

Statement in Opposition to Using AI-Driven Tools for Medicare Beneficiary Decision-Making

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The Center for Medicare Advocacy has a commitment to promoting access to affordable, high-quality health care for older adults, people with disabilities, and their families. We have significant concerns about the Centers for Medicare & Medicaid Services' (CMS) recently released document titled "AI Tools for Medicare Experience Modernization - Request for Information (RFI)" along with the agency's larger effort to inject AI into Medicare.¹

In the RFI, CMS notes that it "is interested in solutions that can provide personalized plan recommendations, conversational AI support, predictive analytics, accessible decision support tools, and call center automation to help Medicare beneficiaries make informed plan choices and maximize their coverage."

Among the objectives CMS outlines in the RFI are to:

- Provide personalized, claims-informed plan recommendations based on individual health needs, medications, provider preferences, and actual utilization patterns
- Use predictive analytics to match beneficiaries with plans that are likely to meet their needs
- Translate complex plan information and Medicare documents into accessible, plain-language explanations
- Ensure equitable access to decision support across diverse populations

Medicare beneficiaries' decisions about how to access their Medicare coverage, including through traditional Medicare (TM) or Medicare Advantage (MA), are high stakes and highly personal, and there is no evidence that AI tools are ready to be used to guide this beneficiary decision-making.

While AI has potential in some areas, it is not infallible, and not always safe. Instead, AI tools replicate² or amplify biases,³ can give unethical, harmful, or life-threatening advice,⁴ fail to grapple with complex medical decision-making and triage,⁵ and raise questions of "accountability, transparency, permission and privacy"⁶

And Medicare provides a strong example; where AI has been used in Medicare, there has been little or no transparency and no accountability. MA plans' use of AI or algorithmic-driven software to make decisions about whether or not care is covered has created significant barriers to care,⁷ now replicated in the WISer model which injects AI-driven prior authorization into TM.⁸

These issues show that AI is not ready for unmonitored use or applications where any results cannot be fact checked, reliably duplicated, and transparently explained due to the "black box"

nature of the models:⁹ “Trust isn’t built on accuracy alone. It’s built on transparency, on the ability to say ‘why’ and be understood.”¹⁰

Given this current state of AI science, flagging public trust in its safety,¹¹ data breaches and privacy concerns,¹² and no evidence that AI tools can or will capture the nuance of coverage decisions, it is too soon to give AI vendors access to millions of beneficiaries and their sensitive data. This is not all. Given the incredible profits in MA,¹³ the myriad schemes to discriminate against certain demographics and steer beneficiaries into specific plans,¹⁴ past examples of Administrative steering and bias toward MA,¹⁵ and proposals both past and present to push all people with Medicare into MA,¹⁶ there is extreme risk that this technology would be used to put a thumb on the scale. This could mean steering people into MA, steering into certain plans, misrepresenting plans’ networks and benefits, and otherwise ignoring beneficiary needs or preferences.

AI tools may eventually become reliable and safe enough to use for this type of decision support, but they are not there now. Even in the future, sturdy guardrails would need to be in place. Such tools would have to:

- Use vetted and consumer-tested scripts to ensure fairness and comprehensibility
- Be neutral between Original Medicare and Medicare Advantage
- Explain the repercussions and importance of the choice between Original Medicare and Medicare Advantage, including explanations of utilization management and networks
- Explain the existence of, eligibility for, and links to application materials for assistance programs and Medigap coverage
- Reveal all considerations the AI tool took into account in its plan suggestions
- Be demonstrably free of demographic and other biases with robust testing and fully funded research to uncover issues
- Ensure the safety and security of beneficiary data
- Be unlinked from any financial ties to plans or health systems, including private equity stakes with full transparency about ownership and other clientele
- Allow beneficiaries to rate considerations on their importance (e.g. preferred providers, supplemental benefits) and use those rankings in all plan suggestions
- Provide for Special Enrollment Periods (SEPs) for plan choices based on AI suggestions
- Provide robust feedback and complaint mechanisms for beneficiaries
- Be immediately withdrawn if evidence of bias, steering, or data breaches emerge

Thank you for the opportunity to provide this information. For additional information, please contact: David Lipschutz DLipschutz@MedicareAdvocacy.org or Kata Kertesz KKertesz@MedicareAdvocacy.org both at (202)293-5760.

¹ See, e.g., CMS, “Artificial Intelligence at CMS” <https://ai.cms.gov/>.

² Ziad Obermeyer, “Dissecting racial bias in an algorithm used to manage the health of populations” (October 25, 2019), <https://www.science.org/doi/10.1126/science.aax2342>; Jerlyn QH Ho, *et al.*, “Gender biases within Artificial Intelligence and ChatGPT: Evidence, Sources of Biases and Solutions” (May 2025), <https://www.sciencedirect.com/science/article/pii/S2949882125000295>.

