September 3, 2025

The Honorable Morgan Griffith
Chairman
House Energy and Commerce Committee,
Health Subcommittee
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Diana DeGette
Ranking Member
House Energy and Commerce Committee,
Health Subcommittee
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Griffith and Ranking Member DeGette,

On behalf of the American Academy of Family Physicians (AAFP), representing more than 128,300 family physicians and medical students across the country, I write regarding today's Subcommittee hearing entitled "Examining Opportunities to Advance American Health Care through the Use of Artificial Intelligence Technologies". The AAFP is pleased to offer insight into the use of Artificial Intelligence in Primary Care and by Family Physicians.

Use of AI in Family Medicine

The family medicine experience is based on a deeply personal patient-physician interaction that requires support from technology, including artificial intelligence. Therefore, in 2023, the AAFP developed an initial set of principles that we believe must be followed in AI/machine learning (ML) if they are to be applied to family medicine. The AAFP believes AI/ML should be evaluated with the same rigor as any other tool utilized in health care, and that it has the potential to support the four C's of primary care: first contact, comprehensiveness, continuity, and coordination of care.

The AAFP believes artificial intelligence and machine learning should:

1. Preserve and Enhance Primary Care
2. Maximize Transparency
3. Address Implicit Bias
4. Maximize Training Data Diversity
5. Respect the Privacy of Patients and Users
6. Be Designed with a Whole-System Mindset
7. Be Designed for Accountability
8. Be Designed for Trustworthiness

Our principles were created to guide appropriate application of these emerging technologies and maximize their value for the health care system and family medicine.

Currently, the use of AI is not uniform across family physicians. A survey of over 1,200 primary care physicians and other clinicians showed that while the majority of respondents are using digital health tools daily, only 36% have used AI in their practice.[i] According to a

recent paper published by AAFP and Rock Health "Early signs indicate a tremendous opportunity for positive impact. At some large practices, AI tools have saved thousands of workdays for primary care physicians. Specifically, 82% of primary care physicians reported that using AI scribes had a positive effect on their work satisfaction, and 84% reported that it had a positive effect on patient interactions."[ii,iii]

One of the barriers reported by our members is that employers are not allowing physicians to implement AI tools in their practice even though the physician has expressed interest in using them. There is still some skepticism around AI, but there is also hope that it can relieve some of the administrative burden physicians face. AI is nowhere near being universally adopted, but practices are starting to trial certain technologies to see if they can be implemented. The most common AI uses we see amongst our members are notetaking, electronic medical record (EMR) management, and submission of prior authorization requests, which is showing great promise in helping physicians spend less time on seemingly never-ending administrative requirements.

One example of an AI application that has streamlined health care processes is AI assistants. In one study, the AAFP saw an over 70% reduction in documentation time when using an AI assistant to help with documentation. This reduction occurred before assistants included ambient listening with generative AI, sometimes known as an AI scribe. We have also seen a decrease in the burden of chart review with AI assistants that summarize the medical record into a problem-oriented summary. More evidence will likely be added to the literature around AI assistants' impact on inbox burden, which has dramatically increased with and since the COVID-19 pandemic.

The AAFP asked our members about trends they foresee, given their experience using AI in their practices. The feedback focused largely on AI's role in simplifying administrative processes and reducing physician burden through EMR management and chart and documentation review.

One trend they foresee is using AI in clinical documentation, which has long been a source of burnout, reimbursement inaccuracies, and error. Integrating AI into clinical documentation can help significantly reduce these issues. Another trend is that AI will help them navigate a patient's EMR and aid in developing a differential and plan of care.

Finally, there is more to the therapeutic relationship than facts and knowledge; therefore, AI can never fully replace a physician. However, AI is a great tool that can help physicians gather past information and help guide them through the workflow more efficiently.

Overall, there seems to be consensus among many AAFP members that AI is a useful tool for documentation and EMR management. It can help physicians alleviate burden, reduce errors, and prioritize time with patients.

Investments, Training and Education in AI

The AAFP supports investments in training and education to prepare the health care workforce for AI integration. High upfront and ongoing costs may make AI tools inaccessible to independent, safety-net, or rural physicians, which could negatively impact patient care. Further, limited access to AI could make clinician recruitment even harder at these practices and lead to less representative data collection. As AI tools continue being integrated into clinical workflows, it's crucial for the federal government, health care systems and hospitals, and other stakeholders to work together to ensure physicians have the AI literacy and AI-adjacent skills they need to be successful, including data stewardship, workflow design, and informatics abilities.

