February 18, 2026

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

Re: Request for Information: Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care [RIN 0955-AA13]

Submitted electronically via: Regulations.gov

Dear Assistant Secretary Keane,

On behalf of the 69,000 members of the American Association of Nurse Anesthesiology (AANA), I am respectfully submitting comments in response to the Request for Information: *Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care*.

Background on Certified Registered Nurse Anesthetist

Certified Registered Nurse Anesthetists (CRNAs) are Advanced Practice Registered Nurses (APRNs) who are autonomous anesthesia providers through their extensive training and preparation. As independently licensed professionals, CRNAs are responsible and accountable for making judgments and taking actions in their professional healthcare practice.[1] CRNAs are doctorally prepared and extensively trained to practice independently. CRNAs take the lead in anesthesia before, during, and after surgery and are leaders within the surgical care team.

CRNAs provide expert anesthesia and pain management care across diverse clinical settings and are trained and licensed to care for all patients, including those with complex medical conditions. CRNAs provide over 50 million anesthetics annually across the United States. In some states, CRNAs are the sole anesthesia providers in nearly 100 percent of

[1] AANA Code of Ethics for the Certified Registered Nurse Anesthetists, July 18, available at: https://issuu.com/aanapublishing/docs/code_of_ethics_for_the_certified_registered_nurse_?fr=sZGY1YTU2NDAxMjU.

rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities.

RFI Question Responses

RFI Question 2: *What regulatory, payment policy, or programmatic design changes should HHS prioritize to incentivize the effective use of AI in clinical care and why? What HHS regulations, policies, or programs could be revisited to augment your ability to develop or use AI in clinical care? Please provide specific changes and applicable Code of Federal Regulations citations*.

AANA Response (RFI Question 2): HHS should ensure that billing and coding for AI services is accurate, robust, and inclusive of all provider types, including CRNAs and other allied health practitioners, and reflective of their scope of practices.

AANA appreciates that the Current Procedural Terminology® (CPT®) Editorial Panel has undertaken the difficult work of creating a taxonomy for different types of AI services. However, HHS must ensure – through CMS' participation and oversight – that new Category I and Category III codes utilize provider neutral language inclusive of all provider types who, within their scope of practice, are able to perform those AI services. Doing so will improve patient access to care by allowing as many providers as possible to perform AI services, thereby creating financial and operational efficiencies within the healthcare system.

Furthermore, by including the entire universe of providers who perform a given AI service, HHS/CMS will be better able to assess accurate utilization for both Category I and Category III CPT codes. Accurate utilization data will in turn better inform valuation efforts in determining payment.

We would also note that, given the emerging nature of AI services, HHS/CMS should reevaluate new AI services every year for a period of five years after initial valuation (i.e., as a Category I CPT® code) to ensure accurate utilization assumptions and ultimate valuation. AANA also urges HHS/CMS to adopt principles that ensure the protection of clinician expertise to support clinical decision-making and improve patient care. AI should assist - but never replace – CRNA clinical judgment that is based on extensive education and experience.

The opportunities to enhance patient safety and decrease the administrative burden on clinicians must be paired with proper oversight process for review. For more details on AANA's recommendations for utilizing AI, see our comments to the National Science

Foundation in response to their Request for Information on the Development of an Artificial Intelligence (AI) Action Plan.[2]

As CMS develops new regulations and payment policies for AI services, we finally urge the inclusion of CRNAs in any stakeholder roundtables or advisory committees. The scope of nurse anesthesia practice includes responsibilities for administration and management, quality assessment, interdepartmental liaising, and clinical as well as administrative oversight of other departments. As CRNAs possess a strong foundation in nursing, critical care, anesthesia, and pain management, they are frequently called upon to assume administrative and executive positions. CRNAs are regularly selected to function as anesthesia and surgery department administrators, chief nurse executives, chief operating officers and chief executive officers of hospitals. They are innovative leaders with invaluable clinical expertise who are adept at recommending policy informed by high-quality innovative practice. We stand ready to assist CMS in these efforts.

RFI Question 6: *Where have AI tools deployed in clinical care met or exceeded performance and cost expectations and where have they fallen short? What kinds of novel AI tools would have the greatest potential to improve health care outcomes, give new insights on quality, and help reduce costs?*

AANA Response (RFI Question 6): AI tools in the clinical care setting have shown clear successes in specific, well-defined domains, while also revealing important limitations. Future AI innovation should focus on tools that enhance safety, quality, and value. AI has particularly met or exceeded performance and cost expectations when it augments workflow or operational processes rather than attempting to replace clinician judgment.

