February 23, 2026

Dr. Thomas Keane
Assistant Secretary for Technology Policy
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street, SW, Floor 7
Washington, DC 20201

Re: MGMA Response to HHS RFI, *Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care*

Dear Dr. Keane:

The Medical Group Management Association (MGMA) appreciates the opportunity to provide comments in response to the Department of Health and Human Services' (HHS) Request for Information (RFI) on *Accelerating the Adoption and Use of Artificial Intelligence (AI) as Part of Clinical Care*. MGMA represents more than 70,000 medical practice administrators, executives, and leaders from over 15,000 medical groups nationwide, encompassing more than 350,000 physicians across all specialties and care settings ranging from small, independent practices in rural and underserved communities to large, multispecialty organizations and integrated delivery systems.

In its AI Strategy, HHS describes one of its aims as supporting an outcomes-first approach to integrating AI to modernize care delivery and public health infrastructure to improve health at the individual and population levels. We support this aim and are committed to working in partnership with HHS to ensure medical groups are empowered and enabled through clear and proportionate guardrails, sustainable reimbursement pathways, and standards that support responsible AI adoption. Federal AI policies should establish expectations that ensure AI tools are safe, interoperable, transparently developed, and usable within a clinician's workflow for their direct review and involvement, without exacerbating administrative burden. For many medical groups, particularly smaller and independent practices, adoption decisions are shaped not only by innovation, but by many other factors including infrastructure readiness and cost.

Medical groups are increasingly interacting with AI-enabled tools across both administrative and clinical workflows. These technologies present meaningful opportunities in many ways,

including improving operational efficiency, enhancing clinician well-being, and supporting high-quality patient care. At the same time, rapid adoption without appropriate governance and guardrails could introduce unintended consequences such as increased workflow burden or added liability exposure.

We commend HHS for seeking experience-based feedback. Our comments focus on the practical realities facing medical groups as end-users of AI, and on policy approaches that can accelerate safe, responsible adoption while avoiding unintended downstream consequences for providers and patients. We believe the following considerations, grounded in supporting medical groups, should be valuable to HHS as it guides and develops policy related to AI in health clinical care and health operations. These reflect broader end-user efforts across the health IT community and member feedback:

- **AI should augment, not replace, clinical judgment and human decision-making.** AI tools must support clinicians and care teams rather than override professional responsibility; AI used for prior authorization should not override clinical judgment.
- **Transparency is foundational to trust and adoption.** Medical groups benefit from clear, standardized information about how AI tools are designed, trained, validated, and intended to be used.
- **Workflow integration is critical in addition to technical performance.** AI that is not embedded into existing clinical and operational workflows risks increasing burden rather than reducing it.
- **Oversight should match risk.** Higher-risk tools warrant greater evaluation and safeguards.
- **Policies should not inadvertently shift burden onto medical groups**. Protect medical groups, physicians, and other providers from liability associated with AI as it pertains to the conditions of the technology developed outside of the practice.

Regulation: Alignment, Predictability, and Risk-Based Oversight

MGMA supports HHS' goal of establishing federal policy for AI that is predictable, proportionate to risk, and supportive of innovation. Medical groups already operate within a complex healthcare regulatory environment; a fragmented or inconsistent federal approach to AI oversight could create confusion, duplicative requirements, and additional administrative burden for practices.

Recent deregulatory proposals in the *Health Data, Technology, and Interoperability: ASTP/ONC Deregulatory Actions to Unleash Prosperity (HTI-5) Proposed Rule* would affect transparency requirements that enable medical practices to access consistent information about how AI-enabled decision support tools are developed, validated, and intended to be used.

HHS should ensure comparable transparency mechanisms remain in place if removal or modification of these requirements occurs as part of future policy. The lack of a clearly articulated transparency framework could reduce visibility into model attributes, data sources, and validation methods and potentially expose practices to greater direct evaluation and liability burden. At a time when governance and trust in AI are critical, certification-based transparency as a part of the HHS Office of the National Coordinator (ONC) Health IT Certification Program remains important for informed adoption and safe implementation.

Transparency is also critical as it pertains to payers. HHS should require payers to be transparent about their use of AI for utilization management, claims processing, and coverage limitations and ensure AI systems utilized by payers are evidence-based, do not exacerbate administrative burden for medical groups, and do not interfere with physician clinical decision-making.

