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Request for Information: Development of a 2025 National Artificial Intelligence Research and Development Strategic Plan

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Submitter Information

Organization: OCHIN

General Comment

Please see attached.

Attachments

OCHIN Response to RFI on National RandD AI Priorities



Submitted via [regulations.gov](https://www.regulations.gov)

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May 29, 2025

Faisal D'Souza
National Coordination Office
Networking and Information Technology Research and Development (NITRD)
2415 Eisenhower Avenue
Alexandria, VA 22314

Re: *Request for Information on the Development of a 2025 National Artificial Intelligence (AI) Research and Development (R&D) Strategic Plan*

Dear Mr. D'Souza,

On behalf of OCHIN, we thank you for the opportunity to respond to the Networking and Information Technology Research and Development (NITRD) National Coordination Office's (NCO) request for information (RFI) on the *Development of a 2025 National Artificial Intelligence (AI) Research and Development (R&D) Strategic Plan* ("Strategic Plan") on behalf of the Office of Science and Technology Policy (OSTP). We commend the Administration's continued leadership in advancing AI where private-sector investment falls short and national interests are at stake. The U.S. stands at a critical juncture in global AI leadership. Our continued preeminence in the healthcare sector is conditioned on securing the active innovation participation of and use of AI tools health care providers with all patients and providers in rural and low-resourced communities

Recommendation

We urge the White House and key agencies to invest in three key areas over the next 3-5 years:

- Technology networks that support **local validation** of systems and tools in rural and low-resourced health care settings,
- **AI lifecycle management and maturity research** in rural and low-resourced provider technology networks, and
- Capacity building for providers and their networks in rural and low resourced setting to ensure training data produces systems and tools that are accurate, reliable, and built to serve an entire nation.

- Waive Legal Barriers. Establish waivers or exemptions from Anti-Kickback, Stark, and related program integrity rules to allow rural and underserved providers to participate in shared services, digital networks, and virtual care partnerships without fear of legal exposure.

OCHIN: Driving Innovation, Cost-Efficiency, And Self-Sufficiency

OCHIN is a **national nonprofit health information technology and research network** that serves over 2,000 community health care sites with 34,000 providers in 43 states. For over two decades. We provide technology solutions, informatics, evidence-based research, and policy insights for rural and frontier health clinics, critical access hospitals (CAHs), and federally qualified health centers (FQHCs).

With 25 years of experience, we know investing in cutting-edge technology empowers providers to offer higher-quality, data-driven care while protecting patient information from cyber threats, including malicious foreign actors. For example, in the OCHIN network, we prioritize the use of AI to simplify documentation; tailor communication and translate clinical questionnaires; provide chart summaries; and automate actions like imaging follow-ups.

Winning Global AI Race Means Investing America's Rural and Low-Resourced Communities

If the U.S. wants to lead the world in AI, it must invest in rural and low-resourced communities that form the backbone of American healthcare and invest and strengthen their technology networks that can leverage economies of scale. Providers in rural and low-resourced communities serve tens of millions, operate efficiently, and represent an untapped opportunity scale AI nationally.

CONCLUSION

To secure the U.S.' position as the unrivaled world leader in AI, federal R&D must be directed toward accelerating innovation that strengthens the full spectrum of the healthcare system, including rural and low-resourced communities. **We urge the Administration to embed these priorities in the 2025 National AI R&D Strategic Plan to keep America in first place.**

Please contact me at jstoll@ochin.org if we can provide any additional information to support your efforts.

Sincerely,

Jennifer Stoll
Chief External Affairs Officer

APPENDIX

BRINGING RURAL AND LOW-RESOURCED COMMUNITIES INTO AI R&D

Federal AI R&D strategic priorities must include all healthcare delivery settings – especially rural and low-resourced settings.

- Providers in rural and low-resourced communities are essential to the health, resilience, and economic vitality of the country, yet face persistent barriers to adopting and benefitting from AI.
- The national chronic disease burden and costs are concentrated in these communities.
- To ensure AI fulfills its potential as a national asset and achieve the goal of combatting chronic disease, we urge the Administration to prioritize the inclusion of all healthcare settings, especially in rural and low-resourced areas as the return on investment will be outsized in these areas.
- AI tools deployed where patients are the most medically complex promises to drive efficiencies and better outcomes.
- Providers in rural and low-resourced communities deliver care to tens of millions of Americans who are among the most medically complex.
- However, structural and resource limitations often prevent them from engaging with AI tools developed for high-resource environments.
- Without federal support, innovation will remain concentrated in a narrow subset of the healthcare system, leaving gaps in access and impact.

Federal AI R&D strategic priorities must proactively address the readiness gap to ensure national AI leadership is both comprehensive and durable.

