April 22, 2024

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

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

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

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

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

On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2025 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that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 over 25 years, 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.

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. 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 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 support of repeal in Congress and ensure that Section 510, the funding ban on a national unique health identifier, is NOT included in the FY2025 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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Abra
ADVION
Advocate Health
AHIP
Alabama Association of Health Information Management (AAHIM)
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 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
Arizona Health Information Management Association
Arkansas Health Information Association
ARUP Laboratories
athenahealth
Augusta Health
Baptist Health (Jacksonville, FL)

Bayhealth
Blue Shield of California
Borland Groover Clinic PA
Boston Children's Hospital
Bothwell Regional Health Center
Boulder Community Health
Bryan University
California Health Information Association
Civitas Networks for Health
Claiborne Memorial Medical Center
Cleveland Clinic
College of Healthcare Information Management Executives (CHIME)
Colorado Health Information Management Association
Consensys Health
Cook Children's Health Care System
CSTE
CTG
Dana-Farber Cancer Institute
Dayton Children's Hospital
DirectTrust
DrFirst
DualityHealth
eHealth Exchange
EHRA
Experian Health
Faith Regional Health Services
Farseen Advisors
Federation of American Hospitals
First Health Advisory
Forward Advantage
Franciscan Missionaries of Our Lady Health System
Georgia Health Information Management Association
Global Patient Identifiers, Inc.
Grand Canyon University
Health Catalyst
Health Gorilla
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Trust Institute
Healthix, Inc.
HLN Consulting, LLC
Illinois Health Information Management Association
Imprivata
Indiana Health Information Management Association
Intermountain Health
Interoperability Institute
InterScripts, Inc.
Intraprise Health
Iowa Health Information Management Association

Just Associates
Kansas Health Information Management Association
KLAS Research
LCMC Health
Lee Health
LexisNexis Risk Solutions
Licking Memorial Health Systems
Lifebridge Health
Louisiana Health Information Management Association
Maine Health Information Management Association
MaineHealth
Mass General Brigham
Massachusetts Health Information Management Association (MaHIMA)
MdHIMA
Medical Group Management Association
MedStar Health
Mercyhealth
MHIMA
Michigan Health Information Network Shared Services (MIHIN)
Minnesota Health Information Management Association
Montana Health Information Management Association
MyLigo
NAPHSIS
National Association of Healthcare Access Management
NDHIMA
Nemours Children's Health System
New York City Health + Hospitals
NextGate
NextGen Healthcare
Nordic Consulting
North Carolina Health Information Management Association
NvHIMA
OCHIN
Ochsner
OHIO Health Information Management Association
Oklahoma Health Information Management Association
OrHIMA
OrthoVirginia
PacificEast
Parkview Health
Pennsylvania Health Information Management Association (PHIMA)
Premier, Inc.
Primeau Consulting Group, Inc.
Rady Children's Hospital
Reid Health
RWJBH
Samaritas
San Ysidro Health

SCHIMA
Seattle Indian Health Board
South Carolina Health Information Management
South Dakota HIMA
Southeast Health
Stanford Health Care
Stanford Medicine Children's Health
Symbotix
Tennessee Health Information Management Association
The Guthrie Clinic
The Society of Thoracic Surgeons
The SSI Group, LLC
The University of Kansas Health System
Tivity Health
Trinity Health
Trinity Rehabilitation Services
TruBridge
United States QHIN
University of Utah Hospitals and Clinics
Utah Health Information Management Association
UW Medicine
Valley View Hospital
Valley-Wide Health Systems
Velatura HIE Corp
Velatura Services LLC
Ventura County Health Care Agency
Verato
Vital, a Canon Group Company
Vouched
WEDI
Weill Cornell Medicine
WellUp Health
Wisconsin Health Information Management Association (WHIMA)
WVU Medicine