May 4, 2022

The Honorable Rosa DeLauro, Chairwoman
House Committee on Appropriations; and
Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies
Room H-307, The Capitol
Washington, DC 20515

The Honorable Kay Granger, Ranking Member
House Committee on Appropriations
1016 Longworth House Office Building
Washington, DC 20515

The Honorable Tom Cole, Ranking Member
Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies
House Committee on Appropriations
1016 Longworth House Office Building
Washington, DC 20515

Dear Chairwoman DeLauro, Ranking Member Granger, and Ranking Member Cole,

On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2023 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that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 patient health identifier standard.

For more than 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]

The lack of a national strategy on patient identification also causes financial burdens to patients, clinicians, and institutions. The expense of repeated medical care due to duplicate records costs an average of $1,950 per patient inpatient stay, and over $1,700 per emergency department visit. Thirty-five percent of all denied claims result from inaccurate patient identification, costing the average hospital $2.5 million and the US healthcare system over $6.7 billion annually.[2]

The inclusion of Section 510 and lack of a national strategy on patient identification contributes to serious patient privacy concerns within the health system. Right now, the healthcare system faces an "inverse" privacy problem – individuals must repeatedly disclose a significant amount of individually identifiable information to each healthcare provider they see in an attempt to achieve an accurate match of the patient to their medical record. Even more worrying for patients is the risk of overlays –

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

[2] https://www.blackbookmarketresearch.com/blog/improving-the-patient-identification-process-and-interoperability-to-decrease-patient-record-error-rates

i.e., the merging of multiple patients' data into one medical record, causing a patient to have access to another patient's health information, which could result in an unauthorized disclosure under the Health Insurance Portability and Accountability Act (HIPAA), or even worse, a patient receiving treatment for another patient's disease.

Now, more than ever, the 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. 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.

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 three fiscal years, the US House of Representatives has removed the ban in a bipartisan manner from the Departments of Labor, Health and Human Services, Education, and Related Agencies appropriations bill. Last year, the draft bill first released from the US Senate Appropriations Committee also removed Section 510. We urge the Committee to continue the bipartisan support of repeal in Congress and ensure that Section 510, the archaic funding ban on a national unique health identifier, is NOT included in the FY2023 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
Alliance for Nursing Informatics
Alliance of Community Health Plans
AMDIS
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

AHIP
American Immunization Registry Association
American Medical Informatics Association (AMIA)
Arnot Health
ARUP Laboratories
Association of Health Information Outsourcing Services (AHIOS)
Augusta Health
Banner Health
Baptist Health (Jacksonville, FL)
Baptist Health (Little Rock, AR)
Blanchard Valley Health System
Boulder Community Health
Butler Health System
Cerner
CERTIFY Health
Children's Hospital Association
CHOC Children's Hospital
CIVITAS Networks for Health
College of Healthcare Information Management Executives (CHIME)
Consensys Health
Council of State and Territorial Epidemiologists (CSTE)
DirectHealth
DirectTrust
Duke Center for Health Informatics
eHealth Exchange
Electronic Health Record Association
Epic Systems
Executives for Health Innovation
Experian Health
Faith Regional Health Services
Federation of American Hospitals
Global Patient Identifiers, Inc.
Grady Health System
Healthcare Leadership Council
Health Catalyst
Health Gorilla
Health Innovation Alliance
Healthcare Information and Management Systems Society (HIMSS)
Healthix, Inc.
Holzer Health System
Hospital for Special Surgery
Hospital Sisters Health System
Imprivata
Inspira Health
Intermountain Healthcare
Interoperability Institute
Jefferson Health
Just Associates, Inc.

Katherine Shaw Bethea Hospital
Kettering Health
LeadingAge
Lee Health
LexisNexis Risk Solutions
MaineHealth
Mass General Brigham
Medical Group Management Association (MGMA)
MEDITECH
Michigan Health Information Network Shared Services (MIHIN)
MRO
National Association for Public Health Statistics and Information Systems (NAPHSIS)
National Association for the Support of Long Term Care
National Association of Healthcare Access Management
Nemours Children's Health
NextGate
NextGen Healthcare
Nordic Consulting Partners
Northeastern Vermont Regional Hospital
OCHIN
Ochsner
OrthoVirginia
Owensboro Health
PacificEast
Parkview Health
Pomona Valley Hospital Medical Center
Premier healthcare alliance
ProMedica
Reid Health
Ridgecrest Regional Hospital
Saint Francis Health System
Samaritan Health Services
Serendipity Health, LLC
South Central Human Relations Center
Southcoast Health
Stanford Health Care
Strategic Health Information Exchange Collaborative (SHIEC)
Symbotix
The Joint Commission
The LTPAC Health IT Collaborative
The OrthoForum
The SSI Group, LLC
The University of Kansas Health System
Tivity Health
Trinity Health
Trinity Rehabilitation Services
Trust Over IP Foundation
UMass Memorial Health

United States QHIN
Utah Hospital Association
Valley View Hospital Association
Velatura HIE Corporation
Velatura Public Benefit Corporation
Ventura County Healthcare Agency
Verato
Vital, a Canon Group Company
WebShield Inc.
WellUp Health
Workgroup for Electronic Data Interchange (WEDI)