- Because the private sector tends to focus on near-term returns and high-resource markets, it is unlikely to address the structural challenges facing providers in rural and low-resourced without federal direction.
- Left unaddressed, this gap risks reinforcing existing infrastructure divides, stalling innovation in high-need areas where the return on investment will be greatest, and undermining national efforts to scale responsible AI.
- By focusing federal AI R&D investments on local validation, lifecycle maturity management, and broader representation within datasets, the Administration can help ensure that AI technologies are built to work in real-world settings across the country.

RECOMMENDATIONS

AI Tools Must Be Validated in Local Care Settings to Ensure Relevance and Effectiveness

Recommendation: *Invest in AI validation research that includes rural hospitals, community health centers, and other non-tertiary care settings that serve Americans in rural and low-resourced areas.*

- AI technologies developed in academic health systems and large technology companies often do not account for the operational realities of rural or low-resourced environments – they must be tested in the settings where they are intended to be used.
- AI models trained on incomplete or narrow datasets can lead to inaccuracies, inefficiencies, and reduced effectiveness, which ultimately erodes trust, limits transformation, and weakens U.S. global AI competitiveness.
- Local validation ensures AI models are tested under actual deployment conditions, improving accuracy and usability.
- Over time, AI can degrade in performance due to changes in clinical practice, population characteristics, or data inputs – making ongoing monitoring and revalidation essential to maintain reliability.
- The Administration should prioritize strategic investments in projects and pilot programs that evaluate AI tools in rural and low-resourced environments allow for assessing clinical performance, usability, and sustainability.
- Encouraging public-private partnerships offers effective pathways for testing and refining AI tools across a range of real-world healthcare delivery models.
- Federal R&D funding opportunities and collaborative research consortia should be structured to encourage participation from rural and low-resourced healthcare settings by investing in and leveraging their technology networks.

AI Maturity Must Be Managed Responsibly Before Widespread Adoption in Healthcare

Recommendation: *Prioritize research into AI lifecycle management, with clear standards for readiness, adoption pathways, and safeguards appropriate for varying care settings.*

- Many AI tools being marketed to healthcare providers remain at low maturity levels and lack adequate validation.
- Uncertainty over the return on investment for AI is a critical obstacle for providers considering adopting AI – citing a lack of data maturity a fundamental barrier for AI implementing.
- This creates risk when deployed in resource-constrained environments without robust testing, infrastructure, or support.
- Without implementation models grounded in real-world resource levels, AI tools are unlikely to succeed outside large, well-funded systems.

- R&D efforts should prioritize research on scalable adoption models that consider local technical capacity and workforce support.
- Providers in rural and low resourced areas need assurance that tools have been appropriately tested and establishing minimum evidence thresholds promotes responsible use while also clarifying expectations.
- Further, rural and low-resourced organizations may struggle to see how AI aligns with clinical and operational problems.
- Prioritizing R&D efforts toward building technical assistance programs can guide integration, manage enterprise-wide impacts, and support cultural readiness for AI.

AI Systems Must Reflect the Full Scope of U.S. Healthcare Data to Be Effective Nationwide

Recommendation: *Support data collection infrastructure and incentives that promote the inclusion of data from rural and low-resourced communities in AI training and evaluation.*

- Training datasets for AI systems often exclude data generated in rural and low-resourced healthcare settings, leading to tools that are less accurate or effective in those environments.
- For example, investing in privacy-preserving data infrastructures enables secure contributions from small and rural providers ensuring AI systems are built on a more representative foundation and better reflect the realities of different healthcare delivery settings nationwide.
- R&D efforts should also focus on prioritizing the quality of data available by incentivizing initiatives to improve data quality and standardization across varying care settings.
- This addresses a key barrier to participation in AI development and ensures data sources can be used reliably for training and validation.
- Federal incentives can also drive AI developers and research institutions to ensure geographic and contextual variety in their data sets, helping ensure AI tools perform safely and effectively across the full range of care settings in the U.S.

Establish Waivers for Anti-Kickback, Stark, and Program Integrity Rules. Providers in rural and underserved areas often rely on shared staffing models, virtual specialty networks, pooled infrastructure, and training collaborations to meet patient needs. But broad application of the Anti-Kickback Statute (42 U.S. Code § 1320a-7b), Stark Law (42 U.S.C. § 1395nn), and other program integrity rules make it legally risk to innovate – even when there is no intent to defraud. This limits opportunities to expand the training pipeline, strengthen care coordination, and expand patient access. We recommend:

- Pilot waivers for rural digital health networks and interdependent care models
- Safe harbors for telehealth-based collaborations, virtual supervision, and shared services
- Broader Office of Inspector General (OIG) and CMS authority to create carve-outs for rural and safety-net provider arrangements

