RATE AI

PUBLIC INDUSTRY BRIEF

Healthcare BB. Finance CC. Why the gap matters.

The first industry ranking is more useful as a clue than as a league table. It suggests that lifecycle evidence habits may influence how strongly sophisticated AI governance can be demonstrated from the outside.

BB	CC	1,300+	92%
Healthcare	Finance & credit	FDA-authorised AI devices by end-2025	EU banks deploying AI

The RATE AI pattern

Healthcare leads the published industry comparison at BB. Biometrics and surveillance, migration and border, and work and employment sit at CCC. Finance and credit and platforms and content sit at CC.

A plausible explanation: evidence muscle memory

FDA market authorisation, public safety/effectiveness information and lifecycle guidance create an environment in which evidence is generated before and after deployment. WHO Europe also finds AI already widespread in health while governance readiness remains uneven. This does not prove causation, but it makes regulatory muscle memory a serious hypothesis for later cohort testing.

Why finance deserves a different reading

The EBA says AI deployment is already present in 92% of EU banks. The FSB has called for authorities to close information gaps and strengthen supervisory capability. The RATE AI CC position therefore points to an assurance challenge at scale: many use cases, models, vendors and overlapping rules can make end-to-end decision traceability harder even where internal controls are mature.

What decision-makers should ask

Which systems have become operationally important faster than their assurance record? Which supplier or model dependencies make the decision chain hard to reconstruct? Which controls exist but cannot yet be independently demonstrated?

Official context: **FDA AI-enabled device list** | **FDA lifecycle guidance** | **WHO Europe** | **EBA** | **FSB**

Technical note: RATE AI ratings are independent risk-intelligence positions, not legal opinions or certificates of regulatory compliance. Detailed scoring and evidence rules are published separately in the Public White Paper v1.1.