

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On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2023 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that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.<sup>1</sup>

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.<sup>2</sup>

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 –

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<sup>1</sup> Top 10 Patient Safety Concerns for Healthcare Organizations, Available at:

[https://www.ecri.org/EmailResources/PSRQ/Top10/2017\\_PSTop10\\_ExecutiveBrief.pdf](https://www.ecri.org/EmailResources/PSRQ/Top10/2017_PSTop10_ExecutiveBrief.pdf)

<sup>2</sup> <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)