



WRITTEN TESTIMONY OF ANDREW TOY
CHIEF EXECUTIVE OFFICER, CLOVER HEALTH
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COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH
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INTRODUCTION

Health Subcommittee Chairman Griffith, Ranking Member DeGette, Committee Chairman Guthrie, Ranking Member Pallone and Members of the Subcommittee, thank you for the opportunity to testify before the Committee on the opportunities to advance American healthcare through the use of artificial-intelligence technologies.

My name is Andrew Toy, and I am the Chief Executive Officer of Clover Health. Clover Health is a physician-enablement, AI technology company committed to bringing access to great healthcare to everyone on Medicare. We run our own Medicare Advantage plans and provide a wide range of healthcare services to over 100,000 Medicare beneficiaries, with a focus on seniors who have historically lacked access to affordable, high-quality healthcare. Many of our members are living on fixed incomes or at economic risk. That means that making sure everyone has access to great healthcare is not a theoretical exercise for Clover—it is the core of how we design, validate, and monitor the technologies that power our flagship physician-facing AI software tool, Clover Assistant. With Clover Assistant, we deliberately focus on ensuring that AI improves outcomes for everyone.

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I am also not a typical health plan CEO. My background is as a computer scientist. I hold both a bachelor's and a master's degree in Computer Science from Stanford University. Previously, I founded a mobile security startup, which we sold to Google. At Google, I led a project that lets businesses securely manage work apps and data on Android phones—so sensitive info stays protected even on personal devices. After that, I worked on Google Cloud, running “intelligence” features that made apps smarter—think recommendations, automated workflows, and AI-powered assistants. I have spent my career thinking about and building platforms that connect fragmented ecosystems, empower users, and deliver intelligent insights at scale. I believe this is exactly the approach we need to fix healthcare.

My perspective on healthcare is shaped, not only by my role as a plan CEO, but also by my personal experience as a patient with Marfan syndrome, a rare, chronic genetic condition. My father had the same condition, and while I have been fortunate to benefit from modern preventative care, he was not as fortunate. Sadly, he died from an aortic dissection—a tearing of the aortic wall—a complication that might have been prevented with earlier diagnosis and better-coordinated care. The story of my father drives my personal mission to use technology to ensure that no patient is failed by a fragmented healthcare system or by leaving conditions undiagnosed and unmanaged for too long.

That said, our physicians face tremendous challenges when caring for our seniors. For many doctors, it is still too difficult to access complete patient data. And too often, that data is siloed across fragmented data systems and stored in difficult-to-use (let alone comprehend) formats. This is where AI comes in. Using AI we can pull together, synthesize and summarize data far more rapidly than we

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ever have before. We can also quickly extract the most salient insights and put them in the hands of physicians, pharmacists, and other clinicians. And because our platform, Clover Assistant, is Cloud-AI-native, it can run in a practice that is still largely paper-based as easily as it can in a modern electronic health record (EHR) environment. We leverage national data networks like TEFCA and CommonWell to pull data into the platform, where we then process it securely with AI. Clover Assistant seamlessly provides this information to our providers, in their existing workflows, at the point of care. Because of that in-workflow, seamless design, a practice can be live on Clover Assistant in hours, not months, and doctors typically need only about an hour of training to be fully productive.

There are understandable concerns that AI could be used to deny care, or to replace the human clinicians we all depend on today. We believe that AI should never be used to do those things. Instead we believe that when used responsibly and ethically, AI can empower any physician to access and use data to detect diseases earlier, personalize treatment, and drive better outcomes for all of their patients. That is my belief. That is Clover's approach and mission. And that is what Clover Assistant technology is delivering today—at scale.

In order to fully realize this vision, I would point the Committee to three different opportunities where we are just at the beginning of the journey, (1) using AI to bring amazing care to all Americans, (2) using AI to personalize care to each individual, and (3) using AI to reduce overhead and inefficiency in the system.

