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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend title XVIII of the Social Security Act to strengthen program integrity oversight for the Health Care Fraud and Abuse Control Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. MOORE of Utah introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to strengthen program integrity oversight for the Health Care Fraud and Abuse Control Program, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Protecting Taxpayers from Health Care Fraudsters Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Weak, ineffective, and incompetent leadership by the Biden-Harris Administration, and by Democrat officials in States and cities, allowed health care fraud to fester unchecked across the United States, including Minnesota under Governor Tim Walz and Los Angeles County, California, under Governor Gavin Newsom.

(2) Health care fraud has grown into an organized, industrial-scale theft of taxpayer dollars, with fraud and mismanagement in the Medicare program alone totaling approximately $60,000,000,000 each year.

(3) Sophisticated criminal enterprises, many operated by foreign nationals, have targeted hospice, home health, and durable medical equipment benefits with impunity, including in Los Angeles County, where hospice and home health payments total an estimated $3,500,000,000, and nationally, where the improper payment rate for durable medical equipment reached 24 percent, or $2,270,000,000, in fiscal year 2025.

(4) Los Angeles County has become ground zero for hospice fraud, where 93 percent of hospice providers exhibit at least 1 warning sign of potential fraud and 73 percent exhibit 2 or more such warn-

ing signs, where the number of hospice providers increased by 1,500 percent between 2010 and 2021 while the senior population of the county grew by only 40 percent, and where the California State Auditor estimated that hospice providers overbilled Medicare by at least $105,000,000 in a single year.

(5) The Biden-Harris Administration allowed transnational criminal rings to establish sham durable medical equipment companies that exploited the stolen personal information of vulnerable seniors, resulting in an increase of more than 5,000 percent from 2022 to 2023 in claims submitted under a single intermittent urinary catheter billing code, an increase in Medicare payments for such catheters from $153,000,000 in 2021 to $3,100,000,000 in 2023, and a transnational scheme that submitted $10,600,000,000 in fraudulent claims to Medicare, the largest loss amount ever charged in a health care fraud case brought by the Department of Justice.

(6) Under the leadership of President Trump, Vice President Vance, Secretary of Health and Human Services Kennedy, and Administrator of the Centers for Medicare & Medicaid Services Oz, the Federal Government has taken decisive action to protect seniors and taxpayers by confronting the

hospice, home health, and durable medical equipment fraud that flourished unchecked in Democrat-run cities. Medicare program integrity savings increased by 59 percent from 2024 to 2025, to over $40,000,000,000 returned to taxpayers.

(7) The Centers for Medicare & Medicaid Services has imposed nationwide temporary moratoria on the Medicare enrollment of durable medical equipment supply companies and of new hospices and home health agencies, halting the proliferation of pop-up companies that submit millions of dollars in phantom claims and disappear before the money can be recovered.

(8) The Exchanges established under title I of the Patient Protection and Affordable Care Act do not merely tolerate fraud, they approve it on demand. In preliminary covert testing, the Government Accountability Office obtained subsidized coverage for all 4 fictitious enrollments it submitted in October 2024, and 18 of its 20 fictitious enrollees remained covered as of September 2025.

(9) The fraud is systemic, not isolated. In plan year 2023, a single Social Security number was used to obtain more than 125 subsidized policies, more than 58,000 Social Security numbers receiving sub-

sidies matched Social Security Administration death records, and the Government Accountability Office could not identify evidence of tax reconciliation for more than $21,000,000,000 in advance premium tax credits.

(10) Under President Trump, the Department of Health and Human Services and the Centers for Medicare & Medicaid Services have made rooting out fraud in the Exchanges a central priority by restoring verification of income and eligibility, closing enrollment loopholes exploited by bad actors, and removing millions of improper enrollments that accumulated under the prior Administration.

