General

The Honorable Earl L. "Buddy" Carter (R-GA)

Question: What steps could Congress consider to promote more adoption of third-party certifications and assurance frameworks to ensure AI systems in healthcare are secure and aligned with regulatory expectations?

Answer:

Regulatory bodies should be wary of an overreliance on third-party frameworks, which risk creating layers of bureaucracy that may slow innovation without meaningfully improving patient safety. AI in healthcare is inherently non-deterministic, and static certification models struggle to account for systems that continuously learn and improve.

Instead, Congress should consider policies that emphasize output-based evaluation rather than prescriptive certification of inputs or processes. By focusing on clinical performance and outcomes, regulation can remain adaptive to the technology's evolution. This provider-centric approach would treat AI tools as extensions of the clinical workflow, subject to the same oversight and accountability mechanisms that govern medical practice. Congress could also support FDA and ONC efforts to update

frameworks that balance innovation and safety, while avoiding redundant third-party oversight that may disincentivize adoption.

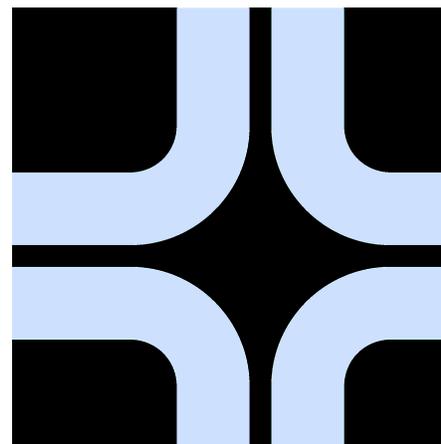**The Honorable Mariannette Miller-Meeks (R-IA)**

Question 1a: What can be done to ensure that breakthrough autonomous artificial intelligence diagnostic tools play a more significant role in preventive care in the future?

To expand the role of autonomous AI in preventive care, Congress can focus on enforcing existing regulations that prevent information blocking and strengthen requirements for interoperable, comprehensive medical records. AI systems can only generate effective, personalized recommendations when providers have full visibility into patient history.

Mandating the participation in health information exchange and interoperability efforts —similar to prior federal efforts that successfully incentivized EMR use—would provide the foundation for meaningful AI integration. It would also be effective to establish financial incentives tied to output quality, rewarding providers who use AI to generate effective, personalized preventive care pathways.

The Honorable Mariannette Miller-Meeks (R-IA)

Question 2a: Would you support a government-wide effort to modify healthcare-related programs — like HRSA's Rural Health Care Services

Outreach Program — to explicitly list AI tools as eligible technologies, like how telehealth is named?

Answer:

Yes. Expanding existing federal health programs to explicitly include AI-enabled diagnostic and clinical support tools alongside telehealth would meaningfully increase access to high-quality care, particularly in rural and underserved areas. These technologies function as a natural complement to telehealth—bringing specialist-level capabilities directly into primary care settings.

By updating eligibility criteria in programs like HRSA's Rural Health Care Services Outreach Program, Congress can enable provider groups to adopt AI tools that improve triage, reduce unnecessary specialist referrals, and extend clinician capacity. This would directly support national goals of addressing workforce shortages, improving preventive care, and reducing downstream costs through earlier intervention.