



January 30, 2025

The Honorable John Thune
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Leader Thune, Speaker Johnson, Leader Schumer, and Leader Jeffries,

On behalf of the American Health Information Management Association (AHIMA), we thank you for your leadership in Congress, and we applaud your dedication to improving the country's health system.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. The AHIMA mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

Health information is complex, nuanced, and ever-changing. The integrity of this information is as essential as a fingerprint. The data that comes with every healthcare encounter – whether it be a conversation, knee tap, or blood draw – generates essential information that can impact our personal and collective wellbeing. The responsible collection, protection, and analysis of health information allows providers to provide effective care, fosters innovation, encourages researchers to make life-saving discoveries, and offers individuals an opportunity to maintain good health.

As an organization representing health information professionals, we would like to outline our top priorities as Congress works to bolster and modernize the health system.

AHIMA's Policy Priorities

AHIMA's [policy priorities](#) support our goal of transforming health and healthcare by connecting people, systems, and ideas. AHIMA promotes policies that benefit individuals, communities, and health information professionals. The three overarching goals within AHIMA's policy priorities are to:

1. Ensure the quality, integrity, and usability of health information;

2. Improve individuals' health journey through access to information, protecting privacy, and the collection, sharing, and use of social determinants of health; and
3. Advance healthcare transformation.

Below we identify several specific policy recommendations within each of these three goals we urge congressional leadership to address in the 119th Congress.

Ensure the Quality, Integrity, and Usability of Health Information

Patient Identification and Matching

One of the most pressing issues for patient safety and interoperability within the health system is the lack of a national strategy around patient identification and matching. Today, there is no consistent and accurate way of linking a patient to their health information as they seek care across the healthcare continuum. Countless times a day a patient record is either mismatched or goes unmatched. Medications are incorrectly prescribed, allergies are missed, and duplicate tests are ordered. Without the ability of clinicians to accurately connect a patient with their medical record, lives have been lost and medical errors have 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.¹

The lack of a national strategy on patient identification also causes financial burdens for patients, clinicians, and healthcare 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.² 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.³

The main barrier to the creation of a national strategy on patient identification is appropriations language, Section 510, which has been included in the Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill for more than two decades. Put in place before the Health Insurance Portability and Accountability Act (HIPAA) was fully implemented, the ban, which states that HHS is prohibited from "spending any federal dollars to promulgate or adopt a national unique patient identifier," has halted HHS from taking steps to put in place a national strategy to address patient identification.

While removing the ban on a unique patient identifier continues to be a priority, AHIMA, with the Patient ID Now coalition, has endorsed the Patient Matching and Transparency in Certified Health IT (MATCH IT) Act, which gained wide bipartisan support in the previous Congress. The MATCH IT Act would improve patient matching by standardizing definitions and patient data elements, without

¹Available at: https://www.ecri.org/EmailResources/PSRQ/Top10/2017_PSTop10_ExecutiveBrief.pdf.

²Available at: <https://www.blackbookmarketresearch.com/blog/improving-the-patient-identification-process-and-interoperability-to-decrease-patient-record-error-rates>.

³Available at: <http://patientidnow.org/wp-content/uploads/2022/11/PIDN-Research-Findings-Final.pdf>.

including a unique patient identifier. This bill would result in real progress that could be made even with the continuation of Section 510.

AHIMA strongly encourages Congress to make patient identification and matching a priority for patient safety and addressing costs within the healthcare ecosystem. AHIMA recommends that policy around patient identification:

- supports the passage of the MATCH IT Act;
- supports the repeal of Section 510 from the Labor-HHS appropriations bills within the federal budget, and;
- supports the adoption of a nationwide patient identification strategy.

Strengthen the Health Information Workforce

The healthcare workforce is undergoing a digital transformation, and the health information profession is no exception due to the increase in the use of artificial intelligence (AI) and other digital tools that promote interoperability. The result of this is more health data flowing within and between health systems, providers, payers, and patients. As healthcare becomes more data-driven, skill are needed to support data sharing, analytics, and data governance, including oversight of tools powered by AI, while maintaining the confidentiality, privacy, and security of individuals' health information. Such advancements will alter existing job functions, leading to increased specialization and require upskilling of the existing and future workforce.

AHIMA recommends that as Congress considers bolstering the healthcare workforce, policy includes:

- studies into workforce readiness, including gaps and shortages, to adopt, implement, and use new technologies, including AI tools, to support non-clinical functions including payment and operations, and;
- the creation and dissemination of education and training designed to address existing workforce skill gaps.

Improved Oversight of Artificial Intelligence

AI tools have the potential to transform healthcare delivery and the workforce. AI is top of mind for many organizations as the industry continues to experience workforce shortages, staff turnover, and burnout. According to a recent AHIMA-NORC survey⁴, respondents noted a number of benefits that resulted from using specific AI tools for non-clinical healthcare purposes, including the alleviation of staff burnout, reduced administrative burden, improved productivity, decreased claims denials, and improved compliance, patient safety, and data quality. However, some challenges were also found to be a result of specific AI tools, including increased errors, increased technical burden, and the need for increased oversight and quality assurance. Further, the benefits and challenges were found to vary by type of AI tool.

