



*A driving force for health equity*

Transmitted via email [bera.ai@mail.house.gov]

May 3, 2024

The Honorable Ami Bera  
172 Cannon House Office Building  
Washington, DC 20515

Re: *The State of Artificial Intelligence in Health Care RFI*

Dear Representative Bera,

On behalf of OCHIN, I appreciate the opportunity to provide comments on *The State of Artificial Intelligence (AI) in Health Care Request for Information*. OCHIN is a [national health information technology and research network](#) that serves nearly 2,000 community health care sites with 25,000 providers in 40 states, reaching more than 8 million patients. OCHIN urges you to advance legislative solutions and priorities that leverage artificial intelligence's (AI) potential to drive health care equity and sustainability for providers and their patients in underserved and rural communities. AI can enhance access to care, the quality of care, care coordination, and alleviate administrative and operational burdens. However, AI systems can exacerbate and exponentially amplify current health disparities and automate inequality in health care in rural and other communities that are already underserved. Harmful bias can be incorporated into AI systems during the development and implementation life cycle. Engaging and involving community-based providers and stakeholders from rural and underserved communities at each stage of this cycle is essential to AI systems that create equitable access for all patients in rural and underserved communities.

### **OCHIN: DRIVING INNOVATION, ACCESS, AND SELF-SUFFICIENCY**

Since its inception over 22 years ago, the OCHIN collaborative of community providers has focused on expanding access in underserved and rural communities to quality health care services through technology solutions, technical assistance, operational support, informatics, evidence-based research, workforce development and training, and policy. Today, the OCHIN network includes federally qualified health centers (FQHC) (the largest network in the nation), FQHC look-alikes, critical access hospitals (CAHs), rural health clinics, tribal health organizations, and other community health providers and local public health agencies. Over half of our members patients are covered under Medicaid, about 18 percent are uninsured or underinsured, 55 percent live at or below the poverty level and more than 34 percent prefer a language other than English.

OCHIN is unique in the scale of clinical and social complexity data collected by our members to support their patients' care from underserved and rural communities and to strengthen public health. Notably, 2.2 million social risks screenings were completed in OCHIN Epic for 1.2 million unique patients, which has produced the nation's largest EHR-embedded dataset on SDOH in primary care community clinics and allows providers and researchers to empirically assess how SDOH affect patient and population health. In addition, [OCHIN leads the ADVANCE Data Warehouse, the nation's most comprehensive database on healthcare and outcomes of communities and population that have been historically underrepresented](#)

or excluded from research. We provide the clinical insights and tailored technologies needed to expand patient access and connect care teams and improve the health of rural and medically underserved communities. **With over 137 million clinical records exchanged last year, OCHIN puts “one patient, one record” at the heart of everything we do to connect and transform care delivery.** We ensure all health records flow seamlessly between patients and their many providers, giving clinicians greater insight into their patients’ health and helping to complete the circle of care in rural communities. We also drive interoperability on a national scale through our growing health information network and automated electronic case reporting for public health.

## RECOMMENDATIONS

While the interest around AI applications in health care compounds daily, there is an urgent need to address structural inequity faced by patients and providers in underserved and rural communities that prevents them from benefiting from AI. The application of AI systems could exponentially improve efficiencies, reduce health disparities, and drive transitions to sustainable payment and delivery models among the most underserved, yet they are the least equipped and ready to adopt, implement, and monitor such systems without basic foundational investments. In brief, health care providers in rural and underserved communities have been left behind and cannot benefit from AI innovations that flagship academic health care systems and large tech companies are racing to develop **without immediate investments in modernized hosted certified health IT systems, cybersecurity, technical assistance, and staff development and training** that allow them to come into the 21st Century. To deliver on the AI promise of better access and sustainability and equity, the following structural inequality multipliers must be addressed to avoid further exacerbating health disparities faced by rural and underserved communities including:

- **Investments in Hosted Certified Modernized Health IT Systems for Providers in Rural and Underserved Communities.** Providers in rural and underserved communities currently have been forced to utilize dated, fragmented technologies. We recommend Congress leverage existing programs by directing federal agencies, such as the USDA, to streamline and simplify the agency’s community grants programs. These programs should fund the adoption of hosted certified modernized health IT as well as software subscriptions. Congress and the Biden Administration could also direct some of the previously authorized and appropriated broadband funding is allocated for these purposes as well to ensure safety net providers and the patients they serve are not left behind. These are prerequisites to closing the digital divide. **Modernized systems are needed to enable AI solutions that will drive improved clinical outcomes and experiences of care, increase operational efficiency, reduce provider burden, strengthen public health, and improve regulatory and operational compliance.**
- **Fund Health IT and Cybersecurity Workforce Development and Training and Technical Assistance.** The **deepening shortage of health IT professionals** illustrates the need for expanded and streamlined health IT workforce development and training of all health staff—not just staff in the IT department—particularly as the role of technology and AI in care delivery expands. Educational programs targeting the entire healthcare workforce are needed that clarify the capabilities and limitations of AI allowing organizations to make informed decisions and help limit misuse of the advanced AI systems. We recommend changes to existing workforce programs that reflect 21st Century needs in rural and underserved communities. Programs should include direct recruitment from underserved communities and training and placement partnerships with community health clinics, local public health agencies, and Critical Access Hospitals. Such programs can provide bridges and ladders to additional opportunities in health care, technology, and AI specifically. Moreover, it supports

