

ACC Policy Principles on Clinical AI-Enabled Technologies and Tools



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The ACC continues to champion innovation and recognizes the growing potential of AI to streamline workflows and optimize care delivery in cardiology. The American Medical Association's [2026 Physician Survey on Augmented Intelligence](#) found that more than 80% of approximately 1,700 clinician respondents across specialties, practice settings and career stages use AI professionally. AI oversight within the current federal landscape is segmented amongst a few agencies with no singular governing body managing the regulation of AI-enabled tools.

The U.S. Food and Drug Administration (FDA) has cleared [more than 200 AI algorithms](#) used in direct cardiovascular patient care as of March 2026, including AI algorithms used in cardiac imaging. This number will only increase as more AI-enabled tools enter the market and undergo FDA clearance or approval. In some cases, practices may use AI-enabled tools that are not subject to FDA medical device review, although such tools may be subject to other federal oversight depending on their use, including by agencies such as the Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health IT, Federal Trade Commission, or Department of Health and Human Services.

Developers should account for a growing and heterogeneous state policy landscape, including proposed and enacted health AI laws addressing insurance and utilization review, clinical disclosure and consent, and limits on AI use in mental health care.

This segmented federal and state environment makes ACC's policy principles especially relevant as clinicians, health systems and developers navigate overlapping requirements. Given this continued momentum and proliferation of AI-enabled care delivery, the ACC has developed guiding policy principles to ensure the responsible and effective use of AI within cardiovascular care.

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The following principles guide the College's support of AI-enabled tools:

- **Clinician Autonomy: AI-enabled tools should remain ancillary in a clinical setting and should augment the clinician's work and decision-making responsibilities, not replace it.** Transparency, accountability and concise clinician oversight are fundamental to patient safety and care. While AI-enabled tools are useful in everyday practice, they are not interchangeable with clinician expertise, nor should the output override a patient's decision regarding their care. A clear delineation between AI automated outputs from clinician-validated decision-making is pertinent to effective care delivery coordination.
- **Standards of Care and Liability: Liability related to AI-enabled tool outputs should be clearly assigned, ensuring clinicians are not held responsible for system-level failures.** To support effective risk management, licensing agreements for AI-enabled tools should require developers to provide transparent documentation on model assumptions, validation procedures, and recommended practices for monitoring and auditing model performance. Establishing clear contractual provisions regarding responsibility and liability for AI-enabled tools is essential for effective risk management and maintaining trust among developers, health care organizations, clinicians and patients.
- **Flexibility: No two AI-enabled tools are equal in capability and use.** Policy frameworks and guidance should reflect the nuanced differences among AI-enabled tools used in clinical settings, recognizing that tools such as ambient documentation scribes and cardiac imaging systems warrant different governance and oversight structures. Additionally, oversight should reflect the tool's purpose, clinical impact, specialty context and potential risk to patients.
- **Privacy and Cybersecurity: Data privacy and cybersecurity regulations and guidance are imperative to preserve the safety of the clinician and patient when using AI-enabled tools.** In cases where an AI-enabled tool is stored in an electronic health record system or patient data is used to train a machine learning model, patient data and information must be safeguarded to mitigate risk. The Health Sector Coordinating Council Cybersecurity Working Group published a [Health Industry AI Cybersecurity Governance Framework Implementation Guide](#) which outlines cybersecurity and privacy risks tied to health care AI adoption, including threats such as data poisoning, model drift and adversarial attacks, while addressing regulatory compliance. The published framework serves as a resource to help health care systems secure their software infrastructure as they integrate AI-enabled tools into practice.

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- **Payment Policy: Payment policies should support appropriate, evidence-based adoption of AI while avoiding incentives that encourage overuse, underuse, care denial or the replacement of clinician judgment.**

The ACC recommends that CMS isolate costs incurred by AI-enabled tools from the physician fee schedule and other payment systems like Part B drugs, with payment based on a different schedule, calculation or prospective payment system. Additionally, payment frameworks should establish clear coding, coverage and reimbursement pathways for evidence-based AI-enabled services that improve patient outcomes, safety, access, efficiency and care quality. These policies should account for the actual costs of implementing and maintaining AI, including software, licensing, cybersecurity, training, workflow redesign, monitoring and quality assurance.

- **Establishing Public Trust in AI: Public trust in AI requires transparency, accountability, equity and demonstrated benefit.** The ACC supports policies that ensure patients and clinicians are informed when AI materially affects diagnosis, treatment, care recommendations, communication, coverage or access to services. AI systems should be continuously validated across diverse populations and monitored for bias, inequitable performance and unintended consequences. Additionally, the ACC strongly supports transparent marketing, appropriate public reporting of AI performance and limitations, and efforts to improve AI literacy among clinicians, medical trainees, care teams, patients, policymakers, and the public. AI-enabled technologies should incorporate appropriate transparency and explainability mechanisms and, to the extent it is technically and clinically appropriate, provide supporting information that enables clinicians to evaluate and verify their outputs, such as source references for generated content or visual indicators identifying features detected in medical images.

- **Continuous Monitoring, Revalidation and Post-Deployment Feedback Loops:** AI-enabled tools should be routinely monitored to assess performance, safety, user adoption and clinical impact, with feedback mechanisms in place to drive ongoing refinement and improvement. In addition, AI-enabled technologies should continuously undergo revalidation whenever changes to their underlying models could affect their safety, performance or clinical use.
- **Supporting Clinician Choice and Evidence-Based Procurement:** Health care organizations should use transparent, evidence-based procurement processes when selecting AI-enabled technologies, with meaningful clinician input and consideration of clinical performance, interoperability, cybersecurity, usability, cost-effectiveness and ongoing support. Additionally, clinicians should retain an appropriate role in selecting tools that best meet the needs of their patients, specialties and clinical workflows, supporting clinician leadership, competition, innovation and high-quality care.

Learn more about ACC's policy principles and advocacy priorities at [ACC.org/Advocacy](https://www.acc.org/Advocacy).