

April 22, 2024

The Honorable Tom Cole, Chair  
House Committee on Appropriations  
2207 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 Chairman Cole, 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On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2025 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that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.

For four fiscal years (FY20-23), the US House of Representatives removed the ban from the Departments of Labor, Health and Human Services, Education, and Related Agencies appropriations bill in a bipartisan manner. We urge the Committee to continue the bipartisan 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  
Consensus 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.  
Intrprise 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