educating and involving end-users in the development and feedback process for AI technologies to ensure their voices are heard and included. Building an inclusive workforce, including opportunities for rural America, is essential in the mission to drive improved health outcomes for patients and communities. It also helps build AI that supports equity, contributes to decreasing health disparities, and builds efficiencies for healthcare providers. Additionally, we encourage promoting demonstrations and pilots that would identify successful applications of AI, focusing on specific benefits that align with the actual needs of health providers in rural and underserved areas.

- **Align Federal and State Regulatory Frameworks Leveraging National Uniform Digital Data and Technical Standards.** Successful adoption of AI systems in health care requires harmonized federal and state regulatory requirements as well as uniform, inclusive digital data and technical standards. Currently, no single, uniform federal law exists specifically governing AI but the White House, several federal agencies, and state governments have proposed a flurry of laws and regulations to govern AI. **However, the proliferation and variability in regulations as well as digital data and technical standards creates complexity, confusion, increased cost and, as a result systematic exclusion for providers and communities that lack additional resources to resolve the complexity.** We encourage federal and state policymakers to work together and align frameworks governing AI, privacy, and security as these are interrelated. The federal government must also partner with states to drive toward uniform digital data and technical standards. We also strongly recommend the adoption of a **unified national privacy framework** that applies across the board to all health care data even when generated in the context of consumer health activities.
- **Scale Cybersecurity Support and Assistance for Safe and Ethical AI Deployment and Use.** Safe use of AI requires strong cybersecurity support. Breaches of healthcare systems are not only costly but could negatively impact the delivery of health care services and adversely impact health outcomes. **Cyber threats come in various shapes and sizes. Cybersecurity starts with modernized hosted certified health IT systems. Legacy systems with one-time subscriptions for cybersecurity software will not help rural and underserved providers.** In addition, healthcare organizations and providers serving underserved communities require targeted funding to implement ongoing organization-specific cybersecurity best practices, training and awareness programs for employees and patients. They also need consistent funding to build technical support and assistance programs to enhance and strengthen provider cybersecurity for under-resourced communities and providers. We encourage Congress to support programs offering technical assistance that will help healthcare providers address cybersecurity incidents, implement security measures, and navigate complex technical challenges. Cybersecurity cannot be an afterthought. With support, healthcare organizations and providers can prioritize building a sustainable cybersecurity system with cyber protection, privacy, and AI and data governance built in and integrated within the certified hosted health IT infrastructure. Ensuring that cybersecurity is built in by design protects against vulnerabilities by incorporating risk management from the onset.
- **The Essential Role of Governance to Manage and Mitigate Bias in AI and Potential Misuse.** Using AI in healthcare does not come without risk. We encourage Congress to prioritize investments in resources for providers in underserved and rural communities to develop, implement, and maintain strong governance structures and training for health care AI applications consistent with the FAVE principles (Fair, Appropriate, Valid, Effective, Safe). AI solutions have to be accountable to people, both end-users and care recipients, so implementing a **clear governance structure** with regular audits, user feedback, and mechanisms for resolving errors or unintended is a key component of accountability. Good practices for responsible AI governance require establishing, implementing, and operationalizing AI ethics principles and ensuring ongoing review and oversight of AI systems. Building in these safeguards protects against harm from AI and exacerbating existing inequalities.

- **Develop Regional Innovation Hubs and Ensure Appropriate Funding and Incentives for Rural and Underserved Communities.** Resourced-strapped providers in rural and underserved areas cannot leverage AI on their own. We urge Congress to fund the establishment of regional innovation hubs that provide resource training and support for AI technology adaptation for providers in underserved and rural communities. Collaborating and sharing tools and capabilities to enable system evaluation and surveillance helps promote safe, effective, and equitable use of AI in healthcare—fostering trust in healthcare AI and ensuring underserved communities are not left behind. We also recommend the creation of targeted grants and funding opportunities to enable providers to adopt and integrate AI. Additionally, building financial models that accommodate for the unique challenges of providers in underserved areas, such as sliding-scale investments or tax incentives for adopting AI, would also help incentivize and support providers who want to implement AI.

As a learning collaborative and research network, OCHIN is committed to the responsible development of AI while ensuring underserved communities are not left behind. Thank you for your leadership and inclusive approach to gathering stakeholder feedback on the state of AI in health care. Please contact me at [stolli@ochin.org](mailto:stolli@ochin.org) if you would like additional data and information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jennifer Stoll".

Jennifer Stoll  
Chief External Affairs Officer