Additionally, HHS should modernize federal regulations and implement sensible and robust security and privacy protections to prioritize patient privacy.

Reimbursement: Payment Policy as a Lever for Responsible AI Adoption

HHS policy plays a central role in shaping whether and how AI tools are adopted in clinical care. HHS AI policies should be aligned across agencies with consistent expectations for privacy, security, transparency, and accountability. Oversight should be commensurate with patient risk while avoiding fragmented or duplicative requirements that increase administrative burden.

As pertains to payment policy for AI applications (such as ambient documentation, workflow automation, and care coordination support), HHS should explore sustainable reimbursement pathways, grants, demonstration models, and payment modernization strategies that recognize AI-enabled administrative and clinical efficiencies. HHS should also account for initial and ongoing implementation and maintenance costs and consider financing challenges faced by small and independent practices.

Responsible AI adoption involves governance. As the National Institute of Standards and Technology (NIST) has recognized, organizations must establish appropriate governance processes related to AI, security, privacy, and information systems tailored to specific use cases.[1] HHS can help to support this by informing scalable governance approaches and tools, including "lightweight" approaches, appropriate for diverse practice sizes.

Research and Development: Supporting Applied, Real-World AI Research

HHS can advance applied research on AI development and real-world clinical use. This would benefit medical groups that may lack the financial, technical, and workforce resources necessary to independently validate, implement, and monitor AI tools across diverse practice settings and

[1] Gina M. Raimondo, Laurie E. Locascio, "Artificial intelligence Risk Management Framework: Generative Artificial Intelligence Profile," NIST, July 2024, https://nvlpubs.nist.gov/nistpubs/ai/NIST.AI.600-1.pdf.

patient populations. MGMA encourages HHS to advance applied research that supports responsible and scalable AI adoption in medical group settings. Research can assess issues such as whether AI meaningfully reduces administrative burden, improves documentation efficiency, and integrates effectively into clinical and operational workflows in real-world environments. Studies can include strategies to address post-deployment performance changes to support practice-level implementation improvement.

In addition, HHS can examine the infrastructure and sustainability requirements necessary for safe AI deployment, including cybersecurity capacity, interoperability readiness, and the financial and operational costs associated with implementation and maintenance. Further, it can assess the use of AI and predictive technologies with attention to impacts on patient access, provider burden, prior authorization, transparency, and the need for appropriate guardrails including human oversight.

Research partnerships can include medical groups as active collaborators, and focus on real-world implementation, human-AI interaction, and organizational readiness. Through grants, cooperative agreements, and demonstration initiatives, HHS can help develop common evaluation frameworks and practical implementation guides that support individual practices.

MGMA Responses to Specific RFI Questions

The following responses address selected RFI questions highly relevant to medical groups.

Question 1 Topic: Barriers to AI Innovation and Adoption

Medical groups are increasingly interested in leveraging artificial intelligence to improve clinical care and operational performance. A September 30, 2025, MGMA Stat poll (n=351) found that 68% of medical groups reported adding or expanding AI use in 2025, primarily in documentation and charting workflows, patient communications, revenue cycle functions, and analytics.[2] Among practices that did not add or expand AI in 2025, many cited cost, small-practice fit, unclear productivity gains, EHR incompatibility, learning curve, or simply not knowing where to start.

For those adding or expanding AI use, adoption has not consistently translated into measurable burden reduction. In a separate 2025 poll, among practices using AI, only 39% reported reduced staff workload, while 44% reported no reduction and 17% were unsure.[3] These findings underscore that successful implementation depends not only on technological capability but also on many additional factors.

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[2] MGMA Stat Poll, "Document, schedule, communicate: Where ambulatory care has added or expanded AI in 2025," Oct. 1, 2025, https://www.mgma.com/mgma-stat/document-schedule-communicate-ai-tools.
[3] MGMA Stat Poll, "Most practices use some form of AI, but is it actually reducing staff workloads," Aug. 6, 2025, https://www.mgma.com/mgma-stat/most-practices-use-ai-but-is-it-reducing-staff-workloads.

