



**Andrew Toy Responses to Additional Questions for the Record Following
September 3, 2025 Committee on Energy and Commerce, Health
Subcommittee, “Examining Opportunities to Advance American Health Care
through the Use of Artificial Intelligence Technologies”**

The Honorable Earl L. “Buddy” Carter (R-GA)

1. Prior authorization for drugs run by PBMs ends up at the pharmacy check-out counter. Do you think that the prior authorization process for drugs can be moved to the point of care, with automated data submission to the managed care company?

Yes, moving the prior authorization (PA) process for drugs to the point of care with automated data submission is crucial for improving healthcare efficiency and patient outcomes. But this is only achievable with a commitment to building the necessary infrastructure for real-time, transparent data exchanges and pipelines among all key stakeholders: the doctor, the pharmacy, the PBM, and the insurer.

The current system’s inefficiency is a result of fragmented information flow. For point-of-care ePA to succeed, a robust and standardized network must be in place. This would involve:

EHR Integration: The physician’s electronic health record (EHR) must be able to securely send a PA request and relevant patient data (diagnoses, lab results, etc.) to the PBM’s system.

PBM-Payer Connectivity: The PBM, which manages the drug formulary and PA rules on behalf of the insurer, must have a seamless connection to the EHR to receive and process the request instantly.

Real-Time Adjudication: The system must be able to process the PA request against the health plan’s rules and provide an immediate determination.

Transparent Communication: The approval or denial, along with any next steps, must be instantly communicated back to the physician and the pharmacy receiving the script, eliminating the last-minute friction at the check-out counter.

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Nearly 80 percent of all prescriptions in the United States are processed by only three PBMs—CVS Caremark of CVS Health, Express Scripts of Cigna, and Optum Rx of United Health Group. Unlike other large payors who own and operate their own PBMs, Clover relies on one of these third-party PBMs.

Federal and state regulators have imposed tremendous (and often counterproductive) regulatory complexities and burdens. This has, in turn, created a deep moat that protects the market position of the PBMs with the resources and infrastructure to shape, navigate, and leverage that bureaucracy at scale.

Nevertheless, Clover is ready to collaborate with PBMs to build this ePA infrastructure. We can offer the strength of our proprietary Clover Assistant real-time, in-workflow physician enablement platform, which is already integrated into points of care. This platform is designed to facilitate the secure, rapid data exchange and transparent communication required to make point-of-care ePA a reality. This approach will reduce administrative burden, improve patient care, and ultimately lower long-term costs.

2. What steps could Congress consider to promote more adoption of third-party certifications and assurance frameworks to ensure AI systems in healthcare are secure and aligned with regulatory expectations?

Clover Health believes that AI, when used responsibly, can be a transformative force in healthcare. Our proprietary AI platform, Clover Assistant, serves as a model for how AI can empower doctors and improve patient care.

Here are some steps Congress should consider to promote the adoption of certified AI systems:

Risk-Based, Outcome-Oriented Framework: A one-size-fits-all approach to AI regulation would stifle innovation. Instead, we urge Congress to adopt a risk-based model that differentiates between high-risk AI (e.g., automated diagnostics) and low-risk AI (e.g., clinical decision support). The goal of AI in healthcare should be to empower providers to provide better care; not replace them. And that is how Clover Assistant works. The doctors using Clover Assistant are supported by over 100 data inputs and proprietary algorithms. But the doctor is at all times the decision-maker for patient care. This is a low-risk, high-reward use for AI. And for such low-risk tools, our policies should similarly have low regulatory barriers to adoption and use.

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Our Clover Assistant platform, which has been independently validated and is HIPAA and HITRUST compliant, is an example of a low-risk, high-impact tool that should be encouraged.

Foster Interoperability and Data Exchange: The value of AI is directly tied to the data it can access. We support the acceleration and implementation of the Trusted Exchange Framework and Common Agreement (TEFCA), as passed by Congress in the 21st Century Cures Act. TEFCA is essential for creating a national infrastructure for the secure, transparent exchange of electronic health information.

