October 22, 2025

The Honorable H. Morgan Griffith
Chairman, Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Re: Responses to Questions for the Record
Hearing: *Examining Opportunities to Advance American Health Care through the Use of Artificial Intelligence Technologies*
Date: September 3, 2025

Dear Chairman Griffith:

On behalf of Viz.ai, thank you for the opportunity to provide testimony before the Subcommittee on Health and to submit these written responses to questions for the record. Viz.ai remains committed to working with Congress, the Department of Health and Human Services (HHS), and other stakeholders to ensure that the promise of artificial intelligence (AI) in healthcare is realized safely and effectively for patients and clinicians.

Below are our responses to questions submitted by Members of the Subcommittee.

We appreciate the Committee's leadership in examining the responsible use of AI in healthcare. Please do not hesitate to contact me with me any additional questions.

Sincerely,

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Chief Clinical Officer, Viz.ai

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

1. How can AI accelerate innovation in drug development to bring more safe and effective treatments to patients faster while reducing unnecessary animal testing?

AI can accelerate drug development in three key ways:

- **Identifying conditions earlier and more inclusively:** AI enables detection of underrecognized or incidental findings, expanding the pool of eligible patients and helping target new therapeutic opportunities.

- **Guiding pharmaceutical R&D:** By partnering with pharmaceutical companies, AI can surface real-world data that highlights unmet clinical needs—directing research toward areas with the highest potential patient impact. It can also facilitate a better understanding of the biology of disease, drug repurposing and better connecting patients to trials where they may benefit.

- **Reducing reliance on animal testing:** The FDA’s recent efforts to encourage validated alternatives to animal testing highlight how AI-driven modeling and predictive analytics can help evaluate drug safety and efficacy earlier, faster, and more ethically. This, alongside efforts to develop “digital twins” based on underlying biology would further make this goal more achievable.

Together, these advances can bring safer, more effective therapies to patients sooner while modernizing preclinical evaluation standards.

2. 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?

Congress can strengthen trust in healthcare AI by promoting rigorous data, evidence, and post-market transparency. We support FDA’s focus on robust validation and oversight. Congress can support this further by requiring direct reporting of real-world evidence (RWE) back to the FDA to support continuous post-market surveillance. In addition, Congress can support investments in the needed infrastructure to ensure secure handling of the data.

The Honorable Mariannette Miller-Meeks (R-IA)

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?

The FDA has taken important early steps in this area. To accelerate progress, regulatory sandboxes—safe, collaborative test environments—could enable industry and regulators to prototype, validate, and scale breakthrough autonomous AI systems more efficiently.

While autonomous AI may not be suitable for every diagnostic application, it holds tremendous promise in specific use cases where the benefits clearly outweigh potential risks. This can be particularly enhanced by emerging models that can better calibrate our diagnostic abilities for each individual patient based on their unique data profile rather than rely on population estimates (*Lampert J, NEJM AI 2025.*)

A dedicated regulatory pathway, paired with predictable reimbursement mechanisms post-approval, would help unlock the full potential of these technologies in preventive care. As such, the reimbursement mechanisms would ideally be agnostic to the setting (e.g. inpatient vs outpatient), including remote use of the technology which may enable important rural access capabilities.

1b. What role do you recommend for Congress and HHS in ensuring that technologies proven to lead to better outcomes and reduced long-term costs are consistently reimbursed across Medicare, Medicaid, and commercial payers?

Congress and HHS can play a pivotal role in aligning regulatory and reimbursement frameworks.

Specifically, sustained funding pathways are needed to bridge the gap between pilot adoption and long-term integration. While programs like NTAP (New Technology Add-on Payment) have been instrumental for early adoption, a more durable solution is needed to ensure proven technologies transition to permanent reimbursement models.

This could include dedicated incentives for hospitals and payers, reinforcing the adoption of technologies that demonstrably improve outcomes and lower long-term costs.

In addition, attention is needed to the significant IT overhead needed by hospitals to adopt these technologies. Efforts to recognize and offset this growing demand would make hospitals more willing and able to adopt promising technologies that are already available. In addition, clear frameworks to standardize adoption could also facilitate broader uptake more readily.

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?

Yes. AI-enabled diagnostic and triage tools are a natural extension of telehealth and play a critical role in expanding access to timely, high-quality care in rural and underserved communities.

We support a government-wide effort to modernize program eligibility criteria so that "AI-based diagnostic and triage tools" are explicitly listed as eligible technologies within HHS grant programs.

Ideally, this should be aligned with CMS's alternative payment models and the Rural Transformation Fund to ensure sustainability across care delivery systems.

3a. What role does/can AI have in achieving adequate load balancing?

Hospital capacity management is fundamentally a **data and forecasting challenge**. AI can help by:

- **Analyzing real-time data** to identify current and emerging capacity constraints.
- **Forecasting future demand**, such as predicting surgical or critical-care needs based on early clinical signals (e.g., identifying nodules likely to require future intervention).
- **Optimizing distribution of patients and resources** across facilities, ensuring hospitals that are persistently overcapacity can be supported while underutilized facilities receive appropriate case volume.

AI-driven insights can help determine whether the system needs more capacity or simply better distribution.

3b. How can AI inform hospitals and health systems on the strategic use of medical resources, such as ICU beds, to improve health care outcomes during times of emergency?

AI can support two important functions here: identifying patients who need a higher level of care (e.g. ICU), and also identifying patients who are "over-triaged" and can be safely cared for in a less intensive setting.

Clinicians often err on the side of caution, resulting in over-triage and unnecessary ICU admissions. AI can help "right-size" care by predicting which patients truly require higher

levels of intervention, using early and continuous data signals. For example, we are developing a tool for trauma care triage, where over half of transfers and many ICU admissions prove unnecessary in retrospect. By leveraging predictive AI models, hospitals can deploy resources more strategically—improving outcomes, reducing costs, and preserving critical capacity during emergencies.

As for identifying patients who needed higher level of care, these models are also promising. For example, one study (Escobar, NEJM 2021) found that implementing an automated real-time risk-scoring model to identify hospitalized adults at high risk of deterioration—and coupling it with remote nursing review and rapid-response team activation—was associated with a significant reduction in 30-day mortality.

References

Escobar GJ, Liu VX, Kipnis P. Automated Identification of Adults at Risk for In-Hospital Clinical Deterioration. Reply. N Engl J Med. 2021 Feb 4;384(5):486. doi: 10.1056/NEJMc2034836.

Lampert J, Bhatt D, Vlad A, et al. Calibration of ECG-based deep learning algorithm scores for patients flagged as high risk for hypertrophic cardiomyopathy. *NEJM AI 2025;2(5)*. DOI: 10.1056/AIoa2400421.