

July 30, 2020

Dear Representative:

The Patient ID Now coalition urges you to support the amendment being offered by Representative Bill Foster (IL) and Representative Mike Kelly (PA) to HR 7617, the “Defense, Commerce, Justice, Science, Energy and Water Development, Financial Services and General Government, Homeland Security, Labor, Health and Human Services, Education, Transportation, House and Urban Development Appropriations Act of 2021.” This amendment 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 have 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 to 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.<sup>1</sup>

Now, more than ever, the current COVID-19 pandemic highlights the urgent need to lift this archaic ban. Accurate identification of patients is one of the most difficult operational issues during a public health emergency. Field hospitals and temporary testing sites in parks, convention centers, and parking lots intensify these challenges. Laboratories that are testing patient specimens are reporting that patient misidentification is causing COVID-19 test results to be returned to the wrong patient, and a lack of comprehensive patient demographic data is causing some samples to not be returned to a patient at all. Ensuring the correct patient medical history is accurately matched to the patient is critical for future patient care, patients’ long-term access to their complete health record, and for tracking the long-term health effects of COVID-19. Furthermore, in the coming months, any large-scale immunization programs will depend on accurate patient information to identify who has had the disease, who has been vaccinated, and what their outcomes are.

It is clear that COVID-19 disproportionately impacts underserved populations and communities of color. This is further exacerbated by patient misidentification. In particular, evidence suggests that patient matching errors disproportionately impact Black and Latino patients, and homeless, migrant, and corrections populations. Congress must take action to protect patients who are most vulnerable during the current pandemic and ensure that their care is not further impacted by an inability to match them to their health record.

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. **The Patient ID Now coalition urges you to vote “YES” on the Foster-Kelly Amendment to HR 7617.**

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<sup>1</sup> Top 10 Patient Safety Concerns for Healthcare Organizations, Available at: [https://www.ecri.org/EmailResources/PSRQ/Top10/2017\\_PSTop10\\_ExecutiveBrief.pdf](https://www.ecri.org/EmailResources/PSRQ/Top10/2017_PSTop10_ExecutiveBrief.pdf)

Sincerely,

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Alliance of Community Health Plans

American Academy of Neurology

American Academy of Ophthalmology

American College of Cardiology

American College of Obstetricians and Gynecologists

American College of Physicians

American College of Surgeons

American Health Information Management Association (AHIMA)

American Heart Association

American Medical Informatics Association (AMIA)

Association of Health Information Outsourcing Services (AHIOS)

Augusta Health

Better Identity Coalition

Billings Clinic

Center for Intelligent Health Care at University of Nebraska

Cerner

Children's Hospital Association

College of Healthcare Information Management Executives (CHIME)

CoverMyMeds

DirectTrust

Duke Center for Health Informatics

Eating Disorders Coalition

eHealth Exchange

eHealth Initiative

Electronic Health Record Association

Experian Health

Faith Regional Health Services

Federation of American Hospitals

Health Innovation Alliance

Healthcare Information and Management Systems Society (HIMSS)

Healthcare Leadership Council

Healthix, Inc

himagine solutions, Inc.

Imprivata

Intermountain Healthcare

Iowa Health Information Network

Just Associates

Kuakini Health System

L.A. Care Health Plan

Lakeland Regional Health System

Logica, Inc (formerly Healthcare Services Platform Consortium)

Mass General Brigham

Medical Group Management Association

Montage Health

National Association for the Support of Long Term Care

National Association of Healthcare Access Management  
Nemours Children's Health System  
Netsmart  
NextGate  
NextGen Healthcare  
Norman Regional Health System  
Nuance  
OCHIN  
Parkview Health  
Premier healthcare alliance  
Silver Cross Hospital  
Southcoast Health  
Strategic Health Information Exchange Collaborative (SHIEC)  
The Joint Commission  
The Sequoia Project  
Trinity Health  
U Health, University of Utah