



March 13, 2020

The Honorable Richard Shelby
Chairman, Committee on Appropriations
304 Russell Senate Office Building
Washington DC 20510

Dear Chairman Shelby:

On behalf of our more than 3,200 members, **I write to express our utmost support for the removal of the long-standing and antiquated funding ban which prohibits the U.S. Department of Health and Human Services (HHS) from advancing a national solution for patient identification (Section 510).**

CHIME is a professional organization that represents more than 3,200 Chief Information Officers (CIOs) and other senior healthcare IT leaders. CHIME enables its members and business partners to collaborate, exchange ideas, develop professionally and advocate for the effective use of information management to improve the health and care in the communities they serve. Our mission is, "To advance and serve healthcare leaders and the industry improving health and care globally through the utilization of knowledge and technology." We have members in every state including Connecticut.

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, if not removed in the House-passed FY20 Labor-Health and Human Services (Labor-H) Appropriations bill, will prevent us from realizing a truly interoperable health ecosystem.

More than that, without the ability of clinicians to correctly connect a patient with their medical record, lives will continue to be lost and medical errors to have needlessly occurred. These situations can be entirely avoided if patients can 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 identification among the top 10 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).

CHIME 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.**

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If there are any questions about our position or more information is needed, please contact Mari Savickis, our Vice President of Public Policy at mari.savickis@chimecentral.org. We look forward to a continuing dialogue with your office and other members of Congress on this important matter.

Sincerely,

A handwritten signature in black ink, reading "Russell P. Branzell". The signature is written in a cursive style with a large, stylized initial "R".

Russell P. Branzell, CHCIO, LCHIME
President and CEO
CHIME