



# Grassroots Toolkit



**Patient ID Now** is a coalition of healthcare organizations representing a wide range of healthcare stakeholders committed to advancing through legislation and regulations a nationwide strategy to address patient identification.

We encourage our members, and those organizations interested in achieving a nationwide strategy around patient identification, to become involved in our advocacy efforts on the Hill and with the Administration.

This toolkit will provide the language, templates, and resources necessary to convey the message of #patientIDnow on the Hill.

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## GRASSROOTS ALERT

Congress is in the midst of creating its Fiscal Year 2022 (FY22) appropriations bills, and we need your help to ensure we keep the progress made in recent years on patient identification and matching!

For nearly two decades, innovation and industry progress around patient identification and matching has been stifled due to broad interpretation of Section 510 of the Labor-HHS bill, included since FY1999. Even worse, 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.

Now, more than ever, the current COVID-19 pandemic and vaccination efforts highlight the urgent need to lift this outdated ban. Accurate identification of patients is one of the most difficult operational issues during a public health emergency, including the collection of patient demographic information (e.g. – name, address, phone number) and the implementation of a method to ensure that the information remains attached to the patient. Field hospitals and temporary testing and vaccination sites in parks, convention centers, and parking lots exacerbate these challenges. The fact that most COVID-19 vaccines are currently administered in two doses increases the difficulties of patient identification. There are reports of vaccination registrations causing thousands of duplicate records within a single system, costing some hospitals and health systems at least \$12,000 per day to rectify these errors. There are also reports of some vaccination sites being denied more vaccines because patient record systems incorrectly show patients have not received administered vaccinations. Ensuring the correct patient medical history is accurately matched to the patient is critical for future patient care, claims billing, patients' long-term access to their complete health record, and for tracking the long-term effects of COVID-19.

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.

**Contact your Members of Congress today and urge them to strike this archaic ban from the Labor, Health and Human Services, Education, and Related Agencies Appropriations Act of 2022.**



## GRASSROOTS ALERT (Abbreviated version)

### **Tell Congress It's Time to Repeal Section 510 on Patient Identification**

Congress is in the midst of creating its Fiscal Year 2022 (FY22) appropriations bills, and we need your help to ensure we keep the progress made in recent years on patient identification and matching!

For nearly two decades, innovation and industry progress around patient identification and matching has been stifled due to broad interpretation of Section 510 of the Labor-HHS bill. Now, more than ever, the current COVID-19 pandemic and vaccination efforts highlight the urgent need to lift this outdated ban

**As Congress works to create the Fiscal Year 2022 spending bills, we encourage you to contact your Members of Congress to encourage them to remove this archaic ban from the Labor, Health and Human Services, Education, and Related Agencies Appropriations bill.**



## PHONE SCRIPT

### **ACT NOW: Contact your Senator TODAY and urge them address Patient Misidentification**

To contact your Senators and Representatives, call the US Capitol switchboard at **(202) 224-3121**. A switchboard operator will connect you directly to your lawmaker's office. You do not need to know his or her names; you can simply provide the switchboard with the state you live in. Alternatively, to identify your Senators and Representatives online, go to [www.senate.gov](http://www.senate.gov) for the Senate and to [www.house.gov](http://www.house.gov) for your representative in the House.

### **Ask to speak to the Legislative Assistant who handles health care issues and leave that person the following message:**

- Hello. My name is *(name, city you live in, place you work.)*
- As a constituent, I'd like to urge Senator/Representative [Last Name] to permanently remove Section 510 from the Labor-HHS appropriations bill, prohibiting HHS from pursuing a national strategy for patient identification.
- The ban was removed from the House appropriations bill in a bipartisan manner for the past two fiscal years, and we hope that the ban will be permanently removed going 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 US. These are situations that could have been avoided had patients been accurately identified and matched with their records.
- The COVID-19 pandemic is highlighting just how much we need to address patient identification. From ensuring correct diagnoses reach patients, to ensuring that vaccines are properly administered to the right patients in the correct dosages, the lack of a strategy around patient identification is creating another burden within this pandemic.
- I hope that Senator/Representative [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.