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BRINGING SOPHISTICATED CARE TO ALL AMERICANS

Historically, the most advanced care coordination and data analysis capabilities have been limited to some large, well-funded health systems. This creates a significant disparity, as independent physicians, especially those serving in rural and other underserved communities, often lack the tools to deliver the same level of data-driven care to patients who need it most.¹

This is a daily reality for seniors with common chronic conditions. Consider a senior with diabetes who sees a primary care doctor for a check-up, an endocrinologist for specialized management, and an ophthalmologist for a retinopathy screening. If they do not practice in the same connected system, the primary care doctor may not see the specialist's notes or the results of a recent lab test ordered by the endocrinologist. This fragmentation of information, compounded by the time pressures clinicians are under, can lead to missed diagnosis and missed treatment opportunities. For my father, this fragmentation meant that the warning signs of his deteriorating condition were missed even though he was seeing a number of different physicians.

AI can level this playing field by putting data driven insights at the fingertips of every clinician. Clover's own AI platform, Clover Assistant, acts as a digital assistant for primary care doctors,

¹ See, e.g., [Electronic Health Information Exchange Use Has Increased but Is Lower for Small and Rural Providers](#), United States Government Accountability Office Report to Congressional Requestors (April 2023) (finding that “that small and rural providers were less likely to have the financial and technological resources to participate in or maintain electronic exchange capabilities.”).

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integrating data from across the healthcare ecosystem and providing real-time, actionable insights during a patient visit. The majority of current Clover Assistant users are independent physicians who are not affiliated with large health systems. These are often small practices, where a physician runs the practice with a family member (often a spouse). These are practices that cannot afford an additional employee to help with paperwork let alone care coordinators and other support staff.

But with the AI capabilities provided by Clover Assistant, a family doctor in a rural part of Iowa or an independent physician in an underserved neighborhood in New Jersey can now access the same type of sophisticated clinical support that was once only available inside some large, vertically integrated health system. It helps ensure that no matter where a patient receives care, their doctor can quickly get a complete picture of their health, making it much harder for a critical detail to be missed. We also want this capability to be available to any clinician, and so we are now providing our technology through a subsidiary, Counterpart Health, to partners like Southern Illinois Healthcare and The Iowa Clinic, demonstrating that this model can serve all communities.

THE NEXT GENERATION OF POPULATION HEALTH: N=1. PUTTING THE INDIVIDUAL PATIENT FRONT AND CENTER

Every patient is unique; their health is influenced by their individual genetics, lifestyle, and environment. As a patient with a rare condition, I know firsthand that I am not a statistic—I am an individual with specific needs. I am an N of 1. We believe AI can transform population health by

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shifting the focus from the population to the individual—we can turn standardization into personalization.

To achieve this, Clover Assistant runs over 100 learning programs on a rich environment of health data. Our AI platform analyzes a vast amount of data from over 100 different sources—including claims, labs, pharmacy, and electronic health records—to create a holistic view of each patient. Instead of a generic alert for a group of patients, AI provides personalized, evidence-based recommendations tailored to the specific person in front of the doctor. This approach enables our doctors to:

- **Identify and treat diseases earlier:** Our data shows that doctors empowered with Clover Assistant start their diabetes patients on oral medications three years earlier on average.² This earlier intervention has been associated with reduced reliance on insulin and lower incidence of hypoglycemia. Similarly, doctors empowered with Clover Assistant diagnose and manage chronic kidney disease over 1.5 years earlier.³ 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.
- **Customize care:** AI can surface best practices for complex chronic conditions, ensuring that even a physician who doesn't specialize in a particular area can provide relevant, up-to-date care.

This is particularly important for patients with rarer conditions like me, where specialized

² See [here](#) for more details.

³ See [here](#) for more details.

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expertise can be hard to find and where my personalized treatment diverges from standard population-health protocols.