(11) The Health Care Fraud and Abuse Control Program remains a critical means by which the Federal Government detects, recovers, and prosecutes fraud that evades the front end of the payment system, having returned $12 for every $1 spent on Medicare program integrity activities of the Office of Inspector General of the Department of Health and Human Services in fiscal year 2025, producing $5,700,000,000 in expected recoveries and receivables and the exclusion of 2,837 untrustworthy individuals and entities from Federal health care programs.

(12) The Health Care Fraud and Abuse Control Program may fund program integrity activities of the Office of Inspector General of the Department of Health and Human Services only with respect to the Medicare and Medicaid programs, and not with respect to the Exchanges established under title I of the Patient Protection and Affordable Care Act, and the Medicare-Medicaid Data Match Program does not extend to the Children's Health Insurance Program, leaving substantial health care fraud beyond the reach of the principal anti-fraud enforcement program of the Federal Government.

SEC. 3. STRENGTHENING PROGRAM INTEGRITY OVERSIGHT FOR THE HEALTH CARE FRAUD AND ABUSE CONTROL PROGRAM.

(a) ADDITIONAL FUNDING.—

(1) DEPARTMENTS OF HEALTH AND HUMAN SERVICES AND JUSTICE.—Section 1817(k)(3)(A)(i) of the Social Security Act (42 U.S.C. 1395i(k)(3)(A)(i)) is amended—

(A) in subclause (IV), by inserting ''and further increased, for fiscal year 2027, by $883,000,000, for fiscal year 2028, by $1,110,000,000, for fiscal year 2029, by

$1,917,000,000, and for fiscal year 2030, by $3,400,000,000'' before the period; and

(B) by adding at the end the following flush language:

''In determining the limit under this clause for fiscal year 2028 or a subsequent fiscal year (through fiscal year 2031), the limit under this clause for the previous fiscal year shall be calculated as if the amendment made by section 3(a)(1)(A) of the Protecting Taxpayers from Health Care Fraudsters Act had never been enacted.''.

(2) OFFICE OF THE INSPECTOR GENERAL OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.—Section 1817(k)(3)(A)(ii) of the Social Security Act (42 U.S.C. 1395i(k)(3)(A)(ii)) is amended—

(A) in subclause (IX), by inserting ''and further increased, for fiscal year 2027, by $493,000,000, for fiscal year 2028, by $637,000,000, for fiscal year 2029, by $1,100,000,000, and for fiscal year 2030, by $2,100,000,000'' before the period; and

(B) by adding at the end the following flush language:

''In determining the limit under this clause for fiscal year 2028 or a subsequent fiscal year (through fiscal year 2031), the limit under this clause for the preceding fiscal year shall be calculated as if the amendment made by section 3(a)(2)(A) of the Protecting Taxpayers from Health Care Fraudsters Act had never been enacted.''.

(3) FEDERAL BUREAU OF INVESTIGATION.—Section 1817(k)(3)(B) of the Social Security Act (42 U.S.C. 1395i(k)(3)(B)) is amended—

(A) in clause (viii), by inserting ''and further increased, for fiscal year 2027, by $331,000,000, for fiscal year 2028, by $478,000,000, for fiscal year 2029, by $890,000,000, and for fiscal year 2030, by $1,600,000,000'' before the period; and

(B) by adding at the end the following flush language:

''In determining the limit under this subparagraph for fiscal year 2028 or a subsequent year (through fiscal year 2031), the limit under this subparagraph for the previous fiscal year shall be calculated as if the amendment made by section 3(a)(3)(A) of the Protecting Taxpayers

from Health Care Fraudsters Act had never been enacted.''.