## FORM LETTERS

### **VERSION 1 – From organizations**

[Date XX], 2021

The Honorable [Senator/Representative First and Last Name]  
United States Senate  
[[Office Number] Building] Senate/House Office Building  
Washington, DC 20510/20515

Dear Senator/Representative [Last Name]:

On behalf of [your organization], I am writing to express my support for removing Section 510 from the Labor-HHS appropriations bill, which has long kept the US 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-HHS 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, must be eliminated for us to realize a truly interoperable health ecosystem.

Now, more than ever, the current COVID-19 pandemic and vaccination efforts highlight the urgent need to lift this outdated ban. Accurate identification of patients is one of the most difficult operational issues during a public health emergency, including the collection of patient demographic information (e.g. – name, address, phone number) and the implementation of a method to ensure that the information remains attached to the patient. Field hospitals and temporary testing and vaccination sites in parks, convention centers, and parking lots exacerbate these challenges. The fact that most COVID-19 vaccines are currently administered in two doses increases the difficulties of patient identification. There are reports of vaccination



registrations causing thousands of duplicate records within a single system, costing some hospitals and health systems at least \$12,000 per day to rectify these errors. There are also reports of some vaccination sites being denied more vaccines because patient record systems incorrectly show patients have not received administered vaccinations. Ensuring the correct patient medical history is accurately matched to the patient is critical for future patient care, claims billing, patients' long-term access to their complete health record, and for tracking the long-term effects of COVID-19.

For the past two fiscal years, the House of Representatives has removed Section 510 from its Labor-HHS appropriations bills. [Organization name] hopes that progress will be continued this year and that the ban will be removed from both the House and Senate, finally paving the way for a national strategy around patient identification. [For letters to House – [Organization] also requests that you sign onto the Dear Colleague letter being circulated by Representative Bill Foster (D-IL) and Representative Mike Kelly (R-PA) on the removal of Section 510.]

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,

[Signature]  
[Name] [Title]  
[Organization]

### **VERSION 2 – From Individual**

I am writing today to urge you to reject the inclusion of Section 510 in the FY2022 Labor, Health and Human Services, Education, and Related Agencies 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 health identifier.

Accurate patient identification helps ensure that clinicians have up-to-date information about a patient's laboratory, imaging, or other diagnostic test results; medications; diagnosed medical conditions; and family medical histories. To maximize the safety, security, availability, and integrity of patient medical records, processes must be in place to ensure the proper matching of patients to their specific healthcare information in electronic health record systems (EHRs); this is key to the advancement of interoperable electronic health information exchange.



Since 1999, Congress has prohibited the use of appropriated funds by the US Department of Health and Human Services (HHS) to "promulgate or adopt any standard for a unique health identifier." This limitation has been included in every subsequent appropriations bill since FY1999 and is a barrier to public-private sector collaboration in accelerating and scaling effective patient identification and matching solutions.

The absence of a consistent approach to accurately identifying patients raises serious patient safety implications. Patient identification errors often begin during the registration process and can initiate a cascade of errors, including wrong site surgery, delayed or lost diagnoses, and wrong patient orders, among others. These errors not only impact care in hospitals, medical practices, LTPAC facilities, and other healthcare organizations, but incorrect or ineffective patient matching can have ramifications well beyond a healthcare organization's four walls. 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.

Now, more than ever, the current COVID-19 pandemic and vaccination efforts highlight the urgent need to lift this outdated ban. Accurate identification of patients is one of the most difficult operational issues during a public health emergency, including the collection of patient demographic information (e.g. – name, address, phone number) and the implementation of a method to ensure that the information remains attached to the patient. Field hospitals and temporary testing and vaccination sites in parks, convention centers, and parking lots exacerbate these challenges. The fact that most COVID-19 vaccines are currently administered in two doses increases the difficulties of patient identification. There are reports of vaccination registrations causing thousands of duplicate records within a single system, costing some hospitals and health systems at least \$12,000 per day to rectify these errors. There are also reports of some vaccination sites being denied more vaccines because patient record systems incorrectly show patients have not received administered vaccinations. Ensuring the correct patient medical history is accurately matched to the patient is critical for future patient care, claims billing, patients' long-term access to their complete health record, and for tracking the long-term effects of COVID-19.

