July 10, 2025

The Honorable Jay Bhattacharya, MD, PhD
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Submitted electronically via ai-rfi@nih.gov

RE: NOT-OD-25-117; Request for Information: Inviting Comments on the NIH Artificial Intelligence Strategy

Dear Director Bhattacharya:

On behalf of the American Academy of Family Physicians (AAFP), representing 128,300 family physicians and medical students across the country, I write in response to the National Institutes of Health's (NIH) request for information on the foundational themes and specific actions that should shape the forthcoming NIH Artificial Intelligence (AI) Strategic Plan and a related one-year action plan. The AAFP agrees that there's a need for a unified AI structure and strategy within NIH, and we appreciate the agency seeking input on how to best eliminate program silos; improve transparency; and accelerate the research, development, and translation of AI discoveries for patients' benefit. We commend NIH's commitment to developing a comprehensive, ethical, and inclusive AI strategy that advances biomedical research and health care delivery.

The family medicine experience is based on a deeply personal patient-physician relationship that requires support from technology, including AI. In 2023, the AAFP developed an initial set of principles that we believe must be applied to AI's implementation across the broad range of settings in which family physicians practice. The AAFP believes AI tools should be evaluated with the same rigor as any other tool utilized in health care, and that it has the potential to support the core

functions of primary care, which are frequently characterized as first contact, comprehensiveness, continuity, and coordination of care.

Strategic Architecture: Principles First

We believe one of the first steps NIH should take in creating an AI strategy is to establish a set of principles that would guide the agency's efforts. These principles would function as a "North Star" and ensure NIH's strategy achieves the desired results, which would help resolve situations where there are varying views on the appropriate path forward. The AAFP recommends any set of NIH principles on AI include our initial set of principles: preserve and enhance primary care; maximize transparency; address implicit bias; maximize training data diversity; respect the privacy of patients and users; be designed with a whole-system mindset; be designed for accountability; and be designed for trustworthiness.

Centering Clinical End-Users in AI Strategy, Real-World Testing, and Evaluation

As frontline clinicians and advocates for comprehensive, patient-centered care, family physicians are uniquely positioned to inform the development and deployment of AI technologies. The AAFP believes NIH should embed practicing physicians throughout the AI lifecycle—from design and validation to implementation and evaluation. We urge NIH to establish advisory panels that include primary care physicians to ensure AI tools are aligned with real-world clinical workflows and patient needs. NIH should invest in testbeds and pilot programs that simulate clinical environments, particularly in primary care settings. The AAFP stands ready to collaborate on initiatives that evaluate the safety, usability, and effectiveness of AI tools in family medicine.

Operational Excellence and Workforce Readiness

AI should enhance, not burden, clinical practice. NIH should prioritize research on AI tools that streamline documentation, reduce administrative burden, and support clinical decision-making. If implemented and managed appropriately, the AAFP believes AI could deepen – not disintermediate – the patient-physician relationship

by allowing physicians to spend more time engaging with their patients instead of clicking boxes on a screen.

Additionally, we support 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.

Promoting Transparency, Accountability, and Explainability

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. We encourage NIH to adopt standards that enable reproducibility, auditability, and interpretability of AI outputs, particularly in clinical decision support tools.

Safeguarding Equity and Mitigating Bias

The AAFP strongly believes AI tools must be developed and deployed in ways that reduce health disparities and promote equity. The AAFP believes companies providing AI tools must also address implicit bias in their design. While implicit bias cannot always be eliminated, companies should have standard processes to identify and mitigate the AI tool learning those same biases. In addition, when applicable, companies should have processes for monitoring for differential outcomes,
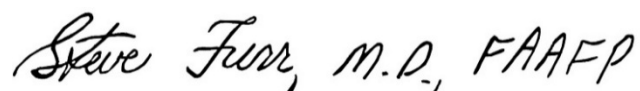
particularly those that affect vulnerable patient populations. We recommend that NIH fund research on bias detection and mitigation, support the use of diverse and representative datasets, and engage communities in participatory research models.

Aligning with Existing Standards and Policies

We encourage NIH to harmonize its AI strategy with existing federal frameworks, including the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology's (ASTP/ONC) predictive decision support intervention (DSI) transparency rules, as well as regulatory guidance from the Centers for Medicare and Medicaid Services (CMS) and the Food and Drug Administration (FDA). Coordination with the National Institute of Standards and Technology (NIST), the Cybersecurity and Infrastructure Security Agency (CISA), and other agencies will be essential to ensure consistent governance and oversight spans the entire federal government.

In conclusion, AAFP supports NIH's efforts to develop a forward-looking AI strategy that is ethical, transparent, and grounded in the realities of clinical care, and we appreciate the opportunity to provide comments. We welcome continued collaboration and stand ready to contribute our expertise to ensure that AI serves the needs of patients, physicians, and communities. Should you have any questions, please contact Mandi Neff, Regulatory and Policy Strategist, at 202-655-4928 or mneff2@aafp.org.

Sincerely,

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