

**Opening Statement of Senator Mike Crapo**  
**February 8, 2024**  
**Hearing on AI in Health Care**

Thank you, Mr. Chairman.

Artificial intelligence, or AI, offers seemingly endless applications and opportunities for every sector of American society, including health care.

From disease detection and diagnosis to advanced imaging, hundreds of AI-enabled devices have come to market in recent years, providing critical tools for frontline clinicians.

AI can also streamline and simplify taxing administrative tasks, which continue to pull providers away from patient care, imposing high costs and eroding outcomes.

Every week, new breakthroughs in AI technology come to light, presenting countless use-cases to drive health care improvements, from more efficient drug discovery to more informed clinical decisions.

At the same time, as with any emerging technology, AI also raises new questions and risks. Responsible and ethical deployment—with appropriate safeguards for privacy and security—will prove crucial to building patient trust and ensuring effective results.

As we weigh the promise of AI in the health care context, our Committee will play a critical role, given our jurisdiction over a range of federal health programs.

Today's hearing will help us to strike a patient-centered and fiscally responsible approach to AI-enabled tools within these and other federal programs.

Rather than legislate first and ask questions later, Congress needs to build a better understanding of how AI operates in specific contexts, including health care. Our witnesses will identify areas where current policies can adapt effectively, as well as where they fall short.

These discussions can lend valuable insights into the real-world promise of innovation for patients, along with the importance of reliability, transparency and adaptability—especially as policymakers navigate a rapidly changing landscape.

As game-changing AI-enabled devices and other technologies emerge, Medicare coverage and payment policies must keep pace. Otherwise, access gaps for seniors will widen, care quality will suffer, and the innovation pipeline will shrink.

I look forward to engaging with our witnesses, as well as my colleagues in both chambers, to ensure we address the regulatory hurdles and pervasive uncertainty that too often confront older Americans and those living with disabilities. Our federal programs should expedite, rather than undermine, access to medical breakthroughs, including those enabled by AI.

In order to build trust in high-quality innovations, we also need appropriately targeted oversight and analysis, which can help to inform future policy initiatives.

In the case of algorithms applied to expedite utilization management, for instance, improper denials or delays of needed services warrant government scrutiny. In other contexts, AI-related challenges stem largely from insufficient provider experience or education with cutting-edge tools.

In the latter case, rather than rely on a top-down approach, federal agencies should leverage expertise, both in-house and external, to scale up outreach and technical assistance, particularly for lower-resource providers and sites, including in rural areas.

Collaborative public-private partnerships have the potential to drive responsible deployment across the country while generating vital data and promoting robust privacy protections for patients.

Beneficiary trust and clinician uptake will demand a transparent, but also risk-based, approach to the use of AI-assisted tools, tailored to the vast differences among diverse technologies and use-cases.

Along these lines, AI highlights the need for adaptability. One-size-fits-all, overly rigid, and unduly bureaucratic laws and regulations risk stifling life-saving advances and becoming outdated before they are even codified.

Only with a sector-specific approach, focused squarely on our jurisdiction—and informed by experts and stakeholders from across the field—can we pursue responsible and responsive policies that improve access, enhance care quality, and reduce care costs.

Thank you to our witnesses for being here today. I look forward to your testimony. Thank you, Mr. Chairman.