³ Melissa Hall, *et al.*, “A Systematic Study of Bias Amplification” (October 19, 2022), <https://arxiv.org/pdf/2201.11706>.

⁴ Annika M Schoene & Cansu Canca, “For Argument’s Sake, Show Me How to Harm Myself!: Jailbreaking LLMs in Suicide and Self-Harm Contexts” (July 8, 2025), <https://arxiv.org/pdf/2507.02990>.

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- ⁵ Ashwin Ramaswamy, et al., “ChatGPT Health performance in a structured test of triage recommendations” (February 23, 2026), <https://www.nature.com/articles/s41591-026-04297-7>.
- ⁶ Thomas Davenport & Ravi Kalakota, “The potential for artificial intelligence in healthcare” (June 2019), <https://www.sciencedirect.com/science/article/pii/S2514664524010592?via%3Dihub>.
- ⁷ See, e.g., STAT News, “Denied by AI” (2023), <https://www.statnews.com/denied-by-ai-unitedhealth-investigative-series/>.
- ⁸ See, e.g., Rebecca Adams, “Intelligence Report - Exclusive: Medicare’s AI experiment leads to delayed care for some seniors” (March 17, 2026), <https://wpintelligence.washingtonpost.com/topics/2026/03/18/exclusive-medicare-ai-experiment-leads-delayed-care-some-seniors/>.
- ⁹ Thomas Davenport & Ravi Kalakota, “The potential for artificial intelligence in healthcare” (June 2019), <https://www.sciencedirect.com/science/article/pii/S2514664524010592?via%3Dihub>.
- ¹⁰ Science News Today, “The AI Black Box Problem—Why We Can’t Always Explain Its Choices” (July 31, 2025), <https://www.sciencenewstoday.org/the-ai-black-box-problem-why-we-cant-always-explain-its-choices>.
- ¹¹ Oni Blackstock, “The AI push in health care is deepening medicine’s trust crisis” (March 23, 2026), <https://www.statnews.com/2026/03/23/ai-use-distrust-american-medicine/>.
- ¹² Pieter Arntz, “AI chat app leak exposes 300 million messages tied to 25 million users” (February 9, 2026), <https://www.malwarebytes.com/blog/news/2026/02/ai-chat-app-leak-exposes-300-million-messages-tied-to-25-million-users>; Markus Kasanmascheff, “Meta AI Agent Goes Rogue, Exposes Data in Severe Data Breach” (March 20, 2026), <https://winbuzzer.com/2026/03/20/meta-ai-agent-rogue-data-breach-sev1-xcxwbn/>; Cybernews Team, “Analysis of AI tools: 84% breached, 51% facing credential theft” (May 8, 2025), <https://cybernews.com/security/ai-tools-data-breaches-workplace-security-risks/>.
- ¹³ Jared Ortaliza, *et al.*, “Health Insurer Financial Performance in 2024” (February 23, 2026), <https://www.kff.org/medicare/health-insurer-financial-performance/>.
- ¹⁴ US Dept of Justice, “The United States Files False Claims Act Complaint Against Three National Health Insurance Companies and Three Brokers Alleging Unlawful Kickbacks and Discrimination Against Disabled Americans” (May 1, 2025), <https://www.justice.gov/opa/pr/united-states-files-false-claims-act-complaint-against-three-national-health-insurance>.
- ¹⁵ See, e.g., Center for Medicare Advocacy, “Special Report: Medicare & You 2022 – An Important First Step Towards Reversing Bias in Favor of Medicare Advantage” (Sept. 20, 2021), <https://medicareadvocacy.org/wp-content/uploads/2021/09/Medicare-You-2022.pdf> (including the Addendum cataloguing such bias); also see *CMA Alert* “Medicare & You 2021 – An Assessment of Bias in Favor of Medicare Advantage” (Sept. 18, 2020), <https://medicareadvocacy.org/medicare-you-2021-an-assessment-of-bias-in-favor-of-medicare-advantage/>.
- ¹⁶ Mehmet Oz & George Halvorson, “Medicare Advantage For All Can Save Our Health-Care System” (June 11, 2020), <https://www.forbes.com/sites/steveforbes/2020/06/11/medicare-advantage-for-all-can-save-our-health-care-system/>; Khaleda Rahman, “What Dr. Oz Has Said About Changing Medicare” (Nov 21, 2024), <https://www.newsweek.com/what-dr-oz-has-said-about-changing-medicare-1989533>.