



Dear CHIME Member,

Thank you for your interest in joining CHIME's efforts in support of lifting the ban on a Unique Patient Identifier (UPI) in the FY 20 Labor-Health and Human Services appropriation's bill. There are many ways to reach out to your Senators, please consider emailing a form letter, calling the DC office or contacting them on Twitter. We have included resources to assist you in this document.

With the 116th Congress underway, it is a great time to engage with your Congressional representatives. Participate in Member-hosted town hall meetings, invite them into your organization for a tour or seek a meeting with the Member themselves in the district. Please don't hesitate to contact the CHIME Public Policy if you are interested in Congressional outreach in the district.

We appreciate your interest in successfully lifting the UPI appropriations ban.

Sincerely,

CHIME Public Policy Team
policy@chimecentral.org

Leslie Krigstein
VP, Congressional Affairs
Email: lkrigstein@chimecentral.org

Mari Savickis
VP, Federal Affairs
Email: mari.savickis@chimecentral.org

Contacting your Senators

We suggest contacting your Senators either by email, phone or via social media platforms, given the urgency of the issue. Below we describe how you could consider customizing an email form letter, use a phone script or use Twitter to communicate with your Senator. Should you opt to use the email form letter, we recommend you contact your Senator in one of two ways:

1. First contact your Senators' health staffer:
 - a. If you do not know who your Senator's staffer is, CHIME's public policy team can provide contact information;
 - b. **Please include the name of your organization and its U.S. Postal Zip Code when requesting assistance.**
2. If you would rather communicate directly to the Senator's office, please [visit their website](#) to obtain their contact information. Members have an online contact form that can be leveraged to send communications to them by way of their staff.

Form Letter:

Provided is a form letter that we encourage all CHIME members send to the Senators who represents your organization. If you do not live in the same state as your healthcare facility, consider sending the email letter to the Senators from your home state as well.

Please feel free to customize the letter below to best represent the voice and mission of your organization; we suggest using your organization's letterhead, if permissible. We recommend sending your email letter to the Senator's Health staffer. If you don't know who handles healthcare for your Senator, the [CHIME team](#) can provide the contact.

Again, please consider [CHIME Public Policy Team](#) as a resource for your outreach with Congress.

[Insert organization header or Logo]

Date XX, 2019

The Honorable [Senator's First and Last Name]
United States Senate
Russell/Driksen/Hart House Office Building [Insert Office Address]
Washington, DC 20510

Dear [Senator Name]:

On behalf of [your organization], I am writing to express my support for removing the long-standing funding ban on the Department of Health and Human Services (HHS) from advancing a national solution for patient identification.

As our healthcare system moves toward nationwide health information exchange, consistency in identifying a patient remains conspicuously absent. Care providers are missing opportunities to improve a patient's health when that patient's data is not easily available. As data exchange increases among providers, patient identification errors and mismatches will become exponentially more problematic and dangerous.

Unfortunately, this conversation hasn't progressed as technology has evolved due to a prohibition carried in every Labor-H appropriations bill since 1999, prohibiting HHS from using funds to "*promulgate or adopt any final standard . . . providing for the assignment of a unique health identifier for an individual.*" This language, which remains in force today, but would be removed in the House-passed FY20 Labor-Health and Human Services (Labor-H) Appropriations bill, must be eliminated for us to realize a truly interoperable health ecosystem.

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 could have been entirely avoidable had patients 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.

The House removed the ban in their FY20 Labor-H bill, thanks to an amendment sponsored by Representatives Bill Foster (D-IL) and Mike Kelly (R-PA.) It's now time for the Senate to act.

[insert organization] is a strong proponent of the need for a national solution for patient identification and its ability to enable improvements in healthcare quality, affordability and outcomes. **However, in order to accomplish these goals, we must ensure that the ban previously included in section 510, is permanently removed.**

If there are any questions about our position or more information is needed, please contact [insert contact name/info]. We look forward to a continuing dialogue with your office and other members of Congress on this important matter.

Sincerely,

Insert signature

Name
Title
Organization

Phone Script:

Hi, I'm [Name,] the [Title] at [Organization].

[They'll ask for your mailing address and email. Provide it or else they won't capture your comments]

As a constituent, I'd like to urge Senator [Last Name] to permanently remove the archaic ban prohibiting HHS from pursuing a national strategy for patient identification.

The ban was removed from the House FY20 Labor-HHS bill by an amendment from Representatives Foster and Kelly, and we hope that the ban will be permanently removed moving forward. Without the ability for clinicians to correctly connect a patient with their medical record, lives have been and will continue to be lost. In addition, medical errors have needlessly occurred, adding to the burgeoning costs of healthcare in the U.S. These are situations that could have been avoided had patients been accurately identified and matched with their records. This problem is so dire that one of the nation's leading patient safety organizations named patient identification among the top 10 threats to patient safety.

Without question, the removal the outdated ban, as was done by the House, would help bring our healthcare system into the 21st Century, improve patient safety, and save millions of dollars.

I hope that Senator [Last Name] will help to ensure that HHS can aid the industry in moving toward a national solution for patient identification

Thank you, have a good day.

Twitter:

If you are active on social media, consider contacting your Senators concerning this important issue; a draft tweet is below.

Members of Congress have become more interested in feedback via social media channels. If you are active on Twitter, please consider tweeting your Senators concerning the need for a national strategy for patient identification by removing the long-standing ban on a unique patient identifier previously included in Section 510 of the Labor-Health and Human Services Appropriations bill.

Draft Tweet:

@[Senator Twitter Handle] Please support the removal of Sec. 510 of Labor-H bill to allow #patientidentification strategy to advance in order to improve #patientsafety, #patientoutcomes and #lowercosts. Patients deserve better. #patientsfirst