



H.R.2002 - Patient Matching and Transparency in Certified Health IT (MATCH IT) Act of 2025

House Sponsors and Cosponsors: Rep. Mike Kelly (R-PA-16), Rep. Bill Foster (D-IL-11), Rep. Seth Moulton (D-MA-6), Rep. Don Davis (D-NC-1)

The Problem: The [Patient ID Now](#) coalition is dedicated to addressing the problem of patient misidentification within healthcare. In the coalition's [Framework for a National Strategy on Patient Identity](#), a number of challenges and consequences are identified that stem from patient misidentification:

- **Quality of Care and Patient Safety.** Today, there is no accurate way to link patients to their health information as they seek treatment across the care continuum. Countless times every day, a patient record is mismatched or duplicated. Medications are prescribed for patients who lack a complete medical history in their record, allergies are missed, diagnoses are lost or delayed, and duplicative tests are ordered.
- **Financial Implications.** The expense of repeated medical care due to patient misidentification costs an average of \$1,950 per inpatient stay and over \$1,700 per emergency department visit. Approximately 35% of all denied claims result from inaccurate patient identification or information, costing the average healthcare facility \$2.5 million per year in denied claims and costs the US healthcare system over \$6.7 billion annually.
- **Privacy Concerns.** Especially worrying for patient privacy is the risk of overlays – the merging of multiple patients' data into one medical record, causing a patient to potentially have access to another patient's health information.
- **Compliance Considerations.** Federal legislation, such as the Health Information Technology for Economic and Clinical Health (HITECH) Act and the 21st Century Cures Act, requires federal agencies to promulgate rules to improve data sharing and exchange. Sharing accurate data begins with being able to accurately identify a patient. An organization's failure to share and exchange data implicate allegations of information blocking, penalties, and other consequences.

The MATCH IT Act of 2025

To improve patient matching within healthcare, Rep. Kelly and Rep. Foster have introduced the Patient Matching and Transparency in Certified Health IT (MATCH IT) Act of 2025. This legislation will:

1. **DEFINE A PATIENT MATCH RATE:** Today, there is no consistent industry definition that allows for comparisons to measure patient misidentification. Under this legislation, the US Department of Health and Human Services (HHS) will work with providers, health IT vendors, and other relevant industry stakeholders to define and standardize the term "patient match rate" to include accounting for duplicate records, overlaid records, instances of multiple matches found, and mismatch rates within a healthcare organization. It will also allow the tracking of patient match rates across organizations and foster process improvement across the industry over time.

2. **ESTABLISH AN INDUSTRY STANDARD DATA SET TO IMPROVE PATIENT MATCHING:** Instructs the Office of the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT (ASTP/ONC) to work with stakeholders to define and adopt a minimum data set needed to reach a 99.9% patient match rate. This does not require any entity to reach a 99.9% match rate, but rather instructs ASTP/ONC to consider which demographic elements should be available to reach a 99.9% match rate if possible.

Once ASTP/ONC has defined the minimum demographic data set, ASTP/ONC is instructed to create, update, or adopt data standards, (including an established industry standard, if available) to ensure demographic elements are entered in a standardized format.

3. **UPDATE HEALTH IT CERTIFICATION REQUIREMENTS:** Updates the ASTP/ONC Health IT Certification Program requirements to include the minimum data set referenced above within certified health IT products.
4. **PROMOTING INTEROPERABILITY REQUIREMENTS:** Requires CMS to include a voluntary attestation within the CMS Promoting Interoperability Program for eligible providers who meet an accurate match rate of 90%. Eligible hospitals, critical access hospitals (CAHs), and eligible professionals are permitted to use a variety of solutions to meet the attestation. The attestation will be a bonus measure and a “no” attestation will not affect the total score or status of the eligible hospital, CAH, or eligible professional. CMS shall evaluate patient matching attestation rates yearly to determine whether the accurate match rate level should be adjusted.

ASTP/ONC is also directed to coordinate with other federal partners to set up an anonymous voluntary reporting program for providers to submit matching accuracy data to HHS.

Supporters: Organizations throughout the health system have endorsed the MATCH IT Act of 2025, including: Patient ID Now Coalition, American Health Information Management Association (AHIMA), College of Healthcare Information Management Executives (CHIME), Healthcare Information and Management Systems Society, Inc. (HIMSS), Intermountain Health, Alliance of Community Health Plans (ACHP), American Academy of Ophthalmology, American College of Physicians, American Heart Association, American Medical Informatics Association, Baptist Health, Becton Dickinson (BD), Civitas Networks for Health, Council of State and Territorial Epidemiologists (CSTE), DirectTrust, e4health, Harris Data Integrity Solutions, Imprivata, Medical Group Management Association, MyLigo, Inc, Nemours Children's Health, OrthoVirginia, Parkview Health, Robert Wood Johnson Barnabus Health, and Verato.

More Information: If you have any questions about the MATCH IT Act, please contact Kate McFadyen at kate.mcfadyen@ahima.org.