Congress of the United States
Washington, DC 20515

March 13, 2020

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor Health, and
Human Services
Rayburn House Office Building
Washington, D.C. 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health and
Human Services
Longworth House Office Building
Washington, D.C. 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

As you prepare for the FY2021 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request that you remove an archaic ban on the US Department of Health and Human Services (HHS) from spending any federal dollars to promulgate or adopt a national unique patient identifier.

Today, there is no consistent and accurate way to link patients to their health information as they seek care across the care continuum. Countless times every day a patient record is either mismatched or goes unmatched. Medications are prescribed, allergies are missed and duplicate tests are ordered. Serious patient safety concerns arise when data is mismatched or important data is missing. A recent survey found that 86 percent of respondents said they have witnessed or know of a medical error that was the result of patient misidentification.

In addition to safety concerns, improper patient identification increases costs to patients and clinicians. A 2018 Black Book market research survey found that the average expense of repeated medical care due to patient misidentification costs an average $1950 per inpatient stay and over $800 per emergency department visit.

According to a study of healthcare executives, misidentification costs the average healthcare facility $17.4 million per year in denied claims and potential lost revenue. Another survey indicates that denied claims as a result of patient misidentification costs the US healthcare system over $6 billion annually.

Patient misidentification raises data sharing and interoperability concerns as well. A 2017 study by the American Hospital Association indicates that 45 percent of large hospitals reported that difficulties in accurately identifying patients across health information technology (health IT) systems limits health information exchange.

Removing the antiquated ban that is currently preventing appropriate health information flow would assist in transitioning the US to a healthcare delivery system that focuses on high value, cost-effective, and patient-centered care. It would also be a valuable tool in combatting the opioid epidemic as recommended in the 2018 Roundtable on Data Sharing Policies, Data-Driven Solutions, and the Opioid Crisis report, co-hosted by the HHS Office of the Chief Technology Officer (CTO) and the nonprofit, Center for Open Data Enterprise (CODE).

The Committee took steps in 2020 by including report language stating, ". . . agreement encourages HHS to continue to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.

Additionally, the agreement directs ONC, in coordination with other appropriate Federal agencies, to provide a report to the Committees one year after enactment of this Act studying the current technological and operational methods that improve identification of patients. The report shall evaluate the effectiveness of current methods and recommend actions that increase the likelihood of an accurate match of patients to their health care data. Such recommendations may or may not include a standard for a unique patient health identifier."

This year, we urge the Committee to remove this archaic ban from the FY2021 Labor, Health and Human Services, and Education and related Agencies Appropriations Bill.

Sincerely.

MIKE KELLY
Member of Congress

BILL FOSTER
Member of Congress

RON KIND
Member of Congress

MIKE GALLAGHER
Member of Congress

AMI BERA, M.D.
Member of Congress

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