



Comparison of Unique Patient Identifier Ban Language – FY99 to FY19

HIPAA Calls for a UPI: The Secretary [of Health and Human Services] shall adopt standards providing for a standard unique health identifier for each individual, employer, health plan and health care provider for use in the health care system.¹

Labor-H FY99 Language: None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act (42 U.S.C. 1320d–2(b)) providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual’s capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard.²

	FY16	FY17	FY 18	FY19
Law Text (Labor – Health and Human Services Appropriations Bill, included every year since FY1999)	SEC. 510. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual’s capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard. ³	SEC. 510. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual’s capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard. ⁴	SEC. 510. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual’s capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard	SEC. 510. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual’s capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard. ⁵

¹ Section 262 (Sec 1173), Title II, Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), August 21, 1996.

² Original Language - Section 516, Title V, Omnibus Consolidated and Emergency Supplemental Appropriations for FY 1999, H.R. 4328 (P.L. 105-277), October 21, 1998

³ <https://www.congress.gov/114/plaws/publ113/PLAW-114publ113.pdf>

⁴ <https://rules.house.gov/sites/republicans.rules.house.gov/files/115/OMNI/CPRT-115-HPRT-RU00-SAHR244-AMNT.pdf>

⁵ <https://www.congress.gov/115/bills/hr6157/BILLS-115hr6157enr.pdf>

<p>House Report</p>		<p>Unique Patient Health Identifier.—The Committee is aware that one of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of a consistent patient data matching strategy. With the passage of the HITECH Act, a clear mandate was placed on the Nation’s healthcare community to adopt electronic health records and health exchange capability. Although the Committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. Accordingly, the Committee encourages the Secretary, acting through the Office of the National Coordinator for Health Information Technology and CMS, to provide technical assistance to private-sector led initiatives to develop a coordinated national strategy that will promote patient safety by accurately</p>	<p>(CMS) Patient Matching.—The Committee recognizes that a lack of a patient matching system for Medicare beneficiaries results in duplicate procedures and poses a significant patient safety risk. The Committee is aware that a number of patient matching systems are currently being used in the commercial sector, but one has yet to be adopted in Medicare. The Committee requests a report not less than 12 months after the date of enactment of this Act on the impact on care improvement, reduction in costs, estimated saved lives or reduction in errors, and improvements in patient safety if hospitals were required to use a patient matching system as a requirement for participation in the Medicare program.⁷</p> <p>(ONC) Patient Data Matching.—The Committee is aware that a challenge inhibiting the safe and secure electronic exchange of health information is the lack of a consistent approach to matching patient data. The Committee encourages ONC to engage with stakeholders on private-sector led initiatives to develop a coordinated</p>	<p>Although the committee continues to carry a prohibition against HHS using funds to promulgate or adopt any final standard providing for the assignment of a unique patient identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. Accordingly, the Committee continues to encourage the Secretary, acting through the ONC and CMS, to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.⁹</p>
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⁷ <https://appropriations.house.gov/uploadedfiles/23920.pdf>

⁹ <https://www.congress.gov/115/crpt/hrpt244/CRPT-115hrpt244.pdf>

		identifying patients to their health information. ⁶	strategy that will promote patient safety by accurately identifying patients to their health information. ⁸	
Senate Report		Electronic Health Records.—The Committee believes HHS’ work to encourage the adoption of electronic health records has provided important new opportunities to improve the quality, safety, and cost-effectiveness of health care. The Secretary is directed to further this work by studying approaches to improve person-centered healthcare through patient access to health information. That work should examine accurate and timely record matching so that all EHR systems are collecting the information necessary for a fully interoperable system that protects patients from identity mismatch errors, but also considers patient privacy and security. ¹⁰		The Committee encourages CMS, working with ONC, to provide technical assistance to industry to promote patient safety by accurately identifying patients to their to their health information. ¹¹

⁶ <https://www.congress.gov/114/crpt/hrpt699/CRPT-114hrpt699.pdf>

⁸ <https://appropriations.house.gov/uploadedfiles/23920.pdf>

¹⁰ <https://www.congress.gov/114/crpt/srpt274/CRPT-114srpt274.pdf>

¹¹ <https://www.congress.gov/115/crpt/srpt150/CRPT-115srpt150.pdf>