Within anesthesia practice specifically, rule-based automation embedded in infusion pumps, monitoring systems, and advanced diagnostic devices has long contributed to safer, more efficient anesthesia delivery. Emerging machine learning-based systems continue to refine risk stratification, personalized planning, and continuous monitoring.[3]

AI has also delivered measurable clinical or operational value in other areas, including imaging prediction tools that assist clinicians with diagnostic workflows, patient monitoring and predictive alarm systems that identify physiologic deterioration earlier, and

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[2] American Association of Nurse Anesthesiology. *Comment Letter in Response to the National Science Foundation Request for Information on the Development of an Artificial Intelligence Action Plan*. February 27, 2025. https://www.aana.com/wp-content/uploads/2025/03/AANA-comments-on-RFI-Development-of-an-AI-Action-Plan.pdf

[3] Hu, Jiale and Damico, Nickie. *AI in Anesthesia; Transforming Patient Safety and Enhancing Anesthesia Delivery.* Patient Safety Movement Foundation. March 26, 2025. Online: https://psmf.org/psmf-blog/ai-in-anesthesia-transforming-patient-safety-and-enhancing-anesthesia-delivery/?utm_source=chatgpt.com

scheduling and capacity planning models that help optimize resource utilization. These applications often outperform traditional, manual methods by processing large amounts of data in real time and providing actionable insights that improve safety and efficiency.[4] AI has also proven valuable in patient throughput and discharge planning, allowing facilities to increase efficiency while improving patient outcomes.[5]

AI tools have, however, fallen short in areas where models lack generalizability or introduce unintended risks. AI integration into clinical reasoning has proven problematic when models attempt to operate autonomously without adequate oversight; for instance, early automated sedation systems like SEDASYS failed commercially because they lacked sufficient adaptability to real-world clinical complexity and variability.[6] Such limitations highlight the essential need for thoughtful data governance and robust clinical validation. Predictive monitoring illustrates one area where AI has already met or exceeded expectations, while persistent limitations related to generalizability offer important cautionary lessons.

The AI tools with the greatest potential to improve healthcare outcomes, generate new quality insights, and reduce costs will be those that integrate clinical and operational intelligence rather than functioning in isolation. For example, tools capable of real-time prediction of discharge barriers and patient deterioration could enable anesthesia and perioperative teams to anticipate and mitigate complications before they occur, improving patient safety while reducing unnecessary resource utilization. Similarly, AI systems that combine physiologic monitoring with throughput and capacity data could provide a unified view to support both frontline clinicians and health system leaders in coordinating safer, more efficient care.

These experiences highlight that AI is most effective when it enhances clinician expertise, improves consistency, and integrates seamlessly into clinical workflows and underline the previous point that AI should assist - but never replace – CRNA clinical judgment that is based on extensive education and experience.

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[4] Ibid.

[5] Becker's Health IT. *How Sarasota Memorial leveraged AI to redesign patient flow and increase capacity*. April 8, 2025. Online: https://www.beckershospitalreview.com/healthcare-information-technology/innovation/how-sarasota-memorial-leveraged-ai-to-redesign-patient-flow-and-increase-capacity/?utm_source=chatgpt.com

[6] Hu, Jiale and Damico, Nickie. *AI in Anesthesia; Transforming Patient Safety and Enhancing Anesthesia Delivery.* Patient Safety Movement Foundation. March 26, 2025. Online: https://psmf.org/psmf-blog/ai-in-anesthesia-transforming-patient-safety-and-enhancing-anesthesia-delivery/?utm_source=chatgpt.com

RFI Question 9: *What challenges within health care do patients and caregivers wish to see addressed by the adoption and use of AI in clinical care? Equally, what concerns do patients and caregivers have related to the adoption and use of AI in clinical care?*

AANA Response (RFI Question 9): Patients and caregivers commonly voice expectations that AI can improve the quality and efficiency of care. For example, caregivers recognize AI's ability to analyze large amounts of health data and provide clinical decision support as a way to enhance diagnostic accuracy, reduce unnecessary delays, and support personalized treatment planning, potentially leading to better patient outcomes and reduced clinician burden. These improvements in decision support and workflow efficiency can free up clinician time for direct patient interaction, which patients and caregivers generally value as part of high-quality care.[7]

In one *Journal of Medical Internet Research* survey, prospective patients highlighted that their willingness to accept AI in healthcare is strongly tied to trust and perceived usefulness. Many respondents indicated they would be less likely to share personal data for AI use if privacy and security protections are unclear, underscoring that concerns about data privacy, confidentiality, and cybersecurity are major barriers to acceptance. Trust in AI's safety and effectiveness also varied based on individuals' technology familiarity and personal attitudes, with emphasis on the need for transparent, reliable systems that justify any trade-off of data for benefits.[8]

