November 26, 2019

The Honorable Richard Shelby  
Chairman - Committee on Appropriations  
United States Senate  
304 Russell Senate Office Building  
Washington, DC 20510

Dear Chairman Shelby:

On behalf of the undersigned individuals and organizations representing American citizens nationwide, we are writing to you to express our strong opposition to the Unique Patient Identifier language that the U.S. House adopted in their HHS appropriations bill this past summer, and which may be under discussion in the U.S. Senate.

On June 12, 2019, the House added an amendment that strikes the longstanding prohibition on the use of federal funds to create a Unique Patient Identifier (UPI), also known as a National Patient ID. The amendment to strike Section 510 of the Labor-HHS appropriations bill to permit federal funding for the development of a **Unique Patient Identifier** was offered by Rep. Bill Foster (D-Illinois) and approved 246-178 by the U.S. House of Representatives.

In response to the House’s attempt to remove the ban on federal funding for a UPI, on September 24, Senator Rand Paul (R-KY) introduced **S. 2538** to repeal the UPI from federal law. In a press release, Senator Paul stated:

> As a physician, I know firsthand how the doctor-patient relationship relies on trust and privacy, which will be thrown into jeopardy by a National Patient ID. Considering how unfortunately familiar our world has become with devastating security breaches and the dangers of the growing surveillance state, it is simply unacceptable for government to centralize some of Americans’ most personal information.

We agree that a National Patient ID undermines the doctor-patient relationship and that a new government number to link a patient’s medical records from womb to tomb would centralize patient data into a national medical-records system. We greatly appreciate Senator Paul’s strong stance against implementing this national health surveillance system.
Likewise, we are grateful to the Senate Labor, HHS, Education Appropriations Subcommittee for continuing the prohibition on federal funding and development of a UPI in its FY2020 Labor, HHS, & Education Appropriations bill released on September 18.

A national patient ID would become a government-issued tracking number, identification number, and access-to-care number (i.e. “no card, no care”). First proposed in the 1993 Clinton Health Security Plan, President Clinton called it a “Health Security Card.”

Although the Clinton legislation did not become law, the **Health Insurance Portability and Accountability Act of 1996** (HIPAA) mandated the creation of a UPI for all Americans and authorized broad sharing of patient information without patient consent. In 1998, Congressman Ron Paul stopped the development of the UPI by placing the following prohibition in the 1999 Appropriations bill:

> None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act (42 U.S.C. 1320d–2(b)) providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual’s capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard.

This prohibition was added annually to the Labor-HHS appropriations bill. However, once Congressman Paul left office in 2013, proponents began to push Congress to allow the UPI to be developed. For example, in 2017, although the prohibition remained, the Appropriations Act of 2017 bill authorized HHS to examine “the issues around patient matching” and encouraged the National Coordinator for Health Information Technology and CMS “to provide technical assistance to private-sector led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.”

The advocates of a government-issued National Patient ID cheered.

The U.S. House of Representatives has now voted to end the funding prohibition and advance a government number to identify and track every patient through the health care system. To reiterate, this unconstitutional federal number would be used not only to track patients, but to

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create a lifelong, fully linked, cradle-to-grave medical record, conduct research using patient data without consent (as permitted by the permissive HIPAA data-sharing rule, exemplified by the troubling Google-Ascension data-sharing agreements now making national headlines), and become the only way to access medical care in America. It would also mean the end of unbiased second opinions for patients.

It would also create a rich target for hackers and others, including foreign governments, wishing to steal the identity and private medical and financial details of Americans in and outside of government. In short, it will make Americans more vulnerable and threaten our national security.

National systems beget national systems: a national patient ID will create a national data system, facilitating the transition to a national health care system, such as the system President Clinton envisioned when the UPI was part of his Health Security Act.

The UPI will also facilitate the creation of complete dossiers on Americans, particularly as the collection of financial, social, and lifestyle “Social Determinants of Health” (SDOH) data advances. And last, but not least, it will facilitate coercion, control, and interference in private medical decisions through profiling of patients, profiling of physicians, and the advance of value-based payments, with “value” defined by third parties far from the exam room.

Therefore, Mr. Chairman, we are asking you to use your considerable power to stop the National Patient ID.

Specific Request: For the sake of all Americans, and for the cause of patient freedom, we respectfully request that you retain Section 510 in the appropriations bill, maintaining the prohibition on funding the development of a Unique Patient Identifier.

Thank you, Mr. Chairman, for your attention to this important matter.

If you or anyone on your committee should have questions, please do not hesitate to contact Twila Brase, president of Citizens’ Council for Health Freedom: 651-646-8935.

Sincerely,

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