(4) MEDICARE INTEGRITY PROGRAM.—Section 1817(k)(4) of the Social Security Act (42 U.S.C. 1395i(k)(4)) is amended—

(A) in subparagraph (B)—

(i) in clause (vii), by inserting ''and before fiscal year 2027'' after ''after fiscal year 2002'';

(ii) by inserting after clause (vii) the following new clause:

''(viii) For fiscal year 2027 and each subsequent fiscal year, such amount shall be the amount specified in this subparagraph for the previous fiscal year, increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) over the previous year.'';

(iii) in clause (viii), as so inserted, by inserting ''and further increased, for fiscal year 2027, by $1,500,000,000, for fiscal year 2028, by $2,200,000,000, for fiscal year 2029, by $4,200,000,000, and for fis-

cal year 2030, by $7,800,000,000'' before the period; and

(iv) by adding at the end the following flush language:

''In determining the amount specified in this subparagraph for fiscal year 2028 or a subsequent year (through fiscal year 2031), the amount specified in this subparagraph for the previous fiscal year shall be calculated as if the amendment made by section 3(a)(4)(A)(iii) of the Protecting Taxpayers from Health Care Fraudsters Act had never been enacted.''; and

(B) in subparagraph (C)(ii), by striking ''For each fiscal year after 2010'' and inserting ''For each of fiscal years 2011 through 2026''.

(5) MEDICARE-MEDICAID DATA MATCH PROGRAM.—Section 1817(k)(4)(D) of the Social Security Act (42 U.S.C. 1395i(k)(4)(D)) is amended—

(A) in clause (v), by inserting ''through fiscal year 2026'' after ''and each fiscal year thereafter''; and

(B) by adding at the end the following new clauses:

''(vi) $226,000,000 for fiscal year 2027.

''(vii) $300,000,000 for fiscal year 2028.

''(viii) $513,000,000 for fiscal year 2029.

''(ix) $840,000,000 for fiscal year 2030.

''(x) For each fiscal year after fiscal year 2030, $60,000,000.''.

(b) EXPANSION OF INVESTIGATIVE AUTHORITY OF THE OFFICE OF THE INSPECTOR GENERAL OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.—Section 1817(k)(3)(A)(ii) of the Social Security Act (42 U.S.C. 1395i(k)(3)(A)(ii)) is amended—

(1) in the heading, by striking ''MEDICARE AND MEDICAID ACTIVITIES'' and inserting ''OFFICE OF THE INSPECTOR GENERAL OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES''; and

(2) in the matter preceding subclause (I), by striking ''title XIX'' and inserting ''title XIX and any program established under title I (or under the amendments made by such title) of the Patient Protection and Affordable Care Act (Public Law 111–148) that is administered by the Secretary''.

(c) CLARIFICATION OF AUTHORITY FOR THE ACTIVITIES OF THE DEPARTMENTS OF JUSTICE AND HEALTH

AND HUMAN SERVICES.—Section 1817(k)(3) of the Social Security Act (42 U.S.C. 1395i(k)(3)) is amended by adding at the end the following new subparagraph:

"(D) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed to limit the authority of the Secretary, the Attorney General, or the Inspector General of the Department of Health and Human Services to use funds made available under this paragraph to—

"(i) detect or prosecute health care fraud and abuse; and

"(ii) communicate with the public about health care fraud.".

(d) INCLUSION OF CHILDREN'S HEALTH INSURANCE PROGRAM IN MEDICARE-MEDICAID DATA MATCH PROGRAM.—Section 1893(g) of the Social Security Act (42 U.S.C. 1395ddd(g)) is amended—

(1) in paragraph (1)(A)—

(A) in the matter preceding clause (i), by striking "under title XIX for the purpose of" and inserting "under title XIX, and beginning with 2027, with respect to the State Children's Health Insurance Program under title XXI, for the purpose of";

(B) in clause (i), by striking ''under this title and the Medicaid program established under title XIX'' and inserting ''under this title, the Medicaid program established under title XIX, and the State Children's Health Insurance Program established under title XXI'';

(C) in clause (ii), by inserting ''and the State Children's Health Insurance Program under title XXI'' after ''under title XIX''; and

(D) in clause (iii), by striking ''both''; and

(2) in paragraph (2), by striking ''titles XI and XIX'' and inserting ''titles XI, XIX, and XXI''.