The quality and safety of healthcare across the nation will improve if a national strategy to accurately identify patients and match those patients to their health information is achieved. I urge you to reject inclusion of Section 510 in the FY2022 Labor-HHS Appropriations bill and allow the US Department of Health and Human Services the flexibility to evaluate a full range of patient identification solutions that protect patient privacy and are cost-effective, scalable, and secure. [For letters to House – I also request that you sign onto the Dear Colleague letter being circulated by Representative Bill Foster (D-IL) and Representative Mike Kelly (R-PA) on the removal of Section 510.]





Sincerely,

[Signature]  
[Name] [Title]  
[Organization]



## SOCIAL MEDIA

Make sure to amplify Patient ID Now's [Twitter handle](#). For tweets of your own, please see sample tweets below.

### **Sample Tweets:**

- Support removal of Sec. 510 of Labor-H bill to allow patient identification strategy to advance in order to improve patient safety, outcomes and lower costs. Patients deserve better. #patientIDnow
- COVID-19 highlighted the need to address patient misidentification. Without a national strategy, efforts to study the disease and roll out a vaccine are hindered. [@Senator/Representative], please repeal Sec. 510 of Labor-H bill now. #patientIDnow
- We need data to inform public health. The lack of accurate information in patient records risks not just individual patients, but public health efforts as a whole. [@Senator/Representative], I ask you to repeal Sec. 510 of Labor-H bill. #patientIDnow
- Congress must act on repealing Section 510 from the Labor-HHS bill and support the creation of a national strategy around patient identification. Contact your Members of Congress and ask them to remove this outdated ban. #patientIDnow
- Patient misidentification costs the average healthcare facility \$17.4 million per year in denied claims and lost revenue. It's time to address patient misidentification. #patientIDnow

### **Sample Facebook Posts:**

- There's only one you. But sometimes your personal information is so similar to someone else's that your doctor's office or hospital can mix up your health information. This can be dangerous and even deadly. It is time for Congress to act—repeal the ban on a unique patient identifier.



- Countless examples provide compelling reasons for why we need solutions to address patient misidentification—mammogram results being filed into the wrong patient’s record, only to be discovered when the patient was terminal; babies receiving incorrect milk; inappropriate medications being delivered; and opiates being prescribed to patients with a history of addiction. All of these episodes occur because we cannot fully identify the right patient at the point of care and link their prior care records. It’s time for Congress to act—repeal the ban on a unique patient identifier.
- The inability to accurately match patients to their records across the care continuum is incompatible with nationwide interoperability, a goal of the landmark 21<sup>st</sup> Century Cures Act.
- The absence of a consistent approach to accurately identifying patients has led to patient safety errors and “near-misses.” We are committed to working together to address patient misidentification and putting patients first. #patientIDnow.

**Visual:**

The below artwork is for your use.



**Hashtag:**

#patientIDnow



## Resources

- [Letter to House of Representatives Urging Yes Vote on Foster-Kelly Patient Identification Amendment](#)
- [Letter to Senate Appropriators regarding Patient Identification, Public Health, and FY21 Labor HHS Appropriations](#)
- [Patient ID Now Coalition Pleased Congress is Addressing Patient Misidentification](#) (*Press Statement, July 2020*)
- [Pandemic is Perfect Time to Implement Patient ID Reform, Advocates Say](#) (*Inside Health Policy, July 2020*)
- [Groups Urge Congress to Take Action on Patient Identifier as COVID-19 Raises the Stakes](#) (*Fierce Healthcare, July 2020*)
- [Six Healthcare Organizations Form Coalition to Develop Nationwide Patient Identification Strategy](#) (*Healthcare Innovation, July 2020*)
- [The ability to accurately identify and match patients to their health information is more important now than ever during public health crises.](#) (handout)
- [A legislative history of patient identification](#) (handout)

Find more resources on the Patient ID Now Coalition's [Resources page](#).