

June 3, 2020

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

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

The Honorable Roy Blunt, Chairman
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
131 Dirksen Senate Office Building
Washington, DC 20510

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

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

On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in the Fiscal Year 2021 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bills that prohibits the US Department of Health and Human Services (HHS) from spending any federal dollars to promulgate or adopt a national unique patient identifier (UPI).

For nearly two decades, innovation and industry progress has been stifled due to narrow interpretation of this language included in Labor-HHS bills since FY1999. More than that, 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

Now more than ever, the current COVID-19 pandemic highlights the urgent need to lift this archaic 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, etc.) and the implementation of a method to ensure that the information remains attached to the patient. Field hospitals and hastily established testing sites in parks, convention centers, and parking lots exacerbate these challenges. There are reports of instances where patient specimens are collected for COVID-19 testing in temporary sites and then sent off-site to a public health agency for testing. Once the results were returned, there were difficulties matching the results to the correct patient given the inconsistent and scant amount of demographic information included with the sample. Correctly matching patients to their information is not just vital for initial COVID-19 diagnosis. Ensuring the correct patient medical history is accurately matched to the patient is also critical for future patient care, claims billing, patients' long-term access to their complete health record, and for tracking the long-term health effects of COVID-19.

Furthermore, the nationwide response in the coming months to the COVID-19 pandemic hinges on accurate information. For example, once a vaccine is created, any large-scale immunization programs

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

will depend on accurate patient information to identify who has had the disease, who has been vaccinated, and what their outcomes are. We must move quickly to address these issues and protect the safety and health of patients and the nation as a whole.

Removing the prohibition on the use of federal funds to promulgate or adopt a national UPI 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 solution that protects patient privacy and is cost-effective, scalable, and secure.

Last year, there was broad support for removing the ban and on June 12, 2019, the US House of Representatives [voted](#) to remove the ban from HR 2740, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2020. We encourage the Committees to continue this progress and remove this archaic provision from the FY2021 Labor-HHS Appropriations bills.

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,

Alliance of Community Health Plans
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 (AHCA)
American Health Information Management Association (AHIMA)
American Heart Association
American Medical Informatics Association (AMIA)
America's Health Insurance Plans (AHIP)
Association of Health Information Outsourcing Services (AHIOS)
Association of Schools and Programs of Public Health (ASPPH)
Augusta Health
Cerner
Children's Health System of Texas
Children's Hospital Association
Children's Hospital of Alabama
CHOC Children's Hospital
College of Healthcare Information Management Executives (CHIME)
CoverMyMeds
DirectTrust
Duke Center for Health Informatics
Eating Disorders Coalition
eHealth Exchange
eHealth Initiative
Epic

EP3 Foundation
Experian Health
Faith Regional Health Services
Federation of American Hospitals
Genesis HealthCare System
Health Innovation Alliance
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Leadership Council
himagine solutions, inc.
HIMSS Electronic Health Record Association
Holzer Health System
Imprivata
Intermountain Healthcare
Iowa Health Information Network
Just Associates
Kettering Health Network
L.A. Care Health Plan
Lakeland Regional Health System
Logica, Inc (formerly Healthcare Services Platform Consortium)
Mass General Brigham
Medical Group Management Association
Montage Health
National Association of Healthcare Access Management
Nemours Children's Health System
NextGate
NextGen Healthcare
Norman Regional Health System
OCHIN
Opioid Safety Alliance
Parkview Health
Premier healthcare alliance
QuadraMed
SCL Health
Silver Cross Hospital
Southcoast Health
Strategic Health Information Exchange Collaborative (SHIEC)
The Joint Commission
The Sequoia Project
Trinity Health
U Health, University of Utah
WebShield