



August 18, 2020

The Honorable Margaret Hassan  
U.S. Senate  
324 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Bill Cassidy  
U.S. Senate  
520 Hart Senate Office Building  
Washington, D.C. 20510

Dear Senator Hassan and Senator Cassidy,

On behalf of the Healthcare Leadership Council (HLC), we thank you for introducing S. 4456, the "*Patient Matching Improvement Act of 2020*." Patient matching is an essential part of moving towards a modern health system, as it ensures that electronic health records (EHRs) are matched to the correct patient. Ensuring that EHRs are accurate is essential in delivering safe and coordinated care for a patient.

The HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach. We are uniquely positioned to address disaster preparedness comprehensively from all perspectives in the healthcare industry.

HLC supports provisions in the legislation that would require the Department of Health and Human Services (HHS) to make the United States Postal Service (USPS) address formatting tools available for use in health information data exchange, so that providers can better match patients to their EHRs. Using a standardized USPS address for EHRs is estimated to improve overall patient matching by 3% and reduce the number of unlinked EHRs by up to 20%.<sup>1</sup> Improving the number of correctly matched EHRs would further prevent improper care and reduce costs. According to a 2018 study, duplicate EHRs cost hospitals an average of \$1,950 per patient.<sup>2</sup> This simple yet significant standardization practice would help reduce these errors.

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<sup>1</sup> The Pew Charitable Trusts, letter to Dr. Donald Rucker, National Coordinator for the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services, July 23, 2020, <https://www.pewtrusts.org/-/media/assets/2020/07/onc-letter-on-patient-matching-recommendations.pdf>.

<sup>2</sup> Christopher Jason, "3 Consequences of Patient Matching, Health Record Issues," EHR Intelligence, accessed August 13, 2020, March 12, 2020, <https://ehrintelligence.com/news/3-consequences-of-patient-matching-health-record-issues>.

We support further steps to improve patient matching. We applaud the recent vote by the House of Representatives, overturning a ban on the use of federal funds to develop a national strategy for patient identification. We encourage the Senate to vote to make this change as well. HLC supports fostering collaboration among healthcare stakeholders to improve the technical framework and create additional baseline standards to accomplish the goal of better patient matching.

HLC looks forward to working with your offices on this important issue to improve patient matching efforts and ensure that patient records are properly linked and can be easily accessed. Should you have any questions please do not hesitate to contact Tina Grande at (202) 449-3433 or [tgrande@hlc.org](mailto:tgrande@hlc.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Greal". The signature is written in a cursive, flowing style.

Mary R. Greal  
President