For added historical perspective, from an earlier 2024 research report on AI and value-based care, we found the primary barriers to adopting AI across all surveyed healthcare organizations with AI in place involved ensuring proper education and training (36%), cost concerns (27%), lack of trust (20%) as well as having the appropriate resources for implementation (18%). For those who had not yet implemented an AI tool, top barriers consisted of regulatory hurdles (50%) and uncertainty (48%).[4]

Question 4 Topic: Evaluation Methods and Metrics

As stated earlier, MGMA encourages HHS to advance applied research that supports responsible, scalable AI adoption for medical group settings. This involves having evaluations to assess technical accuracy as well as factors, including workflow integration, usability, training requirements, clinical impact, patient outcomes, AI literacy, administrative burden reduction, cost implications, monitoring, maintenance, safety, equity, bias, and operational impact within real-world practice settings.

A challenge involving AI evaluation is that a tool's effectiveness depends heavily on the practice environment, including user training, organizational readiness, and the specific care setting in which it is deployed. Performance observed in controlled environments may not translate into measurable improvements in clinical practice. As recent literature has noted, AI evaluations may involve safety monitoring and institutional compliance, with less focus on whether a tool demonstrably improves patient outcomes, reduces administrative burden, or enhances care delivery in real-world settings.[5] The testing of AI tools across a variety of clinical settings can help to confirm these technologies are operating as expected without adverse patient consequences. Real-world testing and documentation of identified issues, including implicit biases, are of critical importance to medical groups as end-users to advance AI adoption in healthcare.

Question 7 Topic: Organizational Decision-Makers and Hurdles

In medical groups, AI governance readiness remains uneven. A January 20, 2026, MGMA Stat poll (n=328) found that 42% of medical group leaders report having AI governance structures or formal policies in place (20%) or in development (22%), while 56% report having none and 2% are unsure. [6]This reflects progress since late 2024, when MGMA polling found that nearly three-quarters of surveyed organizations lacked formal governance despite expanding AI use.

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[4] MGMA, Humana, "AI Adoption in the Value-Based Era," Fall/Winter 2024, https://www.mgma.com/deep-dives/ai-adoption-in-the-value-based-era.
[5] Derek C. Angus, MD, MPH; Rohan Khera, MD, MS; Tracy Lieu, MD, MPH, "AI, Health, and Health Care Today and Tomorrow, The JAMA Summit Report on Artificial Intelligence," JAMA, Oct. 13, 2025, https://jamanetwork.com/journals/jama/fullarticle/2840175.
[6] MGMA Stat Poll, "AI governance in medical group practices: Rules for the humans in the loop," Jan. 21, 2026, https://www.mgma.com/mgma-stat/ai-governance-in-medical-group-practices.

Groups may respond to organizational AI challenges by implementing practical, scalable approaches, such as forming lightweight AI review committees, formalizing use-case intake processes, and establishing monitoring metrics. These efforts aim to ensure AI supports care delivery rather than introducing additional complexity. Ultimately, adoption decisions in medical groups often reflect operational realities. Organizational readiness (including governance capacity, workforce training, infrastructure, and financial resources) and practical limitations can shape organizational decisions involving AI tools and their ability to deliver meaningful value in practice settings.

Question 8 Topic: Interoperability Opportunities

AI tools often require access to structured and unstructured clinical and operational data from across EHRs, practice management, and other systems. When systems cannot exchange data seamlessly, this may cause redundant workflows, increasing both cost and operational complexity. Advancing consistent national interoperability standards can help to support scalable AI deployment. HHS can reinforce vendor accountability by ensuring health IT developers adhere to standardized interoperability requirements.

Interoperability should also be viewed through an infrastructure lens. For many smaller and community-based medical groups, limited infrastructure maturity may constrain AI use, raising concerns about uneven access to high-performing technologies across geographic and resource settings. Policies that promote standardized exchange of quality data, privacy and security, and resources for infrastructure readiness, can help to reduce administrative burden and support more equitable adoption of AI in clinical care.

Conclusion

MGMA appreciates HHS' leadership in seeking to accelerate responsible AI adoption in clinical care. Medical group practices stand ready to collaborate with HHS to ensure AI policies support innovation while protecting patients, reducing burden, and enabling sustainable adoption across diverse care settings. Policies that reflect and are informed by the operational realities of medical groups will help to achieve the full potential and promise of AI. If you have any questions, please contact Samantha Meklir, Associate Director of Government Affairs, at smeklir@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders M. Gilberg
Senior Vice President, Government Affairs