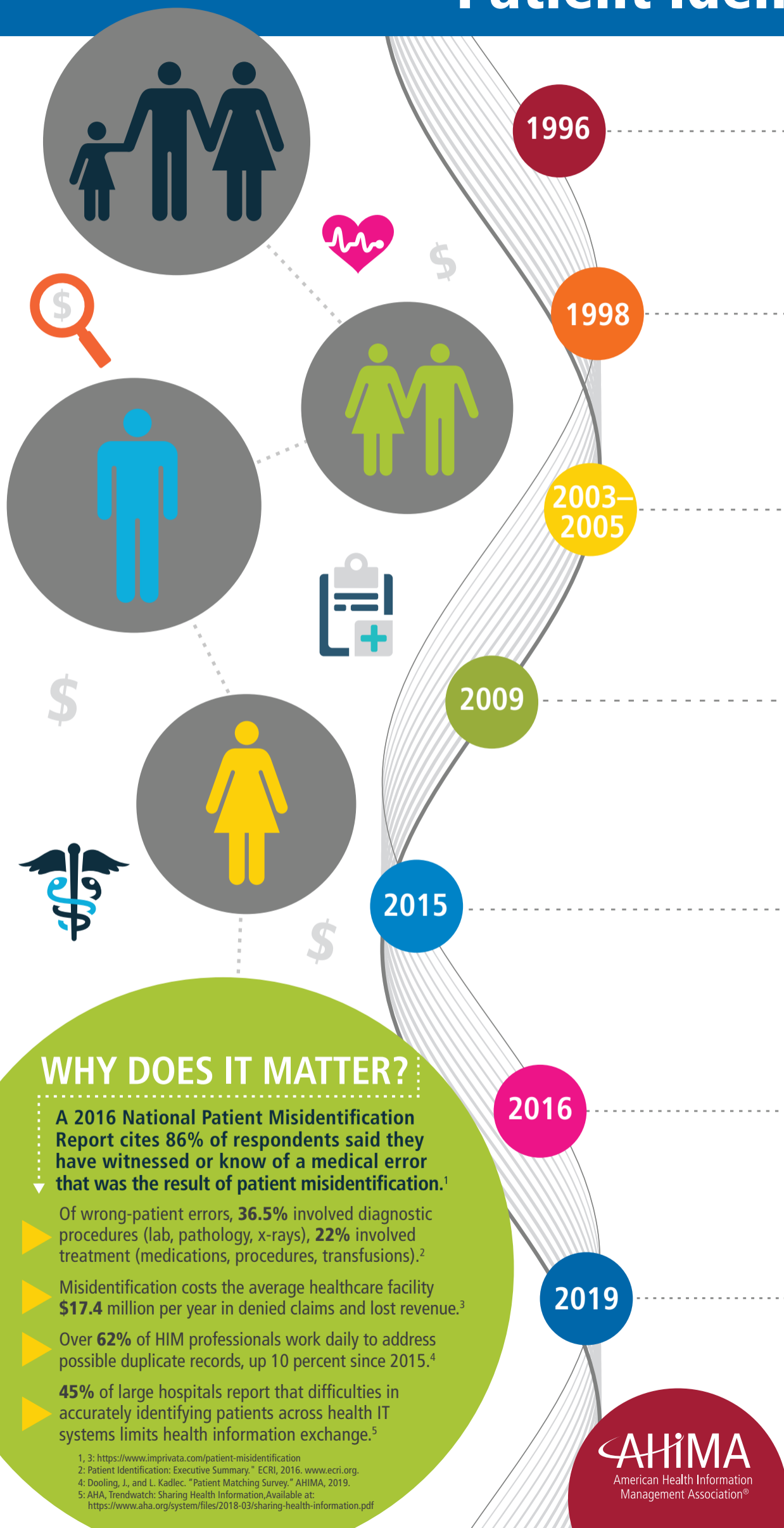


A LEGISLATIVE HISTORY OF Patient Identification



Health Insurance Portability and Accountability Act (HIPAA) enacted

HIPAA required the US Department of Health and Human Services (HHS) to adopt a standard unique identifier for health plans, employers, providers, and patients.

Prohibition on adoption of a unique identifier for patients passed by Congress

Due to privacy concerns, language is included in the annual appropriations bill prohibiting the use of federal funds to promulgate or adopt a unique patient identifier. The prohibition has remained in every appropriations bill since then.

HIPAA Privacy and Security Rules go into effect

For the first time, national privacy and security standards are implemented, requiring the protection of individually identifiable health information by three types of covered entities: health plans, health-care clearinghouses, and healthcare providers.

Congress passes the Health Information Technology for Economic and Clinical Health (HITECH) Act

Congress authorizes \$35 billion in financial incentives for the meaningful use and adoption of electronic health records (EHRs). HITECH also included provisions that strengthened the privacy and security protections for health information including breach notification.

Congress passes the Medicare Access and CHIP Reauthorization Act

Congress declares a national objective to achieve nationwide interoperability by 2018, and directs HHS to submit a report to Congress by December 2019, identifying barriers to interoperability and recommended actions to achieve it.

Congress passes the bipartisan 21st Century Cures Act

Congress passes legislation to enhance interoperability including a prohibition on information blocking practices, a voluntary "network of networks," and a report on policies and activities around patient matching.

House adopts amendment repealing the patient identifier prohibition to HR 2740, the Labor, Health, and Human Services, Education and Related Agencies Appropriations bill.⁶

The amendment strikes the section in the House Labor-HHS Appropriations bill that prohibits HHS from spending any federal dollars to promulgate or adopt a national patient identifier.

WHY DOES IT MATTER?

A 2016 National Patient Misidentification Report cites 86% of respondents said they have witnessed or know of a medical error that was the result of patient misidentification.¹

Of wrong-patient errors, 36.5% involved diagnostic procedures (lab, pathology, x-rays), 22% involved treatment (medications, procedures, transfusions).²

Misidentification costs the average healthcare facility \$17.4 million per year in denied claims and lost revenue.³

Over 62% of HIM professionals work daily to address possible duplicate records, up 10 percent since 2015.⁴

45% of large hospitals report that difficulties in accurately identifying patients across health IT systems limits health information exchange.⁵

1, 3: <https://www.imprivata.com/patient-misidentification>
 2: Patient Identification: Executive Summary." ECRI, 2016. www.ecri.org.
 4: Dooling, J., and L. Kadlec. "Patient Matching Survey." AHIMA, 2019.
 5: AHA, Trendwatch: Sharing Health Information, Available at: <https://www.aha.org/system/files/2018-03/sharing-health-information.pdf>