

April 3, 2026

The Honorable Susan Collins, Chair  
Senate Committee on Appropriations  
413 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray, Vice Chair  
Senate Committee on Appropriations  
154 Russell Senate Office Building  
Washington, DC 20510

The Honorable Shelley Moore Capito, Chair  
Subcommittee on Labor, Health, and Human  
Services, Education, and Related Agencies  
Senate Committee on Appropriations  
170 Russell Senate Office Building  
Washington, DC 20510

The Honorable Tammy Baldwin, Ranking Member  
Subcommittee on Labor, Health, and Human  
Services, Education, and Related Agencies  
Senate Committee on Appropriations  
141 Hart Senate Office Building  
Washington, DC 20510

Dear Chair Collins, Vice Chair Murray, Chair Capito, and Ranking Member Baldwin,

On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2027 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that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 25 years, innovation and industry progress has been stifled due to a narrow interpretation of this language, included in Labor-HHS bills since FY99. 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 situations could have been avoided had patients been accurately identified and matched with their records.

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 more than \$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. In a 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 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.

While Congress prioritized interoperability and digital data exchange in the 21st Century Cures Act and other legislation, progress toward these national priorities is inhibited by patient matching and identification issues. Removing the ban that is currently preventing appropriate health information flow would assist in transitioning the US to a healthcare delivery system that focuses on high value, cost-effective, and patient-centered care.

In recent fiscal years in both the US Senate and US House of Representatives, there has been growing support for the removal of Section 510. We urge the Committee to continue the bipartisan support for repeal in Congress and ensure that Section 510, the funding ban on a national unique health identifier, is NOT included in the FY27 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,

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ACHP (Alliance of Community Health Plans)

ADVION

AHIP

Alabama Association of Health Information Management

Alaska Health Information Management Association

Alliance for Nursing Informatics

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 Care Association/National Center for Assisted Living

American Health Information Management Association (AHIMA)

American Heart Association

American Immunization Registry Association

American Medical Informatics Association

American Nursing Informatics Association

American Society of Consultant Pharmacists (ASCP)

Arizona Health Information Management Association

Arkansas Health Information Management Association

Baptist Health (Jacksonville, FL)

BD

Borland Groover Clinic PA

Bronson Healthcare Group

Bryan Health  
California Health Information Association  
Cardamom  
CHRISTUS Health  
Civitas Networks for Health  
Claiborne Memorial Medical Center  
Cleveland Clinic  
College of Healthcare Information Management Executives (CHIME)  
Colorado Health Information Management Association (CHIMA)  
CommonSpirit Health  
Council of State and Territorial Epidemiologists  
Dayton Children's  
Deaconess Health  
Delaware Health Information Management Association  
Deliver Health Solutions  
DirectTrust  
DrFirst  
DualityHealth  
e4health  
eHealth Exchange  
EHRA  
EnableHealth  
Epic  
Experian Health  
Faith Health  
Farseen Advisors  
Federation of American Hospitals (FAH)  
Fisher-Titus Health  
Florida Health Information Management Association  
Georgia Health Information Management Association  
GHR Healthcare, LLC  
Harris Data Integrity Solutions  
Hawaii Health Information Association  
Health Gorilla  
Healthcare Information and Management Systems Society (HIMSS)  
Healthcare Trust Institute  
Healthix, Inc.  
Helio Health  
HIMSS Maryland Chapter  
HIMSS North Carolina  
HIMSS Puerto Rico Chapter  
HLN Consulting, LLC  
Holzer Health System  
Hyro AI Inc.  
Idaho Health Information Management Association (IdHIMA)  
Illinois Health Information Management Association  
Imprivata  
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Indiana Health Information Management Association  
Intermountain Health  
Interoperability Institute  
IOTECH CONSULTING  
Iowa Health Information Management Association  
Kentucky Health Information Management Association  
KHIMA  
Lakeland Regional Health System  
Lee Health System, Inc  
LexisNexis Risk Solutions  
Lifebridge Health  
Louisiana Health Information Management Association  
Maryland Health Information Management Association (MdHIMA)  
MaineHealth  
Massachusetts Health Information Management Association (MaHIMA)  
MeHIMA  
Medical Group Management Association  
MedStar Health  
Mercy Medical Center  
Mercyhealth  
Michigan Health Information Management Association  
Michigan Health Information Network Shared Services (MiHIN)  
Minnesota Health Information Management Association (MNHIMA)  
Mississippi Health Information Management Association  
Missouri Health Information Management Association  
Montana Health Information Management Association  
MRO  
MyLigo  
NAPHSIS  
Nathan Littauer Hospital & Nursing Home  
National Association of Healthcare Access Management  
NDHIMA  
Nebraska Health Information Management Association (NHIMA)  
Nemours Children's Health System  
Nevada Chapter of HIMSS  
New York Health Information Management Association (NYHIMA)  
NextGen Healthcare  
NJHIMA  
Nordic Global  
North Carolina Health Information Management Association  
Northern Arizona Healthcare  
OCHIN  
Ochsner  
Ohio Health Information Management Association (OHIMA)  
Oklahoma Health Information Management Association  
Oregon Health Information Management Association  
OrthoVirginia  
PacificEast

Parkview Health  
Pennsylvania Health Information Management Association (PHIMA)  
Pomona Valley Hospital Medical Center  
Premier, Inc.  
PRHIMA  
Primeau Consulting Group, Inc.  
Rady Children's Health  
Reid Health  
Rhode Island Health Information Management Association  
Riverside Healthcare  
RiverSpring Living  
Rockport Healthcare  
RWJBarnabas Health  
Saint Francis Health System  
San Ysidro Health  
SDHIMA  
Serendipity Health, LLC  
Sharp HealthCare  
South Carolina Health Information Management Association  
Southcoast Health  
St. Lawrence Health  
Stanford Medicine Children's Health  
Symbotix  
SynchroLink AI  
Tennessee Health Information Management Association  
Tennessee HIMSS Chapter  
Texas Health Services Authority  
The Joint Commission  
The Leapfrog Group  
LTPAC Health IT Collaborative  
The Society of Thoracic Surgeons  
The SSI Group, LLC  
The University of Kansas Health System  
Trinity Health  
Trinity Rehabilitation Services  
TSHIMA  
TxHIMA  
University Health San Antonio, Tx  
University of Utah Hospitals and Clinics  
UHIMA  
Utah Hospital Association  
Velatura HIE Corp  
Velatura Services LLC  
Verato  
Virginia Health Information Management Association  
Vital Circle  
Vital, a Canon Group Company  
Vouched

WEDI

WellLink Health Alliance

Wisconsin Health Information Management Association (WHIMA)