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Congress of the United States

House of Representatives

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October 7, 2025

Dr. C. Vaile Wright
American Psychological Association
750 First Street NE
Washington, DC 20002-4242

Dear Dr. Wright:

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. Many Americans suffer from mental illness. How can we use technology to improve the efficiency and effectiveness of the thousands of psychologists and therapists across the country?

2. I know that many have concerns about automated chatbots for treating behavioral health. As a clinician, I know that there is no replacement for human-driven clinical care. How can payers work to drive automated chatbots as an augmentative tool and feeder into clinical care, rather than as a cheap replacement?

3. AI curates feeds, monitors behavior, and influences emotions in ways young people often cannot detect or fully understand. How can we ensure AI in healthcare develops in an age-appropriate way?

4. 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)

1. Many Americans suffer from mental illness. How can we use technology to improve the efficiency and effectiveness of the thousands of psychologists and therapists across the country?

Thank you for this important question. Technology, specifically artificial intelligence, holds immense potential to support mental health professionals and alleviate the administrative burdens that contribute to provider burnout. One of the most promising applications is the use of AI-powered "scribes" and support tools that can summarize therapy sessions and automate the creation of progress notes. This allows clinicians to dedicate more of their valuable time to direct patient care and interaction.

In the future, we hope that AI will be able to support clinical decision-making and help scale evidence-based interventions to a broader population, which is especially critical given the significant workforce shortage in behavioral health. By streamlining administrative tasks and supporting clinical workflow, AI can be a powerful tool to enhance the efficiency and effectiveness of mental health providers, ultimately improving patient access to and quality of care.

2. I know that many have concerns about automated chatbots for treating behavioral health. As a clinician, I know that there is no replacement for human-driven clinical care. How can payers work to drive automated chatbots as an augmentative tool and feeder into clinical care, rather than as a cheap replacement?

You are correct to emphasize that there is no replacement for human-driven clinical care; the therapeutic relationship is the bedrock of quality health care. Payers can play a crucial role in ensuring AI chatbots are used to safely augment, not replace, professional care.

One effective model can be found in the existing regulatory pathway for digital therapeutics, which are software-based interventions that require a prescription or order from a licensed provider and are used under their oversight. Payers could adopt reimbursement models that incentivize this "human-in-the-loop" approach. For instance, reimbursement could be structured to cover the use of chatbots only when they are integrated into a broader treatment plan managed by a qualified clinician. This would position chatbots as tools to support patients between sessions, deliver specific evidence-based exercises, or help triage non-acute needs, while always ensuring a licensed professional is overseeing the care. By refusing to reimburse for standalone, unsupervised chatbot "therapy," and instead rewarding integrated models, payers can guide the market toward safer, more effective, and augmentative uses of this technology.

3. AI curates feeds, monitors behavior, and influences emotions in ways young people often cannot detect or fully understand. How can we ensure AI in healthcare develops in an age-appropriate way?

Ensuring AI in healthcare develops in an age-appropriate manner is a critical public health issue. Adolescence is a period of profound developmental change and vulnerability, and AI systems designed for adults are fundamentally inappropriate for youth. To address this, we must require age-appropriate safeguards by default.

Congress should mandate that any AI system that can be accessed by youth undergo rigorous, independent, pre-deployment testing for potential harms to psychological and social development. Protections must be "safe-by-default," including the most stringent privacy settings, and limit manipulative design features intended to maximize engagement. As the APA outlined in its recent [health advisory](#) on AI, we must establish robust protections for adolescents' data and limit their access to harmful or inaccurate health content. Finally, we must invest in comprehensive AI literacy programs in schools to equip young people with the skills to critically evaluate AI-generated content and foster healthy human relationships in a digital world.

4. 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?

To build public trust and ensure AI systems are safe and effective, Congress should help establish a robust federal framework that includes third-party validation. A key step would be to authorize a federal body, such as the Department of Health and Human Services, to recognize or accredit independent, third-party auditors. These auditors would be tasked with testing AI models for harms, bias, and efficacy across diverse populations before they are deployed in the market.

Legislation could require that AI tools used in clinical settings, particularly in high-stakes applications, obtain certification from these accredited auditors as a condition of use or reimbursement. This would create a clear market incentive for developers to build safer, more equitable products. Such a framework would ensure independent validation of health-related claims and safety protocols, mandate transparency regarding the data used to train models, and create a clear accountability structure for harms caused by AI-generated advice. This would provide clinicians, health systems, and patients with the assurance that the AI tools they use are secure, effective, and aligned with our core mission in health care: to do no harm.

The Honorable Mariannette Miller-Meeks (R-IA)

1. 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?

Thank you for raising this critical issue. To ensure breakthrough AI diagnostic tools can fulfill their promise in preventive care, we must address the gap between regulatory clearance and payer reimbursement. While the FDA provides a robust pathway for assessing clinical validity, there is often a significant lag before these proven technologies are covered by payers, which limits patient access. Congress can help by directing the Centers for Medicare & Medicaid Services to establish expedited coverage pathways for AI-based diagnostic tools that have received FDA clearance and demonstrated a clear benefit, such as improving health outcomes or reducing long-term costs. Creating clear, predictable reimbursement mechanisms would incentivize both innovation and adoption, ensuring these scalable solutions can be integrated into primary care settings to enable earlier diagnosis and treatment, particularly in underserved communities.

1. 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?

Congress and HHS have a vital role in fostering consistent reimbursement for proven AI technologies. We recommend that Congress direct HHS to develop and issue clear guidance to state Medicaid programs and Medicare Advantage plans on covering FDA-cleared autonomous AI diagnostics. This guidance should emphasize the long-term value of these preventive tools in improving population health and reducing costs associated with disease progression. Furthermore, Congress could authorize CMS to use its innovation authority to create pilot programs or new payment models specifically designed for AI-driven diagnostics. This would not only streamline adoption within Medicare and Medicaid but would also create a powerful model for commercial payers to follow, promoting consistent and equitable access for all Americans.

2. 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?

Yes, we would strongly support such an effort. Autonomous diagnostic AI tools are a parallel and complementary innovation to telehealth, and they hold the same potential to expand access to critical specialty-level services, especially in rural and underserved communities where specialists are not available. Explicitly including proven AI diagnostic tools as eligible technologies in federal grant programs, like those administered by HRSA,

would be a logical and powerful step. It would provide health centers and clinics with the resources needed to adopt these innovative solutions, enabling earlier diagnosis, closing care gaps, and reducing preventable disease progression. Policy parity between telehealth and AI diagnostics is essential to fully leverage technology to overcome geographic and systemic barriers to care.