February 23, 2026

Thomas Keane, MD, MBA
Assistant Secretary for Technology Policy and the Office of the National Coordinator for Health Information Technology
Mary E. Switzer building
330 C Street SW
Washington, D.C. 20201

Submitted electronically via www.regulations.gov

Re: HHS Request for Information on Accelerating the Adoption and Use of Artificial Intelligence in Clinical Care (RIN 0955-AA13)

Dear Assistant Secretary Dr. Keane:

The Alliance of Community Health Plans (ACHP) and its member companies have longstanding experience using AI to support decision-making, enhance care coordination, streamline administrative processes, reduce costs and improve population health outcomes. We share the Administration's interest in accelerating responsible AI adoption in the health care system and appreciate the opportunity to provide comments on the adoption and use of artificial intelligence AI in clinical care.

ACHP represents the nation's best local, nonprofit health plans, providing high-quality coverage to tens of millions of Americans, including more than three million MA consumers, in 43 states and D.C. ACHP is the only national organization advancing a unique partnership model of coverage and care that fosters a truly competitive market. We believe Americans deserve the best health care in the world and our members are on the ground delivering innovative and competitive coverage.

In 2024, ACHP outlined three guiding principles for the appropriate and effective oversight of AI in health care, which include recommendations for HHS to consider as it promotes greater AI adoption. Specifically, ACHP encourages HHS to prioritize a coordinated, federal regulatory effort, create a common language that delineates specific AI definitions and protect patients.

- **Public-Private Coordination**: Health care regulations governing payer lines of business, patient and consumer protections, hospitals and providers are siloed between states and federal agencies. The result is a fragmented policy landscape that is challenging to navigate. Policymakers should work with both public and private-sector partners to adopt a harmonized, risk-based approach that accounts for the clinical impact, level of automation and data sensitivity of AI tools. **ACHP requests HHS maintain a coordinated effort with**

stakeholders to establish seamless national policies and guardrails that enhance the use of AI in health care.

- **A Common Language**: There is no consensus on definitions in AI within health care. Additionally, the distinction between predictive AI and generative AI models is not widely understood between consumers, policymakers and the health care industry. **ACHP requests HHS determine a common language for AI in health care that would eliminate any ambiguity, ensuring that all stakeholders have a shared understanding as policy evolves.**

- **Protecting Patients:** The value of AI models and quality of the outputs rely on the original data, which in health care often involves the use of personal health information. It is imperative that any personal health information is used responsibly and patient privacy is maintained. High-quality data is also vital to ensuring AI does not impair the personalization of care or the recognition of community-specific trends. **ACHP requests HHS develop clear guidelines for how existing security and privacy requirements apply to data being used by AI, especially where data falls out of the purview of HIPAA protections, and to ensure that data sets are clean and representative to facilitate AI-enabled, personalized care.**

Reimbursement

ACHP encourages HHS to adopt policies that align reimbursement with high-value, AI-enabled interventions and promote ACHP member's integrated, provider-aligned care models. As provider-aligned health plans, ACHP member companies are leaders in value-based care. Current fee-for-service payment structures unintentionally slow adoption of AI by not incentivizing integration into workflows or linking AI use to outcomes and value.

ACHP encourages HHS to develop clear, graduated pathways for reimbursement of AI tools that demonstrate clinical value, building on emerging evaluation frameworks. Specifically, ACHP recommends HHS:

- Establish a tiered evidentiary framework for AI-enabled tools that distinguishes between AI applications (e.g., administrative, clinical decision-support, autonomous or semi-autonomous clinical applications), with proportionate evidence requirements based on patient risk and clinical impact.
- Recognize real-world evidence (e.g., pragmatic trials, post-market performance data and value-based care outcomes) as acceptable forms of validation.
- Create a time-limited “coverage with evidence development” pathway for AI tools that demonstrate early promise but require additional longitudinal data to confirm impact on quality, safety or cost.

ACHP encourages HHS to support the responsible use of AI to modernize prior authorization and utilization management processes. AI presents a significant opportunity to streamline administrative processes which can reduce clinician burden and improve patients' timely access to care. ACHP recommends HHS:

- Explicitly permit and encourage the use of AI-enabled tools to proactively approve prior authorizations for services that meet clearly defined clinical criteria, are supported by evidence-based guidelines or are associated with historically high approval rates.
- Establish clear guardrails for AI-enabled utilization management decisions, including requirements for:
    - Human review of adverse determinations;
    - Explainability of decision logic to providers and patients;
    - Ongoing monitoring for bias, error rates and disparate impact.
- Align prior authorization modernization efforts with existing interoperability initiatives, including FHIR-based Prior Authorization APIs, to ensure AI tools can operate within standardized, transparent workflows.

