

April 24, 2023

The Honorable Kay Granger, Chair
House Committee on Appropriations
2308 Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro, Ranking Member
House Committee on Appropriations; and
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
2413 Rayburn House Office Building
Washington, DC 20515

The Honorable Robert Aderholt, Chairman
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
House Committee on Appropriations
266 Cannon House Office Building
Washington, DC 20515

Dear Chairwoman Granger, Ranking Member DeLauro, and Chairman Aderholt,

On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2024 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that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 In a recent survey³ 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.

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>

³ <http://patientidnow.org/wp-content/uploads/2022/11/PIDN-Research-Findings-Final.pdf>

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.

For the past four fiscal years, the U.S. House of Representatives has removed the ban from the Departments of Labor, Health and Human Services, Education, and Related Agencies appropriations bill in a bipartisan manner. For the past two years, the draft bill released by 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 FY2024 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
AAHIM Alabama Association of Health Information Management
Abra
ADVION (NASL)
AHIP
Alliance for Nursing Informatics
Alliance of Community Health Plans (ACHP)
AMDIS
American Academy of Neurology
American Academy of Ophthalmology
American College of Cardiology
American College of Physicians
American College of Surgeons
American Health Information Management Association (AHIMA)

American Heart Association
American Immunization Registry Association
American Medical Informatics Association
Arizona Health Information Management Association
Arkansas Health Information Association
Arnot Health
ARUP Laboratories
athenahealth
Augusta Health
Banner Health
Baptist Health (Jacksonville, FL)
Bayhealth
Borland Groover Clinic PA
Boulder Community Health
California Health Information Integrity
Children's Health of Orange County, California (CHOC)
Children's Healthcare of Atlanta
Civitas Networks for Health
Claiborne Memorial Medical Center
Cleveland Clinic
College of Healthcare Information Management Executives (CHIME)
Consensus Health
Country Doctor Community Health Centers
Creative Information Technology, Inc.
CSTE
DirectHealth
DirectTrust
DrFirst
eHealth Exchange
EHRA
Epic
Experian Health
Faith Regional Health Services
Federation of American Hospitals
First Health Advisory
Florida Health Information Management Association (FHIMA)
Genesis HealthCare System
Georgia Health Information Management Association
Global Patient Identifiers, Inc.
Grady Health System
Harris Data Integrity Solutions
Health Catalyst
Health Gorilla
Health Innovation Alliance
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Leadership Council
Healthix, Inc.
Holzer Health System

Huntzinger Advisors
Huntzinger Management Group
Imprivata
Intermountain Healthcare
Interoperability Institute
InterScripts, Inc.
Intraprise Health
Iowa Health Information Management Association
Jackson Hospital and Clinic
Just Associates
Kansas Health Information Management Association
KLAS Research
Lee Health
LexisNexis Risk Solutions
Liberty Hospital
Louisiana Health Information Management Association
Lumeon
MaineHealth
Marshfield Clinic Health System
Mass General Brigham
Massachusetts Health Information Management Association (MaHIMA)
MdHIMA
Mediant Health Resources
Medical Group Management Association
MEDITECH
Medix Technology
MeHIMA
Mercyhealth
MHIMA
Michigan Health Information Network Shared Services (MIHIN)
Minnesota Health Information Management Association
MRO Corp
NAPHSIS
National Association of Healthcare Access Management
NDHIMA
Nemours Children's Health System
NextGate
NextGen Healthcare
Nordic Consulting
Northeastern Vermont Regional Hospital
OCHIN
Ochsner
OHIO Health Information Management Association
Oklahoma Health Information Management Association
OrthoVirginia
Oswego Health
Owensboro Health
PacificEast

Parkview Health
Pennsylvania Health Information Management Association (PHIMA)
Premier, Inc.
Rady Children's Hospital
Saint Francis Health System
Saint Peter's Healthcare System (New Brunswick, New Jersey)
Samaritan Health Services
Samaritas
San Ysidro Health
SCHIMA
Siskin Hospital for Physical Rehabilitation
South Central Human Relations Center
South Dakota HIMA
Southcoast Health
Stanford Health Care
Symbotix
Tennessee Health Information Management Association
The Guthrie Clinic
The Joint Commission
The SSI Group, LLC
The University of Kansas Health System
Tivity Health
Trinity Health
Trinity Rehabilitation Services
Trust Over IP Foundation
TxHIMA
UMass Memorial Health
United States QHIN
University of Illinois Hospital & Health Sciences System (UI Health)
University of Utah Hospitals and Clinics
Utah Hospital Association
UW Health
Valley View Hospital
Velatura HIE Corp
Velatura Services LLC
Ventura County Health Care Agency
Verato
Vital, a Canon Group Company
WEDI
Weill Cornell Medicine
WellUp Health
Wisconsin Health Information Management Association (WHIMA)