, safety and fundamental rights	Regulatory oversight of data access and processing compliance
Real-time Control	Humans must be able to intervene, override, or stop AI systems through 'stop' buttons	Limited real-time intervention provisions
Decision Authority	Prohibits solely automated decisions with adverse legal effects	Emphasises human decision-making independence in data access bodies
Competency Requirements	Specific AI literacy, competence, training and authority requirements for human overseers	General professional competency requirements for regulatory staff
Biometric Safeguards	Requires verification by at least two natural persons for biometric identification decisions	No specific biometric oversight provisions
Individual Rights	Right to explanation for AI-based decisions affecting individuals	Right to information about data processing and how to exercise rights