

## Unique Patient Identifier

*National Patient ID Card: No Escape; Nowhere to Hide*

### History:

The UPI was part of President Clinton's national healthcare system bill, the **1993 Health Security Act** (H.R. 3200). Although the Clinton bill failed to pass, its four national identifiers (UPI, NPI, UPID, EIN) were mandated by the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996 (**HIPAA**). Although the other identifiers were quickly adopted, the UPI quickly ran into opposition. At the first HHS public hearing in Chicago, the *New York Times* reported on the meeting and made the concerns about a National Patient ID front page news.

**Congressman Ron Paul** (R-TX) stopped implementation of the UPI, prohibiting funding for a unique patient ID, and occasionally prohibiting funding for a national ID card in every appropriations bill. Following his retirement, **Senator Rand Paul** (R-TX) successfully kept the funding ban in place. In 2017, a coalition of groups pushed for similar language ("**national patient matching system**"), which was added to the 2017 appropriations bill—along with the prohibition on issuing a unique patient ID. **Ben Moscovitch**, project director for health IT at the **Pew Charitable Trusts** said at a conference that this language was deemed less objectionable than a national medical ID or a national Patient ID.

Nevertheless, supporters of a national medical ID want a single medical ID and tracking number for every American and have pushed for the ban to be lifted. [Today's appropriation bill lifts that ban.](#)

### Chief Concerns:

1. No Card; No Care
  - End of patient and doctor freedom
  - A single federally-controlled card and number required for access to medical system, whether issued by the state or the federal government or collaborating corporations
  - Enables surveillance, profiling, and control over private encounters / decisions
2. Unconstitutional Mandate
  - Federal imposition of power outside constitutional limits
  - Witness the many uses of the SSN despite its original promise
3. Privacy and Confidentiality Violations
  - End to medical excellence – outside controls imposed on care
  - No frank discussions, leading to inappropriate, untimely or loss of medical care
  - 1998 study – 15% protecting their own privacy (falsifying data, avoiding, etc.)
  - Easier for China to steal American's demographic, medical, and genetic information
4. No Unbiased, Fresh Second Opinions
  - Every doctor can see what every other doctor wrote
  - No ability to keep a practitioner from seeing patient's use of other practitioners
5. Socialized Data System → Socialized Medicine System
  - Enables full implementation of Nat'l Medical Records Systems (eHealth Exchange)
  - Foundation for government-controlled socialized medicine system
  - 2009 EHR mandate (ARRA/HITECH) was called the foundation of Obamacare