



November 29, 2022

The Honorable Patrick Leahy, Chairman
Senate Committee on Appropriations
Room S-146A, The Capitol
Washington, DC 20510

The Honorable Richard Shelby, Ranking Member
Senate Committee on Appropriations
Room S-128, The Capitol
Washington, DC 20510

The Honorable Patty Murray, Chair
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
156 Dirksen Senate Office Building
Washington, DC 20510

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
Washington, DC 20510

Dear Chairman Leahy, Ranking Member Shelby, and Chair Murray, and Ranking Member Blunt,

On behalf of the Patient ID Now coalition, as you work to finalize the Fiscal Year 2023 (FY23) appropriations bills, we urge you to continue to reject the inclusion of outdated language in Section 510 of the FY23 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that prohibits the US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.

Earlier this year, the Patient ID Now coalition [sent a letter](#) to the congressional Appropriations committees signed by 119 patient, provider, hospital, health IT, and public health organizations advocating for the repeal of Section 510 from the Labor-HHS appropriations bill. We are grateful that the draft FY23 Senate Labor-HHS bill has removed the ban for the second year in a row, in conjunction with the House of Representatives' FY23 Labor-HHS bill repealing the ban in a bipartisan manner for the fourth year in a row, and we urge the committee to work to ensure it is finally repealed from the final FY23 federal budget.

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

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

system over \$6.7 billion annually.² In a [recent survey](#) by the Patient ID Now coalition, 72% of respondents agreed that there are delays in billing and reimbursement due to inaccurate patient information, and 70% indicated that patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.

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.

Removing Section 510 from the Labor-HHS appropriations bill will provide HHS the ability to evaluate a range of patient identification solutions and will 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.

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,

[Patient ID Now](#)

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