- **Improve prevention:** The platform prompts physicians to close critical care gaps and encourages bidirectional feedback through which the provider can instruct the plan to help close these care gaps. Together, these efforts contribute to an 11% higher rate of colorectal cancer screenings and 4.9% higher rate of breast cancer screenings. ⁴

Our AI models are particularly effective because they focus not just on the information that doctors need most, but also how that information is delivered. Clover Assistant uses the language of doctors, not insurance plans, so they are able to effectively use the information at the point of care.

REDUCING INEFFICIENCIES AND REDUNDANCIES

AI is a powerful tool for creating efficiency and reducing healthcare costs. By focusing our AI on improving care delivery and reducing inefficiencies and redundancies, we help deliver more cost-effective care.

- **For Providers:** AI has the potential to transform healthcare by creating a truly connected care ecosystem. AI can act as a bridge between different providers, giving a patient's entire care team a complete picture of their health. A primary care physician, a cardiologist, a pharmacist, and an emergency department doctor can all get a tailored view of the patient's data, with AI explaining it in their specific clinical language. AI also helps combat physician burnout by automating

⁴ See [here](#) for more details.

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tedious tasks and organizing complex patient data, giving doctors more time with their patients. This efficiency directly improves their ability to provide high-quality care. For example, AI-driven detection of missed medication refills coupled with targeted, well-timed prompts for doctors have supported increased medication fills for non-adherent patients.

- **For Patients:** Earlier detection and management of chronic conditions prevent costly downstream complications. For example, AI-enabled care for congestive heart failure patients has been associated with 18% fewer hospitalizations and 25% fewer readmissions.⁵ These admissions are extremely expensive and can be often avoided not through more care, but through earlier, timelier care. AI enables that.
- **More Cost-Effective Care:** These clinical and administrative improvements directly translate into a lower burden on the Medicare program. The Medical Cost Ratio—the proportion of premium dollars spent on medical care—for returning members whose doctors use Clover Assistant is over ten percent better than for those who do not. Clover uses these savings to lower the out-of-pocket costs of members, thereby reducing or eliminating financial barriers for getting care. Instead of using savings to offer “marketing” benefits with little if any clinical demonstrated health impact, we offer \$0 to low monthly plan premiums, we offer the lowest copays in the market for specialist visits, and for the majority of our plans, we offer \$0 copays on primary care no matter whether a patient goes to an in- or out-of-network provider.

⁵ See [here](#) for more details

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HOW WE CAN RESPONSIBLY AND EFFECTIVELY USE AI

AI should be a powerful force for good. We must use it responsibly. While we acknowledge the need for thoughtful guardrails, we also have a shared responsibility to ensure that this technology democratizes healthcare and makes the best care available to all Americans, while also saving taxpayer money.

At Clover, we have a clear example of how to use AI responsibly: it should not minimize or deny care, rather AI should empower physicians. AI should be a tool that enhances quality care and access to care. AI should not replace those who provide care. This is Clover's practice and the model we should champion as a nation.

To ensure responsible and effective use of AI, we can focus on two key areas:

- **Standardizing Data and Interoperability.** The first step is to ensure that AI can access a patient's full medical and claims history. We urge action to support the adoption of a government standard for interoperability for Medicare and federal health institutions. This should be a voluntary framework that incentivizes private health plans and providers to participate, rather than imposing new mandatory requirements. This will empower providers with data without creating an overly burdensome regulatory environment.
- **Empowering Providers, Not Replacing Them.** AI should be a tool to enhance care, not replace it. The government should advance policies that help our providers practice at the top of their licenses by allowing AI to act as a force multiplier for them. AI can be used to reduce or

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eliminate administrative burdens and other low-level tasks, freeing up doctors to focus on what they do best: applying their training, judgment, and human empathy to care for patients.

CONCLUSION

AI is not a far-off concept; it is already a reality. We have shown that AI can and should be used to bring advanced care to those who need it most, personalize medicine to the individual, and reduce costs for everyone. We have also shown that AI can and should be used to empower providers to deliver smarter, more proactive care at the point of care. We have shown that AI can and should be used responsibly to build a better and more efficient healthcare system—for all seniors across America, from our cities to our rural communities.