April 1, 2021

The Honorable Patrick Leahy, Chairman
Senate Committee on Appropriations
Room S-146A, The Capitol
Washington, DC 20515

The Honorable Richard Shelby, Vice Chairman
Senate Committee on Appropriations
Room S-128, The Capitol
Washington, DC 20515

The Honorable Patty Murray, Chairwoman
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
156 Dirksen Senate Office Building
Washington, DC 20515

The Honorable Roy Blunt, Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
131 Dirksen Senate Office Building

Dear Chairman Leahy, Vice Chairman Shelby, Chairwoman Murray, and Ranking Member Blunt,

On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2022 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that prohibits the US Department of Health and Human Services (HHS) from spending any federal dollars to promulgate or adopt a national unique health identifier standard.

For over two decades, innovation and industry progress has been stifled due to a narrow interpretation of this language, included in Labor-HHS bills since FY1999. Without the ability of clinicians to correctly connect a patient with their medical record, lives have been lost and medical errors have needlessly occurred. These are situations that could have been avoided had patients been able to be accurately identified and matched with their records. This problem is so dire that one of the nation's leading patient safety organizations, the ECRI Institute, named patient misidentification among the top ten threats to patient safety.[1]

Now, more than ever, the current COVID-19 pandemic and vaccination efforts highlight the urgent need to lift this outdated ban. Accurate identification of patients is one of the most difficult operational issues during a public health emergency, including the collection of patient demographic information (e.g. – name, address, phone number) and the implementation of a method to ensure that the information remains attached to the patient. Field hospitals and temporary testing and vaccination sites in parks, convention centers, and parking lots exacerbate these challenges. The fact that most COVID-19 vaccines are currently administered in two doses increases the difficulties of patient identification. There are reports of vaccination registrations causing thousands of duplicate records within a single system, costing some hospitals and health systems at least $12,000 per day to rectify these errors. There are also reports of some vaccination sites being denied more vaccines because patient record systems incorrectly show patients have not received administered vaccinations. Ensuring the correct patient medical history is accurately matched to the patient is critical for future patient care, claims billing, patients' long-term access to their complete health record, and for tracking the long-term effects of COVID-19.

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[1] Top 10 Patient Safety Concerns for Healthcare Organizations, Available at:
https://www.ecri.org/EmailResources/PSRQ/Top10/2017_PSTop10_ExecutiveBrief.pdf

Removing Section 510 from the Labor-HHS appropriations bill will provide HHS the ability to evaluate a range of patient identification solutions and enable it to work with the private sector to explore potential challenges and identify a complete national strategy around patient identification and matching that protects patient privacy and is cost-effective, scalable, and secure.

For the past two fiscal years, the US House of Representatives has voted in a bipartisan manner to remove the ban from the Departments of Labor, Health and Human Services, Education, and Related Agencies appropriations bill. We urge the Senate to join the bipartisan will of the House of Representatives and ensure that Section 510, the archaic funding ban on a national unique health identifier, is NOT included in the FY2022 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill.

We appreciate your consideration and we look forward to working with you to pursue an appropriate solution to enable accurate patient identification and matching in our nation's healthcare systems.

Sincerely,

4medica
AHIOS
Albany Med Health System
Alliance for Nursing Informatics
Alliance of Community Health Plans
America's Health Insurance Plans
American Academy of Neurology
American Academy of Ophthalmology
American College of Cardiology
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Surgeons
American Health Information Management Association (AHIMA)
American Heart Association
American Immunization Registry Association
American Medical Informatics Association (AMIA)
Association of Medical Directors of Information Systems (AMDIS)
Association of Schools and Programs of Public Health
Augusta Health
Banner Health
Blanchard Valley Health System
Butler Health System
Capsule
Carequality
Cerner
Children's Hospital Association
Children's Hospital of Alabama
CHOC Children's Hospital
College of Healthcare Information Management Executives (CHIME)
CommonSpirit Health
Connection

Consensys Health
CoverMyMeds
DirectHealth
DirectTrust
Duke Center for Health Informatics
eHealth Exchange
eHealth Initiative
Electronic Health Record Association
Epic
Experian Health
Faith Regional Health Services
Federation of American Hospitals
Fortified Health Security
Genesis HealthCare System
Global Patient Identifiers, Inc.
Good Samaritan
Greater Houston Healthconnect
Health Catalyst
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Leadership Council
Health Innovation Alliance
Healthix, Inc.
himagine solutions
Holzer Health System
Imprivata
Inspira Health
Intermountain Healthcare
Just Associates
Kettering Health Network
LeadingAge and its Center for Aging Services Technologies (CAST)
Lee Health
LexisNexis Risk Solutions
Logica, Inc. (Formerly Healthcare Services Platform Consortium)
LTPAC Health IT Collaborative
MaineHealth
Medical Group Management Association
Medical Information Technology, Inc.
MRO
Mt. San Rafael Hospital
National Association for the Support of Long Term Care
National Association of Healthcare Access Management
Nemours Children's Health System
NextGate
NextGen Healthcare
Nordic Consulting Partners
OCHIN
Ochsner
Owensboro Health

PacificEast
Parkview Health
Philips
Pomona Valley Hospital Medical Center
Premier healthcare alliance
Reid Health
Samaritan Health Services
SCL Health
Silver Cross Hospital
South Central Human Relations Center
Southcoast Health
Strategic Health Information Exchange Collaborative (SHIEC)
The Joint Commission
The SSI Group, LLC
The University of Texas at Austin, UT Health Austin
Trinity Health
UMass Memorial Health Care
University of Iowa Hospitals and Clinics
Utah Hospital Association
Ventura County Healthcare Agency
Verato
Virginia Hospital Center
Vital, a Canon Group Company
WEBSHIELD, INC.