The Honorable Mariannette Miller-Meeks (R-IA)

1. During the hearing, I discussed an Iowa-based company, Digital Diagnostics, whose system was cleared by FDA with breakthrough status and autonomously detects diabetic retinopathy in primary care settings before patients become symptomatic. This enables early treatment and lifestyle changes that prevent this costly condition from progressing to irreversible vision loss or complete blindness. Despite FDA clearance, assignment of a permanent CPT code (92229), and listing on the Medicare Physician Fee Schedule, many state Medicaid programs and private insurers still do not reimburse for this service — limiting access to an effective, proven, and scalable solution that is also recognized as a HEDIS gap-closing procedure in diabetes care.
 - a. What can be done to ensure that breakthrough autonomous artificial intelligence diagnostic tools play a more significant role in preventive care in the future?

While Clover Health does not operate in Medicare FFS or Medicaid, our extensive experience in Medicare Advantage offers invaluable insights. AI, when wielded responsibly, can be a transformative force in healthcare. Our proprietary AI platform, Clover Assistant, serves as a proven model for how AI can empower doctors and significantly enhance patient care and quality outcomes.

Clover has already had discussions with Digital Diagnostics to explore potential partnerships that would improve care quality and health outcomes for the seniors in Iowa and beyond. Clover already operates in Iowa, through our partnership with the Iowa Clinic P.C., one of the most highly regarded multispecialty healthcare groups in the United States. Given our operations in Iowa through our physician-enablement AI platform

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(Counterpart Health), Clover can quickly launch MA operations in Iowa, which would reimburse for proven, impactful tools.

To genuinely incentivize the adoption of tools and methods that deliver superior health outcomes and clinical quality, plans must be measured and rewarded based on these critical and impactful metrics. Regrettably, the current Star Ratings system for Medicare Advantage fails to adequately measure either; instead, it disproportionately overweights and rewards administrative scale and control—placing paperwork ahead of patients.

At Clover, we are proud to consistently achieve exceptionally high scores on HEDIS and true health outcomes measures—a direct result of the efficacy of Clover Assistant.

Rather than fixating on the adoption of a specific tool, we strongly urge Congress and CMS to focus on what we should have as endpoints. AI is a tool. Humans choose the endpoints for which AI will be deployed. In Medicare Advantage, for example, such endpoints include the Star Ratings system. Right now, it is a broken system at best, which numerous independent third parties, such as MedPAC, have warned. It no longer provides seniors with meaningful information to choose plans. And the vast majority of measures do not measure health outcomes or true clinical quality. So until we fix that, encouraging more AI use in MA will have the unfortunate result of perpetuating efforts to score well in that flawed system.

On the other hand, if we set the right end points and reform the Star Ratings system to reward clinical quality and outcome results, those in MA will naturally choose the best tools to achieve those results. This crucial shift will foster innovation and healthy competition among platforms, ensuring that only the most effective tools, like Clover Assistant, are adopted because they are the ones that deliver the best outcomes for patients and the highest Star ratings for plans.

Furthermore, Clover Health recommends implementing a Star Rating bonus for plans that demonstrate significant improvement in HEDIS and clinical outcomes within rural and other underserved populations. This strategic approach could democratize care, bringing complex capabilities directly to the primary care setting and ensuring that geographical location doesn't dictate a patient's quality of care.

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By recalibrating the Star Ratings system to prioritize what truly matters—clinical quality and patient outcomes—Congress can ensure that our healthcare system rewards innovation and incentivizes technologies that profoundly improve lives, irrespective of where a person resides.

- b. What role do you recommend for Congress and the Department of Health and Human Services (HHS) in ensuring that technologies proven to lead to better outcomes and reduced long-term costs are consistently reimbursed across Medicare, Medicaid, and commercial payers?

