

Chairman John Joyce, MD
Opening Statement—Subcommittee on Oversight and Investigations
Protecting Patients and Safeguarding Taxpayer Dollars: The Role of
CMS in Combatting Medicare and Medicaid Fraud
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As prepared for delivery.

Good afternoon, and welcome to today’s hearing titled, “Protecting Patients and Safeguarding Taxpayer Dollars: The Role of CMS in Combatting Medicare and Medicaid Fraud.”

Today, we are continuing the Subcommittee’s ongoing examination of Medicare and Medicaid fraud.

Kim Brandt from the Centers for Medicare and Medicaid Services is here today to discuss the very real, and harmful, cases of Medicare and Medicaid fraud occurring across the United States and what CMS is doing to address this widespread fraud.

In Medicare, sectors such as durable medical equipment, genetic testing, skin substitutes, home health, and hospice are all experiencing high rates of fraud.

In Medicaid, schemes are running rampant in a variety of programs, from non-emergency medical transportation to personal care services, and substance use disorder treatment.

These crimes are despicable, yet we are seeing them occur time and time again across the country. In Minnesota, it’s Medicaid ABA services. In California, it’s Medicare hospice services. In Florida, it’s Medicare durable medical equipment. Once caught, fraudsters might be stopped, but they are always looking for the next scheme. The tentacles of these criminal schemes are long and reach into many different areas of health care.

And many of these fraud schemes target vulnerable individuals, such as the elderly, individuals with disabilities, the homeless, and people struggling with substance use disorders. Moreover, taxpayers are being defrauded of outrageously large amounts of money. Pennsylvania Governor Josh Shapiro, during his time as Attorney General, stated at a 2020 press conference, “It’s possible, no, likely, that Pennsylvania is losing \$3 billion a year to fraud.” And that’s just in one state, in one year.

For too long, states have been permitted to run Medicaid programs with weak guardrails, making them easy targets for criminals to exploit. While states have a duty to steward federal and state taxpayer dollars responsibly, federal oversight is necessary to root out systemic fraud.

As President Trump made clear during his recent State of the Union address and Executive Order establishing the anti-fraud task force, he is serious about the “War on Fraud.” Under the leadership of Vice President and “antifraud czar,” J.D. Vance, and Dr. Mehmet Oz leading CMS, this administration is taking bold steps to move the ball forward—more than any presidential administration before it.

It is critical that fraud in government health care programs like Medicare and Medicaid are addressed to ensure that there are adequate funds to maintain these programs for those who need it.

As this Committee builds upon the Medicaid program integrity efforts that we advanced last year in H.R. 1, it is important that we continue to identify ways to address fraud to secure the financial stability and longevity of these programs.

The elderly, individuals with disabilities, pregnant women, and children all rely on these programs to receive the health care they need and

deserve. We owe it to them to protect and preserve these programs, rather than allowing them to serve as a gold mine for criminals.

I want to thank Deputy Administrator Brandt for being here today. We are looking forward to hearing about the important work that you and your team are doing at CMS under the leadership of Administrator Oz to protect and preserve Medicare and Medicaid.

With that, I now recognize our Ranking Member of the Subcommittee, Ms. Clarke, for her opening statement.