AMERICAN ACADEMY of FAMILY PHYSICIANS

March 4, 2026

The Honorable Bill Cassidy
Chairman
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Bernie Sanders
Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Cassidy and Ranking Member Sanders:

On behalf of the American Academy of Family Physicians (AAFP), representing 128,300 family physicians and medical students nationwide, I write in advance of the Committee's hearing, "Transforming Health Care with Data: Improving Patient Outcomes Through Next Generation Care." We appreciate your continued oversight of the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) and its focus on the role of technology in improving patient outcomes.

The AAFP has long supported ASTP/ONC's efforts to advance electronic health records (EHRs), interoperability and the responsible use of emerging technologies, including artificial intelligence (AI). The patient-physician relationship benefits from technologies that support information sharing, care coordination and clinical decision-making without imposing unnecessary financial or administrative burdens on physician practices. Despite decades of investment, much of our health data exchange still relies on fax and telephone. Patients deserve secure, efficient access to their information regardless of the mode of transmission. Family physicians want and need to learn about new AI and digital health products that could help their patients, but they are overburdened by the inefficiencies and requirements of the current system, which leaves them with limited ability to seek out these tools. We hope the Committee will consider opportunities to enhance access to technologies for both family physicians and the patients they serve, and we offer the following considerations to help inform this discussion.

Electronic Health Records

The AAFP has long supported a data-focused application programming interface (API) approach to interoperability. We believe that a transition from document-focused exchange to data-focused exchange is critical to support the future of health care. We strongly support ASTP/ONC's goal of modernizing the Health IT Certification Program to prioritize Fast Healthcare Interoperability Resources (FHIR) advancements that enhance automation and API performance, move beyond read-only interactions and appropriately expand the scope of data available to improve patient care. Standardized APIs are foundational to a scalable, innovation-friendly health information technology (IT) ecosystem. While a successful transition to a FHIR-based environment will require collaboration among policymakers, patients, physicians, payers and developers, it is equally important to align incentives so that market forces reward meaningful interoperability.

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Artificial Intelligence

Many small and independent practices are in rural and underserved communities where care is hard to find and where new technologies can have an outsized impact. Therefore, in 2023, the AAFP developed a set of principles to guide the ethical implementation of AI in primary care settings. The AAFP believes AI tools should be evaluated with the same rigor as any other tool used in health care, and that these tools have the potential to support the core functions of primary care, which are frequently characterized as first contact, comprehensiveness, continuity and coordination of care.

In a recent survey of AAFP members, 70% of family physicians and other primary care physicians believe AI will improve clinician well-being. In addition, 62% have experimented with generative AI outside of work, through consumer applications like virtual assistants, but over 80% have said they would like more training to use AI. The AI in Health Care Efficiency and Study Act (H.R. 7064) would conduct a study on strategies for the application of artificial intelligence technologies that can be used in the health care industry to improve administrative work and preserve the privacy and security of patient data. This is a good first step in bringing AI into physician practices to help with growing administrative burden.

The AAFP recommends that the Committee work with physician groups, ASTP/ONC and the Centers for Medicare & Medicaid Services (CMS) to modernize payment policies so that practices, especially small and independent practices, can invest in the infrastructure needed for AI integration. Variability in payer coverage and prior authorization requirements creates a substantial administrative burden, limiting physicians' ability and willingness to adopt new AI tools. We strongly support reducing such variability, improving real-time access to patient data, and strengthening interoperability requirements to enable AI tools to function reliably. In addition, the lack of a clearly defined liability model for clinical AI remains a significant barrier to adoption. In the absence of shared liability frameworks that appropriately allocate responsibility among physicians, health care organizations, and AI developers, clinicians may be reluctant to integrate AI tools into clinical workflows, even when such tools have the potential to improve care quality and efficiency.

Interoperability

Interoperability is essential to ensuring that 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. The AAFP strongly believes all data in an EHR system should be accessible for exchange, regardless of storage format. Thankfully, solutions and capabilities required to democratize data access do exist. Technologies capable of receiving scanned documents, faxed records, lab results, free text notes etc., have long existed. The ability to convert that information into structured data fields within a structured document that is leverageable within an EHR (and for exchange) has existed for many years. Qualified Health Information Networks (QHINs), health information exchanges, health data utilities, and a host of data exchange solutions with varying costs and capabilities have also emerged to support structured data exchange and interoperability between exchange

partners of varying capabilities. While these capabilities have long existed, it is deeply unfortunate that they still are not readily available across care settings, rural and urban alike.

AAFP members report that when caring for patients across different settings – whether within the same health system or across multiple health systems – it can be extremely challenging to access patient and payer data, even when they know the data exists and where it is located. In some instances, employed family physicians or residents may not have access to the same level of patient data in one branch of a health system as they do in another. EHR vendors often charge health systems for upgrades on a per-location basis, so useful, time-sensitive data may be in a patient's record but inaccessible at a given location. The AAFP encourages the Committee to collaborate with ASTP/ONC and CMS to require EHR vendors to make patient data available system-wide, regardless of an individual practice's ability to pay for a technology upgrade.

Recommendations to ASTP/ONC

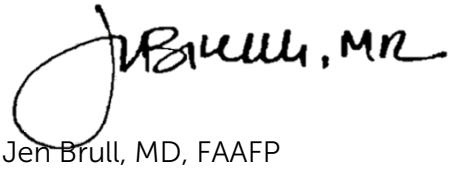
The AAFP has responded to proposed rules and requests for information (RFIs) from ASTP/ONC over the past several months, providing the family physician perspective. We urge the Committee to collaborate with ASTP/ONC to preserve core interoperability and safety guardrails while strengthening – not weakening – API interoperability. The Committee's oversight is particularly important to prevent the premature removal of foundational certification criteria and to protect the integrity of quality measurement. We also encourage the Committee to emphasize the importance of maintaining robust privacy, security and accessibility protections, continue support for real-world testing, and limit further changes to the information blocking program to ensure stability, predictability and trust across the health IT ecosystem.

The AAFP urges the Committee to support and ensure that ASTP/ONC implements the following recommendations:

- Prioritize the development of AI-focused educational and training resources for the health care workforce, in collaboration with specialty societies and other stakeholders. These resources should be concise, actionable, and tailored to the needs of small, independent, rural and underserved practices, supporting physicians in evaluating, implementing, and safely using AI tools.
- Embed practicing clinicians across the entire AI lifecycle–from design and development through deployment and evaluation–and advisory panels.
- Ensure that real-world testbeds reflect primary care settings so that AI tools are fit for frontline clinical use.
- Undertake efforts to strengthen developers' cybersecurity responsibilities, harmonize AI governance across the executive branch, and establish clear, risk-based guardrails to support the safe and effective use of AI in health care.

Thank you for convening this hearing and for the opportunity to provide these comments. We look forward to working with you to support family physicians' access to technologies that streamline their work and improve patient access. Should you have any questions, please contact Megan Mortimer, Manager of Legislative Affairs, at mmortimer@aafp.org.

Sincerely,



Jen Brull, MD, FAAFP
American Academy of Family Physicians, Board Chair