



August 2, 2024

The Honorable Diana DeGette  
US House of Representatives  
2111 Rayburn House Office Building  
Washington, DC 20515

The Honorable Larry Bucshon, MD  
US House of Representatives  
2313 Rayburn House Office Building  
Washington, DC 20515

RE: 21<sup>st</sup> Century Cures 2.0 RFI

Submitted via email to [cures.rfi@mail.house.gov](mailto:cures.rfi@mail.house.gov)

Dear Representatives DeGette and Bucshon:

Thank you for the opportunity to provide feedback on ensuring Congress meets the goals of the 21<sup>st</sup> Century Cures Act and Cures 2.0. We have seen progress within the healthcare ecosystem since the passage of the 21<sup>st</sup> Century Cures Act, and we applaud your continued leadership in this area in ensuring a dynamic, patient-centered healthcare ecosystem.

[Patient ID Now](#) is a coalition of more than 50 healthcare organizations representing a wide range of healthcare stakeholders, including patients, physicians, health information professionals, health IT companies, and public health, committed to advancing a nationwide strategy to address patient identification and matching.

### **Issues Concerning Patient Matching**

Currently, there is no national strategy to accurately and consistently connect patients with their health data, resulting in patient misidentification throughout the healthcare ecosystem and obstacles to true interoperability.

Patient misidentification happens within the healthcare ecosystem in two main ways: duplicate records, and overlaid records. Duplicate records occur when a patient visits multiple healthcare settings, and each of those settings has a separate medical record for the patient that are not combined into one record, resulting in clinicians potentially working from incomplete patient information. Overlaid records occur when two or more patients' information is combined into one health record because of similar demographic information, potentially leading to privacy violations if a patient can access another patient's health information, or leading to safety risks, where one patient may be treated based on another patient's information.

For more than 25 years, innovation and industry progress on patient matching has been stifled due to a narrow interpretation of language included in the federal budget prohibiting the creation of a national unique patient identifier, also known as Section 510 of the Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill. 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. This problem is so dire that one of the nation's leading patient safety organizations, the ECRI Institute, has often named patient misidentification among the top ten threats to patient safety.

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 over \$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.<sup>1</sup> In a recent 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.<sup>2</sup>

The lack of a national strategy on patient identification contributes to serious patient privacy concerns within the health system. Specifically, the risk of overlaid records can cause 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.

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. Congress must take action to ensure a healthcare delivery system that focuses on high value, cost-effective, and patient-centered care.

### **Policy Recommendations**

Removing the funding ban on a unique patient identifier is a top priority for the coalition. However, if the ban remains in the federal budget, we believe there are still actions Congress can take to improve patient matching and support a more interoperable healthcare ecosystem. Specifically, Congress should pass HR 7379, the Patient Matching and Transparency in Certified Health IT (MATCH IT) Act of 2024. The MATCH IT Act would do the following:

1. **DEFINE A PATIENT MATCH RATE:** Today, there is no consistent industry definition that allows for comparisons to measure patient misidentification. Under this legislation, the US Department of Health and Human Services (HHS) will work with providers, health IT vendors, and other relevant industry stakeholders to define and standardize the term "patient match rate" to include accounting for duplicate records, overlaid records, instances of multiple matches found, and mismatch rates within a healthcare organization. It will also allow the tracking of patient match rates across organizations and foster process improvement across the industry over time.
2. **ESTABLISH AN INDUSTRY STANDARD DATA SET TO IMPROVE PATIENT MATCHING:** The MATCH IT Act would instruct the Office of the National Coordinator for Health IT (ONC) to work with stakeholders to define and adopt a minimum data set needed to reach a 99.9% patient match rate. This does not require any entity to reach a 99.9% match rate, but rather instructs ONC to

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<sup>1</sup>Available at: <https://www.blackbookmarketresearch.com/blog/improving-the-patient-identification-process-and-interoperability-to-decrease-patient-record-error-rates>.

<sup>2</sup>Available at: <http://patientidnow.org/wp-content/uploads/2022/11/PIDN-Research-Findings-Final.pdf>.

consider which demographic elements should be available to reach a 99.9% match rate if possible.

Once ONC has defined the minimum demographic data set, ONC is instructed to create, update, or adopt data standards, (including an established industry standard, if available) to ensure demographic elements are entered in a standardized format.

3. **UPDATE HEALTH IT CERTIFICATION REQUIREMENTS:** The legislation would update the ONC Health IT Certification Program requirements to include the minimum data set referenced above within certified health IT products.
4. **PROMOTING INTEROPERABILITY REQUIREMENTS:** The legislation would require CMS to include a voluntary attestation within the CMS Promoting Interoperability Program for eligible providers who meet an accurate match rate of 90%. Eligible hospitals, critical access hospitals (CAHs), and eligible professionals are permitted to use a variety of solutions to meet the attestation. The attestation will be a bonus measure and a “no” attestation will not affect the total score or status of the eligible hospital, CAH, or eligible professional. CMS shall evaluate patient matching attestation rates yearly to determine whether the accurate match rate level should be adjusted.

ONC is also directed to coordinate with other federal partners to set up an anonymous voluntary reporting program for providers to submit matching accuracy data to HHS.

Congress’ prior work with the 21<sup>st</sup> Century Cures Act aimed to modernize several parts of our current healthcare system. Yet as the US health system becomes increasingly interoperable, including between payers, providers, and public health surveillance systems, patient misidentification is a continuing barrier to full interoperability and modernization. By passing the MATCH IT Act, Congress can ensure that patient records are complete and accurate to facilitate increased patient safety, patient privacy, and public health efficacy.

Patient ID Now thanks Representative DeGette and Representative Bucshon for their leadership in modernizing and protecting our health system. We look forward to working with you to achieve these goals. Should you or your staff have any additional questions or comments, please contact Kate McFadyen, senior director of government affairs, AHIMA at [kate.mcfadyen@ahima.org](mailto:kate.mcfadyen@ahima.org) or (202) 480-6058.

Sincerely,

Patient ID Now