

May 2, 2025

The Honorable Tom Cole, Chair
House Committee on Appropriations
2207 Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro, Ranking Member
House Committee on Appropriations; and
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
2413 Rayburn House Office Building
Washington, DC 20515

The Honorable Robert Aderholt, Chairman
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
House Committee on Appropriations
272 Cannon House Office Building
Washington, DC 20515

Dear Chairman Cole, Ranking Member DeLauro, and Chairman Aderholt,

On behalf of the undersigned organizations, we urge you to reject the inclusion of outdated rider language in Section 510 of the Fiscal Year 2026 Labor, Health and Human Services, and Education and Related Agencies (Labor-HHS) Appropriations bill that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 patient health identifier standard.

For more than 25 years, innovation and industry progress has been stifled due to a narrow interpretation of this language, included in Labor-HHS bills since FY99. 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 avoided had patients been able to be accurately identified and matched with their records.

The lack of a national strategy on patient identification also causes financial burdens to patients, clinicians, and institutions. The expense of repeated medical care due to duplicate records costs an average of \$1,950 per patient inpatient stay, and more than \$1,700 per emergency department visit. Thirty-five percent of all denied claims result from inaccurate patient identification, costing the average hospital \$2.5 million and the US healthcare system over \$6.7 billion annually. In a survey by the Patient ID Now coalition, 72% of respondents agreed that there are delays in billing and reimbursement due to inaccurate patient information, and 70% indicated that patients undergo or receive duplicative or unnecessary testing or services due to difficulties in managing patient identities.

The inclusion of Section 510 and lack of a national strategy on patient identification contributes to serious patient privacy concerns within the health system. Right now, the healthcare system faces an “inverse” privacy problem – individuals must repeatedly disclose a significant amount of individually identifiable information to each healthcare provider they see in an attempt to achieve an accurate match of the patient to their medical record. Even more worrying for patients is the risk of overlays – i.e., the merging of multiple patients’ data into one medical record, causing a patient to have access to another patient’s health information, which could result in an unauthorized disclosure under the Health Insurance Portability and Accountability Act (HIPAA), or even worse, a patient receiving treatment for another patient’s disease.

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.

While Congress prioritized interoperability and digital data exchange in the 21st Century Cures Act and other legislation, progress toward these national priorities is inhibited by patient matching and identification issues. Removing the ban that is currently preventing appropriate health information flow would assist in transitioning the US to a healthcare delivery system that focuses on high value, cost-effective, and patient-centered care.

For four fiscal years (FY20-23), the US House of Representatives removed the ban from the Departments of Labor, Health and Human Services, Education, and Related Agencies appropriations bill in a bipartisan manner. We urge the Committee to continue the bipartisan support for repeal in Congress and ensure that Section 510, the funding ban on a national unique health identifier, is NOT included in the FY26 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill.

We appreciate your consideration, and we look forward to working with you to pursue an appropriate solution to enable accurate patient identification and matching in our nation's healthcare systems.

Sincerely,

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ADVION

Advocate Health

AHIP

Alabama Association of Health Information Management (AAHIM)

Alaska Health Information Management Association

Alliance for Nursing Informatics

Alliance of Community Health Plans (ACHP)

American Academy of Neurology

American Academy of Ophthalmology

American College of Cardiology

American College of Physicians

American College of Surgeons

American Health Care Association/National Center for Assisted Living

American Health Information Management Association (AHIMA)

American Heart Association

American Immunization Registry Association

American Medical Informatics Association

Arkansas Health Information Management Association

AzHIMA

Baptist Health (Jacksonville, FL)

Bayhealth

BD

Borland Groover Clinic PA

Bryan Health

California Health Information Association
Civitas Networks for Health
Claiborne Memorial Medical Center
College of Healthcare Information Management Executives (CHIME)
Colorado Health Information Management Association
CommonSpirit Health
Community Health Systems
Cook Children's Health Care System
Council of State and Territorial Epidemiologists
Dayton Children's Hospital
DirectTrust
DrFirst
DualityHealth
e4health
eHealth Exchange
Experian Health
Faith Regional Health Services
Farseen Advisors
Federation of American Hospitals
First Health Advisory
Fisher-Titus Health
Florida Health Information Management Association
Forward Advantage Holdings, Inc.
Georgia Health Information Management Association
Harris Data Integrity Solutions
Hawaii Health Information Association
Health Gorilla
Health Innovation Alliance
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Trust Institute
Healthix, Inc.
Helio Health
HIMSS Puerto Rico Chapter
HLN Consulting, LLC
Hyro
Idaho Health Information Management Association (IdHIMA)
ILHIMA
Imprivata
Independence Health System
Indiana Health Information Management Association
Intermountain Health
Interoperability Institute
Iowa Health Information Management Association
Just Associates, Inc.
Kansas Health Information Management Association
Kentucky Health Information Management Association
Lee Health System, Inc
LexisNexis Risk Solutions

Lifebridge Health
Maine Health Information Management Association (MeHIMA)
MaineHealth
Maryland Chapter of HIMSS
Maryland Health Information Management Association
Medical Group Management Association
MedStar Health
Mercyhealth
MHIMA
Minnesota Health Information Management Association (MNHIMA)
Mississippi Health Information Management Association
MoHIMA
Montana Health Information Management Association
MyLigo
NAPHSIS
National Association of Healthcare Access Management
ND Health Information Management Association
Nebraska Health Information Management Association
Nemours Children's Health System
New Jersey Health Information Management Association
New York Health Information Management Association
NextGen Healthcare
NMHIMA
Nordic Global
North Carolina Health Information Management Association
NvHIMA
Ochsner
Ohio Health Information Management Association
Oklahoma Health Information Management Association
Optum
Oregon Health Information Management Association
OrthoVirginia
PacificEast
Parkview Health
Pennsylvania Health Information Management Association (PHIMA)
Pomona Valley Hospital Medical Center
Premier, Inc.
Primeau Consulting Group, Inc.
Puerto Rico Health Information Management Association
Rady Children's Hospital
Reid Health
Rhode Island Health Information Management Association
RiverSpring Living
RWJBH
San Ysidro Health
Schreiber Tech Advisors, LLC
Serendipity Health, LLC
South Carolina Health Information Management Association

South Dakota Health Information Management Association
Southcoast Health
St. Lawrence Health
Stanford Medicine Children's Health
STS Consulting Group, LLC
Symbotix
SynchroLink AI
The Guthrie Clinic
The Joint Commission
The LTPAC Health IT Collaborative
The OrthoForum
The Society of Thoracic Surgeons
The SSI Group, LLC
The University of Kansas Health System
Trinity Health
Trinity Rehabilitation Services
TSHIMA
University of Maryland Global Campus
University of Utah Hospitals and Clinics
Utah Health Information Management Association
Utah Hospital Association
Valley View Hospital
Valley-Wide Health Systems
Velatura HIE Corp
Velatura Services LLC
Verato
Virginia Health Information Management Association
Vital, a Canon Group Company
Vouched
WEDI
Weill Cornell Medicine
West Virginia Health Information Management Association
Wisconsin Health Information Management Association (WHIMA)
WVU Medicine
Wyoming Health Information Management Association (WYHIMA)