



February 10, 2026

Steven Posnack

Principal Deputy Assistant Secretary for Technology Policy

Office of the National Coordinator for Health Information Technology

330 C Street SW

Washington, DC, 20201

RE: HHS Office of the Secretary Document Number 2025-23541, RIN 0955-AA13,  
Comments in Response to the Request for Information: Accelerating the Adoption and Use  
of Artificial Intelligence as Part of Clinical Care

Dear Mr. Steven Posnack:

The American Parkinson Disease Association<sup>1</sup> (APDA) applauds HHS's efforts to optimize the use of artificial intelligence in clinical care to support patients and caregivers, while ensuring protection of patient privacy and rights. We appreciate the opportunity to provide a response to the *Request for Information: Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care*, including providing information on challenges in clinical care that can be addressed through AI and concerns about the use of AI in clinical care from the patient and caregiver perspective.

The APDA Voices of Parkinson's Council (V of P) is a select group of Parkinson's disease (PD) patients, care partners, and caregivers, that informs APDA programming, research initiatives, public policy and advocacy efforts, and resource development. The V of P provided APDA with feedback regarding both the challenges in clinical care that can be addressed through AI, as well as concerns regarding potential negative consequences associated with the use of AI in clinical care.

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<sup>1</sup> [The American Parkinson Disease Association](https://www.apdaparkinson.org) is a nationwide grassroots network dedicated to fighting Parkinson's disease (PD) and works tirelessly to help the approximately one million people with PD in the United States live life to the fullest in the face of this chronic, neurological disorder. Founded in 11961, APDA has raised and invested more than \$313 million to provide outstanding patient services and educational programs, elevate public awareness about the disease, and support research designed to unlock the mysteries of PD and ultimately put an end to this disease.

## **Clinical Care Challenges that can be Addressed with AI**

APDA V of P members identified several clinical care challenges that can be addressed through AI, including challenges related to administrative burden, patient and provider education, PD screening, PD diagnosis, and PD treatment. V of P members expressed interest in AI tools that reduce the time patients and providers must spend on administrative tasks during a clinical care encounter. For example, AI can be utilized to aggregate patient clinical history over time and across care settings allowing the patient and provider to spend more time discussing care concerns and treatment options during a clinical care visit.

V of P members expressed interest in AI tools that record a clinical visit and generate a clinical note without the provider typing during the visit. This allows for an increased level of engagement between the provider and patient. The AI generated clinical note serves as documentation for the provider as part of the patient's medical record and a patient visit summary for the patient.

V of P members expressed interest in the use of AI tools to provide individualized, timely, and accurate PD clinical care information to patients and caregivers. Members also expressed that use of AI tools validated by PD specialists may improve the knowledge, expertise, and quality of care delivered by providers without specialized PD expertise.

AI tools may also improve efficiency in screening and diagnosis of PD. Early symptoms of PD, such as a loss of smell or trouble sleeping, are early indicators for many common conditions. AI-enabled screening tools may help identify meaningful patterns of symptoms and efficiently refer patients to PD specialists for more timely PD screening and diagnosis. For people already diagnosed with PD, members expressed interest in the use of AI to better monitor PD symptoms, identify meaningful changes in symptoms, and refer the patient to appropriate specialists and services for timely follow up care.

Members frequently mentioned that identifying medications to effectively manage their PD symptoms felt like a trial-and-error process. Members expressed strong interest in the development and use of AI tools that could assess patient symptoms and provide individualized recommendations related to medication type, dose, and frequency of dosage based on the patient's clinical profile. V of P members were interested in an AI tool that could provide recommendations or modify treatment plans based on a patient's clinical history, patient preferences, and evidence-based treatment, for example, tools that could flag potential drug interactions for providers to inform treatment decisions.

## **Concerns about the Use of AI in Clinical Care**

While APDA V of P Council members support appropriate use of AI in clinical care, council members noted some concerns about the potential negative consequences of its use. Generally, V of P members are supportive of AI tools that supplement but do not supplant the role of the provider in care delivery. For example, members did not want providers to become overly reliant on AI tools, out of concern that over-reliance on AI technology would lead to reduced interactions between the PD patient with a human provider and result in a lack of personalized care.

The V of P council also expressed concern over what individual or entity is legally liable for patient safety, quality of care, and care outcomes when AI tools are used. For example, members frequently cited concerns over the accuracy of AI tools to screen, diagnose, and treat PD and concern over what individual or entity is accountable for oversight or responsible for inaccuracies. V of P members also frequently expressed concerns related to use of AI tools and patient privacy, including data storage, access, and use, and whether officials can ensure AI-tools will comply with the Health Insurance Portability and Accountability Act.

Finally, members expressed concern over insurance coverage for AI tools in clinical care and an overall concern of a potential increase in patient out-of-pocket costs for care if AI tools are implemented.

In response to V of P feedback, APDA urges HHS officials to identify oversight and enforcement processes to ensure these new technologies protect patient privacy, quality of care, and patient safety. APDA also urges officials to identify opportunities to reduce patient costs for AI tools and ensure the benefits of these new technologies are proportionately distributed to patients based on patient need and value of the technology rather than by the ability to pay out-of-pocket for these services.

In the US, there are approximately 90,000 new PD cases each year, representing a new PD diagnosis every 6 minutes. As the PD population continues to increase in the US, APDA remains ready to partner with HHS to ensure new technological advances, including artificial intelligence, address the priorities and concerns of the PD patient community. Again, we appreciate the opportunity to provide comments. If you have any questions or require additional information please contact Emma Plourde, APDA Director of Health Policy, at [eplourde@apdaparkinson.org](mailto:eplourde@apdaparkinson.org) or 202-763-6801.

20 F Street NW, Suite 709, Washington, DC 20001 | [apdaparkinson.org](http://apdaparkinson.org)

Sincerely,

A handwritten signature in black ink that reads "Leslie A. Chambers". The signature is written in a cursive style with a prominent initial "L".

Leslie A. Chambers  
President and Chief Executive Officer  
American Parkinson Disease Association