To ensure healthcare achieves the benefits of increased use of AI while minimizing the challenges, improved oversight of AI is needed to address questions around accuracy, transparency, governance, data provenance, potential harm, liability, and intellectual property rights.

⁴Available at: <https://www.norc.org/content/dam/norc-org/pdf2023/AHIMA-Workforce-Survey-Report-Final-2023.pdf>.

AHIMA recommends that policy around AI:

- promotes appropriate oversight and sufficient protections related to the implementation and use of AI, and;
- encourages investment in the advancement of technological advancements such as AI while avoiding excessive burden for end-users in the deployment of these technologies.

Improve Individuals' Health Journey Through Access to Information, Protecting Privacy, and the Collection, Sharing, and Use of Social Determinants of Health

Protect Individuals' Privacy

While the Health Insurance Portability and Accountability Act (HIPAA) governs health privacy in traditional healthcare settings, an increasing number of consumer-facing technologies are not required to adhere to HIPAA because they are not considered covered entities or business associates. As a result, individuals using these technologies are not always afforded the same level of protections as under HIPAA. Limited consumer education about the risks associated with such technologies has compounded these challenges.

As Congress continues to consider a comprehensive national privacy law, AHIMA recommends that policy:

- guarantees individuals' access to their health information;
- improves accountability, communication, and transparency;
- limits the collection, use, and disclosure of health information to the minimum necessary;
- ensures the accuracy and integrity of health information;
- prioritizes the protection of health information against various privacy and security risks including breaches and unauthorized disclosures;
- addresses health information retention concerns;
- facilitates the disposition and destruction of health information, and;
- assigns appropriate oversight and enforcement responsibilities.

Improving the Collection, Sharing, and Use of Social Determinants of Health

AHIMA supports the use of public policy to encourage and improve the collection, sharing, and use of social determinants of health (SDOH) to enrich clinical decision-making and improve health outcomes, including chronic conditions, as well as public health. Today, there are a lack of standards to encourage the collection and use of SDOH data, and a lack of digital infrastructure and robust technical capabilities to support functional, structural, and semantic interoperability across clinical and community-based organizations and service providers. In a recent survey conducted by AHIMA, specific challenges were found relating to the collection and coding of SDOH data.⁵ Lack of structured fields in the patient's electronic health record (EHR), lack of incentives for collecting the data, lack of policies and procedures to manage the collection, sharing, and use of this data, and the provider's inability to be able to address the patient's social needs issues when screened for such social risks.

As Congress works to address SDOH issues, AHIMA recommends that Congress:

⁵Available at: https://ahima.org/media/03dbonub/ahima_sdoh-data-report.pdf.

- Promote positive incentives in healthcare delivery and financing models designed to integrate SDOH data into the clinical setting;
- Provide financial and technical support to train healthcare professionals on how best to collect, use, and share SDOH data, including continued and expanded research on how best to collect, use, and share this information to improve health outcomes, including chronic conditions, and;
- Support legislation which provides funding, technical resources, and infrastructure to support coordination between healthcare organizations and community-based organizations to improve the sharing of SDOH data and improve the closed-loop referral process.

Advance Healthcare Transformation

Improving Convergence of Clinical and Administrative Data

AHIMA supports policies that improve the convergence of clinical and administrative data, including tools for automation, which could improve the patient experience, enhance efficiency, and reduce burden for providers. In 2023, providers electronically submitted 4.4 billion claims, amounting to over 12 million claims per day.⁶ Processes that require the exchange of clinical data to support administrative processes generally involve a considerable amount of work, including phone calls, extensive staffing, use of payer portals, and faxes. Prior authorizations (PA) for tests, procedures, and medications, inpatient authorizations, and medical necessity reviews, all impose significant burdens on providers and patients and raise administrative costs. In some cases, they can also delay treatment and negatively impact patient outcomes.⁷

AHIMA recommends that as Congress considers these issues, policy:

- Enhance and influence efforts to better integrate clinical and administrative data to improve the patient experience, ease clinician burden, and reduce healthcare costs, and;
- Pass legislation such as the Improving Seniors' Timely Access to Care Act which seeks to improve processes for patients and providers, including removing unnecessary steps and complications for patients, while decreasing administrative burdens for providers.

Thank you for your leadership and attention to the pressing issues associated with our nation's healthcare system today. We encourage Congress to ensure that health information is a central tenet while addressing these important issues. If you have any questions, please contact AHIMA Senior Director of Government Affairs, Kate McFadyen, at kate.mcfadyen@ahima.org. We look forward to working with your offices to bolster the use of accurate, timely, trusted, and complete health information in our nation's health system.

Sincerely,



Lauren Riplinger, JD
Chief Public Policy & Impact Officer
American Health Information Management Association

⁶ Available at: https://www.caqh.org/hubfs/43908627/drupal/2024-01/2023_CAQH_Index_Report.pdf.

⁷ Available at: <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>.