January 24, 2002

The Honorable Tommy G. Thompson
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Room 615-F
Washington, D.C. 20201

Dear Secretary Thompson:

The undersigned organizations, representing a wide spectrum of hospitals and health systems, strongly support the administration's intent to propose a regulation to require scannable bar code labeling of human drug and biological products, as stipulated by the Food and Drug Administration (FDA) in the Dec. 3 *Federal Register*. We are appreciative of your leadership and oft-demonstrated support for the application of bar code technology in health care, through testimony before Congress and in other public forums.

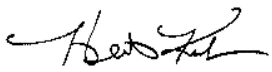
We, too, believe that this technology represents a significant stride toward attainment of a shared goal—reducing the occurrence of adverse medical events. In addition, as you have indicated, appropriate regulatory language would improve the ability of hospital personnel to more accurately and efficiently distribute medicines, devices, and supplies in the event of a bioterrorist attack or other public health emergency.

Health industry adoption of the bar code and appropriate scanner technology would facilitate data collection and foster clinical comparability, providing for greater efficiencies and quality improvement. In fact, a 1999 study by the *Efficient Healthcare Consumer Response* (EHCR) initiative concluded that deployment of the UPN (Universal Product Number) and the accompanying bar code technology could save more than $11.6 billion in healthcare supply chain costs. Such savings would encourage investment in health information networks, and ultimately reduce the cost of patient care.

We strongly recommend that the forthcoming regulation on the bar code label requirement apply to medical devices *as well as* hospital-administered drugs and biologicals, down to the single-unit dose. The rationale for application to devices is identical to that cited for drugs and biologicals—to reduce medical errors, improve both routine and emergency supply chain operation and performance, and generate efficiencies in the healthcare marketplace.

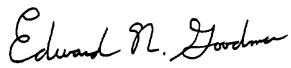
Again, we applaud your leadership in this critical area, and look forward to working with you in the coming months.

Sincerely,



Herb Kuhn
Corporate Vice President, Advocacy
Premier, Inc.

Chip Kahn
President
Federation of American Hospitals

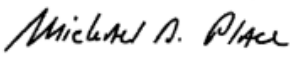


Edward N. Goodman
Vice President of Public Policy
VHA, Inc.

Larry S. Gage
President
National Association of Public Hospitals and Health Systems

Rick Pollack
Executive Vice President
American Hospital Association

Robert Dickler
Senior Vice President
Association of American Medical Colleges



Rev. Michael D. Place, STD
President and CEO
The Catholic Health Association of the United States