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ONE HUNDRED NINETEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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October 7, 2025

TJ Parker
General Medicine
50 W Broadway, Suite 333
Salt Lake City, UT 84101

Dear Mr. Parker:

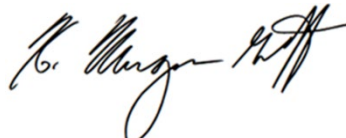
Thank you for appearing before the Subcommittee on Health on Wednesday, September 3, 2025, to testify at the hearing entitled “Examining Opportunities to Advance American Health Care through the Use of Artificial Intelligence Technologies.”

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on Wednesday, October 22, 2025. Your responses should be mailed to Annabelle Huffman, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to Annabelle.Huffman@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



H. Morgan Griffith
Chairman
Subcommittee on Health

cc: Diana DeGette, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

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

1. 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?

The Honorable Mariannette Miller-Meeks (R-IA)

1. During the hearing, I discussed an Iowa-based company, Digital Diagnostics, whose system was cleared by FDA with breakthrough status and autonomously detects diabetic retinopathy in primary care settings before patients become symptomatic. This enables early treatment and lifestyle changes that prevent this costly condition from progressing to irreversible vision loss or complete blindness. Despite FDA clearance, assignment of a permanent CPT code (92229), and listing on the Medicare Physician Fee Schedule, many state Medicaid programs and private insurers still do not reimburse for this service — limiting access to an effective, proven, and scalable solution that is also recognized as a HEDIS gap-closing procedure in diabetes care.
 - a. What can be done to ensure that breakthrough autonomous artificial intelligence diagnostic tools play a more significant role in preventive care in the future?
 - b. What role do you recommend for Congress and the Department of Health and Human Services (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?
2. Across numerous programs at the Department of Health and Human Services (HHS), telehealth is explicitly prioritized and incentivized as a strategy to expand access to care — especially in rural and underserved communities. However, autonomous diagnostic artificial intelligence (AI) tools that similarly bring critical specialty-level services directly to the point of care — often in primary care settings where no specialist is available — have not yet been given the same policy emphasis or reimbursement clarity. These tools represent a parallel and complementary innovation to telehealth, enabling earlier diagnosis, closing HEDIS gaps, and reducing preventable disease progression — yet they remain largely excluded from programmatic eligibility, grant guidance, and reimbursement consistency across Medicare, Medicaid, and commercial payers.
 - a. 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?

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)

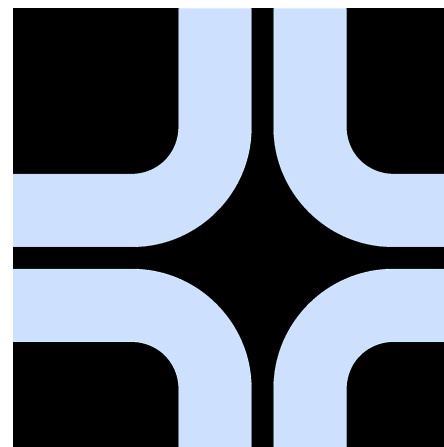
Question 1a: What can be done to ensure that breakthrough autonomous artificial intelligence diagnostic tools play a more significant role in preventive care in the future?

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.

