



NATIONAL HEALTH COUNCIL

**Prepared Written Testimony  
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United States House of Representatives  
Committee on Energy and Commerce  
Subcommittee on Oversight and Investigations  
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The National Health Council (NHC) appreciates the opportunity to submit this statement for the record as the House Committee on Energy and Commerce Subcommittee on Oversight and Investigations examines “Protecting Patients and Safeguarding Taxpayer Dollars: The Role of CMS in Combatting Medicare and Medicaid Fraud.”

For more than 100 years, the NHC has brought together diverse organizations to drive patient-centered health policies and practices that increase access to affordable, high-value, and sustainable health care for all Americans. The NHC’s membership consists of more than 180 national health-related organizations, including many of the nation’s leading patient organizations. Other members include health-related associations and nonprofit organizations representing the provider, research, and family caregiver communities and businesses representing biopharmaceutical, device, diagnostic, generic drug, and payer organizations.

Nearly two in five Americans rely on Medicare or Medicaid to access health care. Medicaid covers 41% of all births in the United States and is often the only support available for individuals who require long-term care. Medicare provides prescription drug coverage to nearly 56 million people.<sup>1,2</sup> The health and stability of Medicare and Medicaid are critical to people living with chronic diseases and disabilities, including ensuring that these programs are protected from fraud. However, the design and implementation of enforcement efforts can sometimes lead to unintended consequences, including delays in care, provider shortages, and undertreatment. Efforts to combat fraud must be carefully balanced so that enforcement actions do not unintentionally limit access to coverage or care. Federal fraud enforcement should focus on protecting the financial integrity of Medicare and Medicaid while also preventing patient harm.

Congress and the Centers for Medicare and Medicaid Services (CMS) should ensure that program integrity tools are designed with patient impact in mind, particularly for individuals who rely on consistent access to medications, treatments, and specialized providers.

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<sup>1</sup> [Medicare and Medicaid by the Numbers](#)

<sup>2</sup> [2024 Medicaid and CHIP Beneficiaries at a Glance: Maternal Health](#)

A central challenge is maintaining strong program integrity while ensuring uninterrupted, high-quality care for patients. In addition, efforts to address fraud must focus on intentional wrongdoing while also supporting providers and health care organizations in meeting compliance requirements. Improper billing is frequently the result of administrative complexity or error rather than deliberate fraud, and policies should reflect this distinction. For example, in 2024, Medicaid paid an estimated 94.9% of total outlays *properly*. The overall Medicaid *improper* payment rate was 5.1%. However, 79.1% of the improper Medicaid payments were the result of insufficient documentation or missing administrative steps.<sup>3</sup>

**The National Health Council urges Congress to pursue policies that address purposeful fraud while protecting patient access to care. Many mechanisms for investigating and addressing Medicare and Medicaid fraud already exist and should continue to be fully utilized. At the same time, fraud prevention efforts should not be implemented in ways that inadvertently punish patients and their caregivers for the actions of bad actors. Providers and others working in the health care system also need clear guidance and support to ensure compliance with Medicare and Medicaid rules and reduce administrative errors.**

## **Conclusion**

The NHC looks forward to working with Congress and leaders across CMS to advance these priorities and to ensure that every individual, especially those living with chronic diseases and disabilities, receives the care, treatment, and support they need to live healthier lives.

Thank you for your attention to this critical issue. Please contact Kimberly Beer, Senior Vice President, Policy & External Affairs at [kbeer@nhcouncil.org](mailto:kbeer@nhcouncil.org) or 202-557-9146 with any questions or requests for additional information.

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<sup>3</sup> [Microsoft Word - FY 2024 HHS Agency Financial Report Final for PDF Conversion Master CLOSED](#)