

119TH CONGRESS
2D SESSION

H. RES. 1310

Expressing support for continued efforts to safeguard Medicare, Medicaid, and other Federal health care programs from fraud, waste, abuse, and improper payments through strengthened program integrity measures, enhanced oversight, and coordinated enforcement actions, and recognizing the work of the Trump administration and congressional Republicans to investigate and prosecute fraud and protect taxpayer dollars and preserve the long-term sustainability of the Nation's health care safety net.

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2026

Mr. FINSTAD (for himself, Mr. TAYLOR, Mr. BACON, Mrs. HARSHBARGER, Mr. BARRETT, Mr. STAUBER, Mr. PFLUGER, Mr. HUNT, Ms. TENNEY, and Mr. WEBSTER of Florida) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

RESOLUTION

Expressing support for continued efforts to safeguard Medicare, Medicaid, and other Federal health care programs from fraud, waste, abuse, and improper payments through strengthened program integrity measures, enhanced oversight, and coordinated enforcement actions, and recognizing the work of the Trump administration and congressional Republicans to investigate and prosecute fraud and protect taxpayer dollars and preserve

the long-term sustainability of the Nation's health care safety net.

Whereas the Federal Government has a solemn responsibility to protect taxpayer dollars and ensure that Federal health care programs serve the Americans for whom they were intended;

Whereas fraud, waste, and abuse in Federal health care programs divert critical resources away from seniors, children, individuals with disabilities, low-income families, and vulnerable patients;

Whereas the Government Accountability Office (GAO) reported that the Department of Health and Human Services estimated more than \$100,000,000,000 in improper payments in Medicare and Medicaid in fiscal year 2023, representing approximately 43 percent of all government-wide improper payments reported that year;

Whereas GAO has repeatedly identified Medicare and Medicaid as programs vulnerable to improper payments, fraud, waste, and abuse because of their size, complexity, and susceptibility to billing errors and fraudulent activity;

Whereas GAO testified that implementing additional program integrity reforms and oversight recommendations could save taxpayers hundreds of billions of dollars while strengthening the sustainability of Federal health care programs;

Whereas GAO found that organized criminal groups, including foreign actors, increasingly target Medicare through sophisticated fraud schemes involving stolen beneficiary identifiers, shell companies, and fraudulent billing operations;

Whereas the Centers for Medicare and Medicaid Services (CMS) reported that improper payments across Medicare and Medicaid totaled tens of billions of dollars in fiscal year 2025;

Whereas CMS reported that the Medicaid improper payment rate for fiscal year 2025 was above 6 percent, representing more than \$37,000,000,000 in improper payments;

Whereas CMS reported that the Medicare fee-for-service improper payment rate for fiscal year 2025 was 6.55 percent, representing nearly \$29,000,000,000 in improper payments;

Whereas CMS reported that the Medicare part C improper payment rate for fiscal year 2025 was 6 percent, representing more than \$23,000,000,000 in improper payments, and the Medicare part D improper payment rate was 4 percent, representing more than \$4,000,000,000 in improper payments;

Whereas CMS reported that approximately 77 percent of fiscal year 2025 Medicaid improper payments were associated with insufficient documentation, demonstrating the need for stronger oversight, eligibility verification, provider screening, and claims review systems;

Whereas CMS under the Trump administration has implemented advanced predictive analytics, artificial intelligence tools, provider screening measures, payment reviews, and data-driven enforcement initiatives to identify and prevent fraud before improper payments occur;

Whereas CMS announced that, during 2025, the agency suspended approximately \$5,700,000,000 in suspected fraudulent Medicare payments, denied 122,658 claims,

revoked billing privileges for 5,586 providers and suppliers, and referred 372 fraud cases involving approximately \$3,700,000,000 in billings to law enforcement agencies;

Whereas, in June 2025, Federal officials announced the largest health care fraud takedown in United States history, involving alleged fraudulent schemes totaling approximately \$14,600,000,000 and charges against 324 defendants accused of participating in fraudulent billing and kickback schemes targeting Medicare and Medicaid;

Whereas sophisticated and wide-ranging fraud schemes that were recently uncovered in States such as California, Minnesota, and Ohio underscore the scope and seriousness of this problem;

Whereas the Working Families Tax Cuts Act included program integrity measures to strengthen eligibility verification, improve oversight of Federal health care expenditures, reduce improper payments, and enhance accountability in Medicaid and other Federal assistance programs;

Whereas the Trump administration has prioritized strengthening program integrity efforts, modernizing fraud detection systems, expanding provider oversight, increasing enforcement coordination, and transitioning from a “pay and chase” model toward proactive fraud prevention efforts designed to stop fraudulent payments before they occur;

Whereas, on March 16, 2026, President Donald Trump signed Executive Order 14395 establishing the Task Force to Eliminate Fraud, chaired by Vice President J.D. Vance, to coordinate a governmentwide strategy to

combat fraud, waste, and abuse in Federal benefit programs;

Whereas safeguarding Medicare, Medicaid, and other Federal health care programs from fraud, waste, abuse, and improper payments helps preserve the long-term sustainability of these programs for current and future beneficiaries;

Whereas effective stewardship of taxpayer dollars strengthens public confidence in Federal health care programs and protects the integrity of the Nation's health care safety net; and

Whereas continued collaboration among Federal agencies, States, law enforcement entities, and health care providers is necessary to identify, prevent, and prosecute fraud against Federal health care programs: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) expresses support for continued efforts by
3 the Trump administration to identify, prevent, and
4 prosecute fraud, waste, abuse, and improper pay-
5 ments in Federal health care programs, including
6 Medicare and Medicaid;

7 (2) recognizes the importance of strong pro-
8 gram integrity measures to safeguard taxpayer dol-
9 lars and preserve health care resources for vulner-
10 able Americans and seniors;

11 (3) supports efforts to improve provider screen-
12 ing, beneficiary eligibility verification, predictive ana-

1 lytics, claims oversight, and interagency coordination
2 to strengthen accountability in Federal health care
3 programs; and

4 (4) affirms that reducing fraud, waste, abuse,
5 and improper payments in Federal health care pro-
6 grams is essential to protecting the long-term sus-
7 tainability and effectiveness of the Nation's health
8 care safety net.

○