February 4, 2022

Chair Patty Murray
Committee on Health, Education, Labor,
and Pensions
US Senate
154 Russell Senate Office Building
Washington, DC 20510

Ranking Member Richard Burr
Committee on Health, Education, Labor,
and Pensions
US Senate
217 Russell Senate Office Building
Washington, DC 20510

RE: PREVENT Pandemics Act

Submitted via email to *HELPPandemicbill@help.senate.gov*

Dear Chair Murray and Ranking Member Burr:

Thank you for the opportunity to provide feedback on the PREVENT Pandemics Act draft legislation. The past two years of the COVID-19 pandemic has shown the critical need for bolstering our public health system, and we applaud your continued leadership in this area.

Patient ID Now is a coalition of over 50 healthcare organizations representing a wide range of healthcare stakeholders, including patients, physicians, health information professionals, health IT companies, and public health, committed to advancing a nationwide strategy to address patient identification and matching.

The Patient ID Now coalition recommends the following adjustments to the language of this important bill to ensure patients' records within and between the clinical and public health systems are accurate, complete, and timely.

> In Section 211(2)(C)(ii)(III)(cc) on page 71, lines 12-17, we recommend adjusting the language to read "(VII) strategies to improve linkages between laboratory test results and electronic health records to support rapid and accurate reporting of laboratory test results and associated relevant data, including strategies to improve accurate and reliable patient identification and matching."

> In Section 213(a)(3)(B)(i) on page 80, lines 8-9, we suggest adding the words "accurate and complete" before the word "exchange," so that the language reads: "(i) the accurate and complete exchange of electronic health information for – "

> In Section 213(b)(2)(C), on page 82, lines 12-14, we recommend the addition of "relating to patient identification and matching" after the word "elements," so that the language reads: "(C) identify challenges related to collection and reporting of demographic and other data elements, including data relating to patient identification and matching, with respect to laboratory test results;".

The Need to Address Patient Identification and Matching within the Public Health System

The US currently lacks a nationwide strategy to address patient identification and matching, which has exacerbated the challenges within and between the clinical and public health systems during the COVID-19 pandemic.

Now, more than ever, the COVID-19 pandemic highlights the need to address patient identification and matching. 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, temporary testing sites, and vaccination sites in parks, convention centers, and parking lots exacerbate these challenges. The fact that two COVID-19 vaccines are currently administered in multiple doses, including booster shots, 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.

Laboratories felt the burden of these challenges during the pandemic as a result of incomplete and mismatched patient records as well. Throughout the pandemic, there were reports of instances where patient specimens were collected for COVID-19 testing in temporary sites and then sent off-site to a public health lab for testing. Once the results were returned, there were difficulties matching the results to the correct patient given the inconsistent and scant amount of demographic information included with the sample. This resulted not only in backlogs of COVID-19 results unable to be sent to patients, but even results being sent to the *wrong* patient, increasing the privacy and safety risks to the entire community. Without test results being returned to the correct patients, contact tracing and individuals' own ability to quarantine effectively was hindered.

Accurate patient identification and matching must be a top priority during public health emergencies to protect patient safety, patient privacy, and strengthen the public health response. The Patient ID Now coalition has outlined a number of considerations regarding a national strategy on patient identification and matching, including public health considerations, in it's [Framework for a National Strategy on Patient Identity](#).

We appreciate the opportunity to provide comments on the issue of patient identity and matching as it relates to the national coronavirus response. We look forward to working with you and acting as a resource on patient identification. Should you or your staff have any additional questions or comments, please contact Kate McFadyen, Director, Government Affairs, AHIMA, at kate.mcfadyen@ahima.org or (202) 480-6058.

Sincerely,

Patient ID Now