May 9, 2018

The Honorable Rodney Frelinghuysen, Chairman
House Committee on Appropriations
H-305, The Capitol
Washington, DC 20515

The Honorable Nita M. Lowey, Ranking Member
House Committee on Appropriations
1016 Longworth House Office Building,
Washington, DC 20515

The Honorable Richard Shelby, Chairman
Senate Committee on Appropriations
Room S-128, The Capitol
Washington, D.C. 20510

The Honorable Patrick Leahy, Vice Chairman
Senate Committee on Appropriations
S-146A, The Capitol
Washington, DC 20510

The Honorable Tom Cole, Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
House Committee on Appropriations
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro, Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
House Committee on Appropriations
1016 Longworth House Office Building,
Washington, DC 20515

The Honorable Roy Blunt, Chairman
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray, Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Senate Committee on Appropriations
156 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Frelinghuysen, Chairman Shelby, Ranking Member Lowey, Vice Chairman Leahy, Chairman Cole, Ranking Member DeLauro, Chairman Blunt and Ranking Member Murray:

On behalf of the undersigned organizations, we wish to urge inclusion of report language that seeks to end patient safety issues related to patient matching in the House and Senate FY19 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations Bills.

For nearly two decades, innovation and industry progress has been stifled due to a narrow interpretation of the language included in Labor-HHS bills since FY1999, prohibiting the U.S. Department of Health and Human Services (HHS) from adopting or implementing a unique patient identifier.

The patient matching report language below clarifies Congress' intent while ensuring that the federal government does not impede private-sector efforts to solve this serious problem. The language enables the U.S. Department of Health and Human Services (HHS), acting through the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS), to provide technical assistance to private-sector led initiatives that support a coordinated national strategy to promote patient safety by accurately identifying patients and matching them to their health information. Allowing ONC and CMS to offer this type of technical assistance will help accelerate and scale safe and effective patient matching solutions.

The absence of a consistent approach to accurately identifying patients has 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.[1] 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.[2]

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. As data exchange increases among providers, patient identification and data matching errors will become exponentially more problematic and dangerous. Precision medicine and disease research will continue to be hindered if records are incomplete or duplicative. Further, as our nation combats a growing opioid epidemic, successfully matching patients with their records is critical. Accurately identifying patients and matching them to their data is essential to coordination of care and is a requirement for health system transformation and the continuation of our substantial progress towards nationwide interoperability, a goal of the landmark 21st Century Cures Act.

The quality, safety and cost-effectiveness 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. Clarifying Congress' commitment to ensuring patients are consistently matched to their healthcare data is a key barrier that needs to be addressed if we are to solve this problem, but not the only one. We the undersigned are committed to working together to identify and address, the various barriers that prevent patient matching today.

We respectfully request that you include the report language below in any FY19 appropriations bill:

Clarifying the Unique Patient Identifier Ban to Enable Patient Matching

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-

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[1] 2016 National Patient Misidentification Report, Available at: https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf.
[2] 2016 National Patient Misidentification Report, Available at: https://pages.imprivata.com/rs/imprivata/images/Ponemon-Report_121416.pdf

sector led initiatives in support of a coordinated national strategy for industry and the federal government that promote patient safety by accurately identifying patients to their health information.

We appreciate your consideration and inclusion of this report language and we look forward to working with you to pursue an appropriate solution to enable accurate patient identification and data matching in our nation's healthcare system.

Sincerely,

Accreditation Council for Pharmacy Education (ACPE)
America's Health Insurance Plans (AHIP)
American Health Information Management Association (AHIMA)
American Medical Association (AMA)
American Medical Informatics Association (AMIA)
Association of Clinicians for the Underserved
Blue Cross Blue Shield Association (BCBSA)
College of Healthcare Information Management Executives (CHIME)
eHealth Initiative (eHI)
Electronic Healthcare Network Accreditation Commission (EHNAC)
EP3 Foundation
4medica
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Leadership Council (HLC)
Health IT Now
Imprivata
Intermountain Healthcare
Leading Age Center for Aging Services Technology (Leading Age CAST)
LTPAC Health IT Collaborative
Medical Group Management Association (MGMA)
National Association for the Support of LTC (NASL)
National Association for Trusted Exchange (NATE)
National Community Pharmacists Association (NCPA)
National Health IT Collaborative for the Underserved
Nemours Children's Health System
The Pew Charitable Trusts
Premier healthcare alliance
The Sequoia Project
Strategic Health Information Exchange Collaborative (SHIEC)
Surescripts
Trinity Health
Verato
WebShield