Clover is Medicare Advantage only. But we support efforts to consistently promote health outcomes and clinical quality across original Medicare, Medicare Advantage, and Medicaid. To do so, we must have transparency and access to detailed, standardized data from CMS across the three programs. That would allow policy makers to make informed decisions based on “apples-to-apples” comparisons of spending, offering, and outcome data across those programs. That’s why Clover supports Congressman Aaron Bean’s *Apples-to-Apples Comparison Act*, which would allow for valid comparisons, starting with MA and fee for service.

2. Across numerous programs at the Department of Health and Human Services (HHS), telehealth is explicitly prioritized and incentivized as a strategy to expand access to care — especially in rural and underserved communities. However, autonomous diagnostic artificial intelligence (AI) tools that similarly bring critical specialty-level services directly to the point of care — often in primary care settings where no specialist is available — have not yet been given the same policy emphasis or reimbursement clarity. These tools represent a parallel and complementary innovation to telehealth, enabling earlier diagnosis, closing HEDIS gaps, and reducing preventable disease progression — yet they remain largely excluded from programmatic eligibility, grant guidance, and reimbursement consistency across Medicare, Medicaid, and commercial payers.

- a. Would you support a government-wide effort to modify healthcare-related programs — like HRSA’s Rural Health Care Services Outreach Program — to explicitly list AI tools as eligible technologies, like how telehealth is named?

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Clover supports a consistent government effort to modify federal healthcare programs, including HRSA's Rural Health Care Services Outreach Program, to explicitly list AI tools as eligible technologies, just as telehealth is named. While telehealth addresses the critical problem of physical access, AI solves the complementary and equally critical problem of clinical capacity by helping physicians provide high-quality, proactive, and personalized care—at greater scale. This would unlock necessary infrastructure funding, formalize AI's role in modern care delivery, and help independent physicians—the backbone of rural care—remain financially viable by enabling them to practice more efficiently. By treating AI as a worthwhile infrastructure investment (as it had with telehealth), Congress can directly accelerate the adoption of technology that delivers better, more cost-effective care to seniors in rural and underserved communities.

Clover is proud to lead by example in this space. Through our subsidiary [Counterpart Health, Inc.](#), we have entered a multi-year partnership with [The Iowa Clinic, P.C.](#), one of the most highly regarded multispecialty healthcare groups in the United States. Through that partnership, clinicians serving The Iowa Clinic's Medicare Advantage and Medicare Shared Savings Program patients will use Counterpart Assistant, Counterpart Health's cutting-edge cloud-based software platform. Additionally, the platform will be made available to The Iowa Clinic's clinically integrated network partners throughout the Midwest.

Founded in 1994, The Iowa Clinic is a benchmark for excellence in American healthcare, recognized as one of America's Top 100 Healthcare Providers by *Becker's Hospital Review* and a recipient of multiple *Press Ganey Guardian of Excellence Awards* for patient satisfaction.

As the largest physician-owned multispecialty group in its community, with over 250 providers across more than 40 specialties, The Iowa Clinic is celebrated for its pioneering physician-governed, patient-centered model. It also has been recognized for its leadership in patient safety by the *Leapfrog Group* and quality care by the NCQA. The clinic is a frequent collaborator in national research and an early adopter of advanced diagnostic technologies, with its physicians regularly featured in *Castle Connolly's* list of America's Top Doctors. Renowned for its clinical expertise and commitment to innovation, The Iowa Clinic consistently delivers world-class, patient-centered care.

Our partnership will enhance that high-quality care even more. Data shows that

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doctors empowered with Counterpart/Clover Assistant start their diabetes patients on oral medications three years earlier on average. *See [here](#)* for more details. This earlier intervention has been associated with reduced reliance on insulin and lower incidence of hypoglycemia. Similarly, doctors empowered with Counterpart/Clover Assistant diagnose and manage chronic kidney disease over 1.5 years earlier. *See [here](#)* for more details. This earlier intervention has been associated with decelerating decline of kidney function for CKD patients. That's improvement in outcomes, quality of life, and cost of care all delivered by AI.