

**Chairman Brett Guthrie**  
**Opening Statement**  
**Subcommittee on Oversight and Investigations**  
***Common Schemes, Real Harm: Examining Fraud in Medicare and Medicaid***  
**Tuesday, February 3, 2026 – 10:30 AM**

*As prepared for delivery.*

Good morning and thank you, Chairman Joyce, for holding this hearing on Medicare and Medicaid fraud.

Today's hearing sounds the alarm on the tremendous loss of taxpayer dollars to fraud—and the real consequences for patients, providers, and public trust.

Together, Medicare and Medicaid provide health coverage to more than 140 million Americans, including seniors, people with disabilities, low-income families, pregnant women, and children. These programs are lifelines, not abstract budget figures. When they are exploited and plundered, Americans lose access to care, confidence in the system, and resources intended to improve health outcomes.

Each year, tens of billions of dollars are lost to fraud, waste, and abuse. But financial loss is not the only consequence of these fraud schemes. When providers bill for services never rendered or criminals flood Medicare or Medicaid with fake claims, the system becomes harder to oversee, less responsive to legitimate patients, and financially unstable. Health care costs rise for everyone, and trust in these critical programs erodes.

Operation Gold Rush illustrates the growing scale of the problem. This recent, **nationwide** enforcement action by the Department of Justice was the largest health care fraud takedown in history. This operation targeted several health care fraud schemes leading to criminal charges against 324 defendants in 50

federal districts and 12 State Attorneys General's Offices across the U.S.<sup>1</sup> The various schemes involved over \$14.6 billion in intended loss.

Twenty-nine of those defendants were charged for their roles in transnational criminal organizations that used stolen identities of over one million Americans—spanning all 50 states—to submit over \$10 billion in fraudulent claims to Medicare for durable medical equipment that patients never ordered or received. Many seniors learned their Medicare or other personally identifiable information had been compromised only after being denied legitimate care.

This was not an administrative error—it was organized crime exploiting our nation's health care programs.

We must ensure taxpayer dollars are used for quality health care, not siphoned off by criminal enterprises. Republicans took steps to this end in HR 1, and we must continue the effort to preserve Medicare and Medicaid for those who need these programs.

I look forward to hearing from our witnesses today. With that, I yield back.

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<sup>1</sup> Press Release, U.S. Department of Justice, *National Health Care Fraud Takedown Results in 324 Defendants Charged in Connection with Over \$14.6 Billion in Alleged Fraud* (June 30, 2025), <https://www.justice.gov/opa/pr/national-health-care-fraud-takedown-results-324-defendants-charged-connection-over-146>.