Testimony of the Patient ID Now Coalition
Concerning Fiscal Year 2023 Health and Human Services Appropriations

Written Testimony Submitted for the Record to the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

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On behalf of the Patient ID Now coalition, thank you for the opportunity to provide written testimony regarding removing Section 510 from Title V of the US House of Representatives' Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Fiscal Year 2023 (FY23) appropriations bill.

Patient ID Now is a coalition of healthcare organizations that represents a wide range of healthcare stakeholders committed to advancing through legislation and regulations the development and implementation of a national strategy to address patient identification and matching.

On behalf of the Patient ID Now coalition, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2022 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that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.

For more than two decades, innovation and industry progress has been stifled due to a narrow interpretation of Section 510, included in Labor-HHS bills since FY1999. Even worse, 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 – 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.

[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

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. We urge the Committee to continue the bipartisan support of repeal 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 the opportunity to provide comments on the issue of patient identity and matching in the FY23 Labor-HHS appropriations bill. 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.