ACHP also supports advancing outcomes-based reimbursement models that align payment for AI-enabled tools with measurable improvements in care quality, access and total cost of care. ACHP recommends HHS:

- Encourage the use of performance-based payment arrangements such as shared savings, performance guarantees or risk corridors.
- Promote standardized performance metrics for AI tools (e.g., impact on avoidable utilization, clinician efficiency, patient adherence or health equity outcomes) to enable consistent evaluation across payers and providers.
- Modify existing medical code sets and ensure EHR capabilities can capture when AI is used in medical care and adjust payments accordingly.

ACHP recommends HHS establish targeted safe harbors for early adoption of AI tools with demonstrated potential value. Examples include:

- Temporary regulatory or payment flexibilities for pilot programs operating under defined guardrails, transparency requirements and monitoring protocols.
- Protection from retrospective payment recoupment when AI tools are deployed in good faith and consistent with published federal guidance.
- Explicit encouragement of provider-plan collaboration to test AI tools within alternative payment models without triggering fraud and abuse concerns.

Interoperability and Data Standards

ACHP requests HHS support health AI innovation by addressing interoperability challenges that hinder provider connectivity and widespread health IT adoption. We support efforts to improve data standards and interoperability, recognizing access to accurate, robust data is essential for scaling AI tools safely and effectively. Ensuring data quality, volume and hygiene is a critical element for successful health AI implementation, given the potential for AI models to ingest incomplete, inaccurate or poor-quality health care data. Additionally, ACHP member companies recognize the need for a sufficient health IT infrastructure to support the data exchange required to enable value-based, technology-enabled care. ACHP recommends HHS:

- Improve provider connectivity to FHIR-based APIs, including Prior Authorization and Provider Access APIs, by:
    - Creating a national digital endpoint directory that enables reliable discovery of payer and provider endpoints.
    - Establishing clearer EHR workflow standards so AI-enabled data exchange is embedded into clinical operations rather than treated as an add-on.
    - Advancing provider-focused adoption requirements that prioritize usability and reduce implementation friction.

- Ensure equitable participation for smaller and regional health plans, by:
    - Scaling compliance requirements based on organizational size and resources.
    - Investing in standardized reference implementations, shared service platforms or open-source tooling that lower technical and financial barriers.
    - Offering targeted grants or technical assistance programs to support AI experimentation and interoperability adoption among plans serving smaller or rural populations.

<u>Organizational Governance and Operational Considerations</u>

We understand effective adoption of AI depends on governance and operational alignment within health care organizations. ACHP member companies leverage interdisciplinary AI oversight or enterprise governance committees, which may be comprised of: clinical leadership (CMIOs, Medical directors); information technology leadership (CIO/CDIO, CDO, CISO); compliance, privacy and legal teams; and financial and operations leadership.

Despite the successes in these governance models, ACHP member companies still face hurdles when adopting health AI. ACHP recommends HHS consider the following challenges:

- Lack of AI-specific privacy, security and monitoring standards.
- Unclear ownership and lifecycle responsibility for AI tools.
- Procurement cycles that misalign with iterative AI development.

- Absence of standardized evidence and evaluation frameworks.

Patient-and-Caregiver-Centered Considerations

ACHP member companies recognize how technology can reach consumer populations and improve outcomes, particularly for chronic diseases. As local, non-profit health plans, ACHP member companies are uniquely positioned to implement prevention-focused strategies that improve health outcomes, reduce unnecessary utilization and support individuals in living independently with a high quality of life. Further reflecting this commitment, ACHP member organizations signed a decade-long Chronic Disease Pledge in 2020 to reduce diabetes, hypertension and other chronic conditions through a range of prevention strategies and community partnerships.

To effectively leverage technology to scale population health interventions, AI adoption should enhance patient experience, engagement and outcomes without eroding trust. ACHP encourages HHS to consider promoting:

- Transparent communication of AI use in clinical care.
- Tools designed for usability, accessibility and shared decision-making.
- Technology integration with existing prevention and wellness programs, including nutrition, lifestyle and chronic disease management interventions.

ACHP appreciates the Administration's commitment to exploring AI adoption in clinical care and stands ready to collaborate further to ensure safe, effective and personalized AI integration. We look forward to HHS working closely with ACHP member companies to develop, pilot and scale payment arrangements that leverage technology-enabled care to promote integrated value-based care models. Please contact Michael Bagel, Vice President of Public Policy, at mbagel@achp.org or 202-897-6121 for questions or follow-up discussion.

Sincerely,



Ceci Connolly
President and CEO
Alliance of Community Health Plans