February, 23 2026

The Honorable Thomas Keane, MD, MBA
Assistant Secretary for Technology Policy
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Attention: RIN 0955-AA13
Submitted electronically to: http://www.regulations.gov

RE: Request for Information: Accelerating the Adoption and Use of Artificial Intelligence (AI) as Part of Clinical Care

Dear Assistant Secretary Keane:

The National Association of ACOs (NAACOS) appreciates the opportunity to submit comments in response to the request for information on Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care. NAACOS is a member-led and member-governed nonprofit of nearly 500 accountable care organizations (ACOs) and value-based care entities in Medicare, Medicaid, and commercial insurance working on behalf of health care providers across the nation to improve the quality of care for patients and reduce health care cost. Collectively, our members are accountable for the care of more than 10 million beneficiaries through Medicare's population health-focused payment and delivery models, including the Medicare Shared Savings Program (MSSP) and the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model.

With responsibility for total cost of care and clinical outcomes, providers in accountable care continuously seek tools that use data seamlessly, support patient engagement, and drive improvement in clinical outcomes. AI holds such promise and we support innovation through the widespread adoption of AI tools for clinical care; however, we are concerned that existing complex governance and regulatory barriers, data and infrastructure challenges, and low returns on investment continue to hamper progress. Our comments below reflect the shared goal of an AI technology-enabled interoperable health care ecosystem, that fosters competition while shielding providers from undue burden.

Barriers to AI adoption and Use in Clinical Care

ACOs are exploring potential uses of AI with the goal of improving patient care and providing real-time data and feedback at the point of care to inform clinical care. For example, some ACOs leverage AI for risk stratification while others are deploying AI technologies that automate outreach to lower-risk patients, extending care managers' capacity for beneficiary engagement. While there are many potential benefits to the use of AI, ACOs report that navigating through the compliance, legal, and internal approval processes can be challenging and require building a new AI governance committee structure that previously did not exist. In addition, they encounter challenges with integrating these tools into electronic health record (EHR) products; however, the benefits outweigh the burden of implementation

as these solutions are much more difficult for patients and providers to use if they run separately from the EHR.

NAACOS encourages HHS to create avenues for providers to receive incentives or payment for leveraging AI in clinical care. Currently, providers in alternative payment models (APMs) invest in these technologies using shared savings achieved through model and advanced APM incentives, which are received long after the performance year. Upfront incentives (i.e., pre-paid shared savings and capitation options) have enabled providers to make more timely investments in technology, and any incentive approach must ensure that these investments can be sustained. Beyond these options, HHS should consider:

- Payment approaches to bill Medicare for the use of AI tools in clinical care. The recently announced ACCESS Model provides payment for technology-enabled care but this model is not an available option for providers who bill Medicare for other services. CMS could explore similar technology-enabled payments for providers in an ACO to test approaches for paying providers for technology-enabled care.
- Cost sharing arrangements between the Centers for Medicare and Medicaid Services (CMS) and APMs, like the Medicaid State Systems where the federal government provides a percentage of the cost. Additionally, HHS could sponsor group purchasing arrangements for these initiatives to enable individual provider use of these solutions without needing individual contracting.

In any incentive approach, we encourage consideration of prior obstacles:

- Overcome provider and patient uncertainty. There is a need to demonstrate the use and value of AI tools to both providers and patients, as patient and provider knowledge of products can be limited. Patients and providers must also be educated on the benefits and risks of AI to ensure that the resulting data are appropriately understood and used.
- Test approaches prior to adoption. There should be support for APM participants to test and implement these technologies without suffering any consequences of technology failure, or unforeseen consequences. For example, a testing lab invites APM participants to gain experience with AI products before full scale implementation would help improve the tool and incentivize long-term use.
- Avoid overly prescriptive approaches. In lieu of requiring any one technology or approach, CMS should focus on achieving a particular outcome and allow APM participants the ability to adopt technologies based on their patients' and the organization's needs and capabilities.
- Prevent an overabundance of data. There is the potential for duplicative and/or conflicting data resulting from use of AI technologies. These new data streams could potentially overwhelm practices. There must be limits on the type and amount of data that are sent to providers/care teams so that they receive the information that is most relevant for clinical decision-making.

Regulatory and Policy Changes to Support AI Adoption

A uniform federal regulatory framework the use of AI in health care is imperative since the current environment remains fragmented where regulations and requirements on vary significantly across states. Coordination at the federal and state levels will further assist efforts to standardize the use of AI in health care. This framework should include updates to the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules, as needed, to confirm that patient data resulting from these AI tools are used responsibly. Safeguards must also be in place to foster innovation while

also ensuring clear liability protections for providers. Additionally, there must be consideration for safe and appropriate use of these tools by all providers including small, rural, and other entities for whom these technologies may not be easily afforded and adopted.

National standards must be created for data quality, security, interoperability, and data accessibility, including definitions, benchmarking tools, and other resources against which developers and implementers can compare the various AI technologies. Standards that ensure transparency (e.g., disclosure of AI capabilities, limitations, monitoring) and the safe and effective use of AI must also be established. Each of these standards will ensure that the results are safe, secure, and reduce potential bias. In addition, federated AI learning modules should be leveraged to test and optimize these tools while providers continue to retain ownership of the data. A database of validated datasets for AI solutions would also facilitate greater explainability and confidence in their use. All these efforts can also ensure that AI solutions selected by providers are valid for their intended use, while minimizing risks – such as inaccurate data – that could be used in clinical decision making resulting in possible patient harm.

It will be critical for federal agencies to collaborate with providers as this framework is created. ACOs should play an important role in advising on the development, adoption and implementation of AI, including design, development, governance, rulemaking, standards-setting, post-market surveillance and clinical integration.. ACOs have many years of experience implementing new and novel technologies to derive actionable insights from patient data. Many are already actively implementing or exploring how to integrate AI into their activities. It is essential that any final requirements around AI's use ensure the technologies are scalable, secure, and transportable while minimizing potential bias and maintaining robust privacy and security practices.

HHS Opportunities to Support Private Sector Activities

ACOs and providers in accountable care currently use AI solutions and other technologies and see opportunities for improved use. As stated above, barriers of cost, education, ROI, and compatibility with EHRs are major obstacles to overcome and voluntary adoption of the AI solutions is preferable.

CMS/ASTP should provide more support for vetting currently available tools (e.g., transparency in expected costs, assessments on whether tool does what it purports to do). These agencies could also undertake certification of these products or at a minimum require transparency from vendors on their capabilities to enable safe and transparent use of AI solutions. Specifically, consideration should be given to:

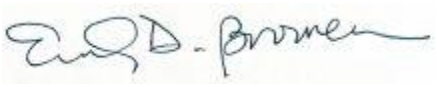
- The costs and benefits of individual adoption of products and their capabilities in developing reports provided to the public.
- Integration into clinical workflows to minimize disruption and burden with specific attention to whether these tools can integrate across all EHR instances and versions and particularly those used by small and rural providers.
- Integration with health information exchanges (HIEs) or state data to provide better overall population data for APM participants to use.

CONCLUSION

Thank you for the opportunity to provide feedback on Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care. NAACOS and its members are committed to providing the highest

quality care for patients while advancing population health goals for the communities they serve. We look forward to our continued engagement to leverage AI to support clinical care. If you have any questions, please contact Aisha Pittman, senior vice president of government affairs at NAACOS at aisha_pittman@naacos.com.

Sincerely,



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