

June 11, 2019

Dear Representative:

On behalf of the undersigned organizations, we urge you to support the amendment being offered by Representative Bill Foster (IL) and Representative Mike Kelly (PA) to HR 2740, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2020 which strikes Section 510 of the Labor-HHS Appropriations bill which currently prohibits the US Department of Health and Human Services from spending any federal dollars to promulgate or adopt a national patient identifier.

For nearly two decades, innovation and industry progress has been stifled due to a 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 entirely avoidable had patients been able to have been 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 identification among the top ten threats to patient safety.¹

The absence of a consistent approach to accurately identifying patients has also resulted in significant costs to hospitals, health systems, physician practices, long-term post-acute care (LTPAC) facilities, and other providers, as well as hindered efforts to facilitate health information exchange. According to a 2016 study of healthcare executives, misidentification costs the average healthcare facility \$17.4 million per year in denied claims and potential lost revenue.² More importantly, there are patient safety implications when data is matched to the wrong patient and when essential data is lacking from a patient's record due to identity issues. The *2016 National Patient Misidentification Report* cites that 86 percent of respondents said they have witnessed or know of a medical error that was the result of patient misidentification.³

Today, identifiers are widely-used in federal programs, including identification for soldiers within the US Department of Defense's Military Health System and veterans within the Veterans Administration. Moreover, in 2015, Congress overwhelmingly passed the Medicare Access and CHIP Reauthorization Act, which included a new, Medicare non-social security identifier to ensure our seniors' healthcare records are kept safe and secure. If such identifiers are good enough to be used for our soldiers, veterans and America's seniors, why not the rest of us?

Striking Section 510 from the Labor-HHS appropriations bill will provide the US Department of Health and Human Services the ability to evaluate a full range of patient matching solutions and enable it to work with the private sector to identify a solution that is cost-effective, scalable, secure and one that protects patient privacy. **We urge you to vote "YES" on the Foster-Kelly Amendment to HR 2740.**

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

² 2016 National Patient Misidentification Report, Available at: https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf.

³ 2016 National Patient Misidentification Report, Available at: https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf

Sincerely,

American Academy of Ophthalmology
American College of Obstetricians and Gynecologists
American College of Surgeons
American Health Information Management Association (AHIMA)
America's Health Insurance Plans (AHIP)
American Medical Informatics Association (AMIA)
College of Healthcare Information Management Executives
(CHIME) CoverMyMeds
Duke Center for Health Informatics
eHealth Initiative (eHI)
EP3 Foundation
Federation of American Hospitals (FAH)
4medica
Healthcare Leadership Council
Healthcare Services Platform Consortium
Health Innovation Alliance
himagine solutions inc.
Imprivata
Intermountain Healthcare
Just Associates, Inc.
Medical Group Management Association (MGMA)
Nemours Children's Health System
NextGate
Patient-Centered Primary Care Collaborative (PCPCC)
Premier healthcare alliance
The Sequoia Project
WebShield