

Patient Matching Amendment – Action Needed with U.S. Senators

SHIEC HIE Leaders & Government Relations Officers,

Action Needed: Following a targeted and sustained advocacy effort in the United States House of Representatives, SHIEC secured the adoption of the Foster/Kelly Patient Matching Amendment, which would remove the ban on the Department of Health and Human Services (HHS) from adopting a unique patient identifier (UPI).

SHIEC advocacy now shifts to the United States Senate, where members should immediately reach out to U.S. Senators using the template letter (attached) who are in your service area and ask them to support the patient matching language. Senators sitting on the Senate Appropriations Committee, especially those serving on the Labor, Health and Human Services, Education, and Related Agencies Subcommittee, are top priorities. Chairman Shelby (R-AL) and Chair of the Senate Appropriations Committee has indicated that he cannot support repealing the UPI ban without hearing from Members of his Committee, on both sides of the aisle, in support of repeal.

Issue: Removing the prohibition on the use of federal funds to develop or adopt a national UPI will provide HHS the ability to evaluate a range of patient identification solutions and enable it to work with the private sector to identify a solution that protects patient privacy that is cost-effective, scalable, and secure.

The ban was implemented before the full implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) when privacy considerations were more limited than today. The ban has led to an “inverse” privacy problem – whereby individuals must repetitively disclose individually identifiable information to each health care provider they see. Even more worrying for patient privacy is the merging of multiple patients’ data into one medical record, causing patients to have access to other patients’ health information. Privacy is a top priority, but a national strategy to address both patient identification and privacy cannot be created under the current ban.

Background: For over two decades innovation and industry progress has been stifled due to the narrow interpretation of patient matching language in the annual Labor-HHS appropriations bill. This language makes it difficult for clinicians to connect a patient with their medical record leading to medical errors, lost lives, and inefficiency. Accurate identification of patients is difficult to do operational during a public health emergency, which includes the collection of patient demographic information (e.g. - names, address, phone number, etc.) and the implementation of a method to ensure that the information remains attached to the patient.

Further, the COVID-19 pandemic highlights the urgent need to end this archaic ban. Expanded use of telehealth, field hospitals and hastily established testing sites in parks, convention centers, and parking lots exacerbate these challenges. Correctly matching patients to their information is not just vital for initial COVID-19 diagnoses, but also for future care, claims billing, long-term access to a complete health record, and for tracking the long-term health effects of the pandemic.

SHIEC, along with 67 other stakeholders in the Patient ID Now Coalition have advocated for this change for many years and most recently collaborated in sending a unified letter to House Leadership along with targeted outreach to House members that voted against this amendment in the past. SHIEC will continue this collaborative work as the discussion shifts to the Senate.

For Additional Information: For questions about The Foster/Kelly Amendment contact [Timothy Ohrum](#), Advisor Grassroots Advocacy and External Affairs or [me](#). Thank you.