Qualitative research on AI-based clinical decision support systems (CDSSs) further elaborates on challenges that resonate with patient and caregiver priorities. Stakeholders, including patients and caregivers interviewed alongside clinicians and experts, identified overarching barriers spanning technical, data, user, ethical, and legal domains. Among these, concerns about data quality and bias, lack of user understanding, ethical issues, and accountability emerged as significant obstacles. Such concerns validate patient/caregiver apprehensions that AI could produce incorrect or biased recommendations or that harmful outcomes may arise without clear accountability structures.[9]

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[7] Elechi, Ubalaeze, et al. *Artificial Intelligence in Healthcare: A Narrative Review of Recent Clinical Applications, Implementation Strategies, and Challenges*. Journal of Healthcare Leadership. 2025, December 30; 17: 863-876. Online (via National Library of Medicine): https://pmc.ncbi.nlm.nih.gov/articles/PMC12764347/

[8] Kauttonen, Janne; Rousi, Rebekah; Alamaki, Ari. *Trust and Acceptance Challenges in the Adoption of AI Applications in Health Care: Quantitative Survey Analysis*. Journal of Medical Internet Research. 2025, March 21; 27: e65567. Online: https://www.jmir.org/2025/1/e65567

[9] Giebel, Godwin Denk, et al. *Problems and Barriers Related to the Use of AI-Based Clinical Decision Support Systems: Interview Study*. Journal of Medical Internet Research. 2025, February 3; 27: e63377. Online (via National Library of Medicine): https://pmc.ncbi.nlm.nih.gov/articles/PMC11833262/

A recurring theme across studies is the "black-box" nature of many AI systems, where the lack of explainability undermines users' trust because it is difficult for patients, caregivers, and clinicians to understand how decisions are made. This opacity can make patients uneasy about relying on AI for critical health decisions and raises worries about informed consent and comprehension of AI functions. Patients and caregivers also express fear that AI could dehumanize care, reducing human interaction and empathy in clinical encounters, and that biased algorithms may perpetuate health disparities. Furthermore, uncertainty over liability, who is responsible if AI contributes to harm, remains a concern tied to trust and safety.[10]

The accuracy of AI-generated health information is also a concern that may put patients at risk if inaccurate or misleading recommendations are made and followed as medical advice.[11,12] Recently, ECRI identified the misuse of AI chatbots in healthcare as the #1 technology hazard in 2026. ECRI's assessment affirms that users must recognize the limitations of AI and large language models (LLMs) and scrutinize responses whenever using information that can influence patient care. AI output should never be used as a substitute for qualified medical advice or professional judgment.[13,14]

Patients and caregivers want AI to help solve real clinical challenges such as diagnostic errors, inefficiencies, and clinician burden but are worried about privacy, trust, explainability, bias, data quality, and accountability. Addressing these concerns with robust transparency, ethical safeguards, human oversight, and clear communication will be key to realizing the benefits patients and caregivers hope AI can deliver in clinical care.

Conclusion

We appreciate the opportunity to provide input to the Request for Information: *Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care*. We would welcome the opportunity to meet with you in the coming months to further discuss these issues and proposed solutions and to take part in any HHS/CMS stakeholder work around AI services.

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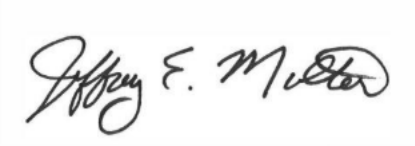
[10] Ibid.
[11] Booth, Robert. *ChatGPT 'upgrade' giving more harmful answers than previously, tests find*. The Guardian (US Edition). October 14, 2025. Online: https://www.theguardian.com/technology/2025/oct/14/chatgpt-upgrade-giving-more-harmful-answers-than-previously-tests-find
[12] Gregory, Andrew. *Google AI Overviews put people are risk of harm with misleading health advice*. The Guardian (US Edition). January 2, 2026. Online: https://www.theguardian.com/technology/2026/jan/02/google-ai-overviews-risk-harm-misleading-health-information
[13] Ibid.
[14] ECRI. *Top 10 Health Technology Hazards for 2026 Executive Brief*. January 21, 2026. Online: https://home.ecri.org/blogs/ecri-thought-leadership-resources/top-10-health-technology-hazards-for-2026-executive-brief

For any questions or comments, and to schedule a meeting, please do not hesitate to reach out to Romy Gelb-Zimmer, Director of Regulatory Affairs, at rgelb-zimmer@aana.com.

Sincerely,



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