Data Privacy, Transparency and Interoperability

AAFP supports robust transparency and accountability requirements for AI systems – with clear guidelines and standards for their development and deployment – including disclosure of data sources, training methodologies, and known limitations. Any entity that creates, stores, organizes, manages, or transfers health data should be accountable for maintaining patient privacy and confidentiality. A rigorous evaluation must be undertaken for AI solutions designed for direct patient care, like any other medical intervention. In addition, it should be easy for end-users and others to find and use transparent data sources, such as through a central repository or standard reporting process.

Data privacy in health care is a key issue as policy continues to expand the interoperability of health care data, thereby increasing the exchange of protected health information outside of covered entities and their business associates. This moves the data outside the protections of the Health Insurance Portability and Accountability Act (HIPAA), which is traditionally where protections for health information lay. Given this trend and new issues due to AI in health care, health data privacy will likely be a key policy issue over the next several years. The AAFP recommends the federal government avoid AI-only privacy laws or regulations and instead work to implement an integrated, comprehensive health data policy that emphasizes informed consent.

In terms of interoperability, the AAFP has long supported federal and industry efforts to advance interoperability of health information technology (IT). Interoperability is essential for ensuring family physicians have access to meaningful, actionable data at the point of care, which in turn enables them to provide high-quality, patient centered care across the lifespan. Truly interoperable health records will also reduce administrative tasks for physicians and facilitate patients' access to their health data. AI is often integrated into existing technologies such as EMR systems, which notoriously struggle with interoperability because they cannot communicate with each other. Therefore, the AAFP strongly supports the Assistant Secretary for Technology Policy's (ANC) ongoing work to advance interoperability in the health care ecosystem. We have also long called for effective data segmentation standards that enable

physicians to prevent sharing select patient data to protect patient privacy and security. The AAFP urges ONC to continue its work on advancing effective, real-world tested data segmentation standards, which will support the responsible availability and use of health data in AI-driven health care solutions.

The AAFP believes ensuring health data privacy long-term will require a federal citizen data privacy law and regulatory framework, and we urge Congress to pass such a law. Other legislative measures Congress could consider to ensure access to safe, reliable AI health care services include:

- Requiring any entity that receives patient data from a HIPAA-covered entity to comply with the requirements of the HIPAA Privacy and Security rules. This is currently enforced through Business Associate Agreements (BAAs), but if a patient extracts their health information from a covered entity, the BAA does not apply to the entity to which the patient gives their health data. Congress could mandate this loophole be closed;
- Establishing safeguards to ensure responsible application of AI in primary care (and medicine at large). This would include investing resources to ensure the application of AI is equitable across health care, so as to not perpetuate a divide between large urban health systems and rural and small clinics; and
- Providing funds to health care entities or federal agencies to research how AI can be safely used to improve outcomes in health care. To this point, Congress should consider passing the Healthcare Enhancement and Learning Through Harnessing Artificial Intelligence (HEALTH AI) Act (H.R. 5045) which would award NIH grants to universities, nonprofits and government agencies to explore how generative AI can improve patient care.

Thank you for the opportunity to offer these comments. The AAFP looks forward to continuing to work with you to advance AI in Primary Care. Should you have any questions, please contact Natalie Williams, Senior Manager of Legislative Affairs at nwilliams2@aafp.org.

Sincerely,

Steve Furr, M.D., FAAFP

Steve Furr, MD, FAAFP
American Academy of Family Physicians, Board Chair

[i] Ryan R, Tallapaka K, Lew C. AI is in the doctor's bag—and primary care is ready to use it. Accessed July 21, 2025. https://rockhealth.com/insights/ai-is-in-the-doctors-bag-and-primary-care-is-ready-to-use-it/

[ii] Peña J, Sugimoto B, et al. The Starfield Signal: A Shared Vision and Roadmap for AI in Primary Care. Accessed August 28, 2025. https://www.aafp.org/dam/AAFP/documents/practice_management/ai-road-map.pdf
[iii] Tierney AA, Gayre G, Hoberman B, et al. Ambient artificial intelligence scribes: learnings after 1 year and over 2.5 million uses. NEJM Catal Innov Care Deliv. 2025;6(5).