

116TH CONGRESS  
1ST SESSION

# H. R. 4453

To amend title XVIII of the Social Security Act to distribute additional information to Medicare beneficiaries to prevent health care fraud, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 20, 2019

Mr. RUIZ introduced the following bill; 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

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## A BILL

To amend title XVIII of the Social Security Act to distribute additional information to Medicare beneficiaries to prevent health care fraud, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; FINDINGS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the  
5 “Protecting Seniors from Health Care Fraud Act of  
6 2019”.

7 (b) **FINDINGS.**—Congress finds the following:

1           (1) Seniors are more vulnerable to fraud than  
2 the general population.

3           (2) Because seniors require more health care  
4 services than the general population, they need more  
5 information on health care schemes so they can pro-  
6 tect themselves.

7           (3) The Department of Health and Human  
8 Services should provide more up-to-date information  
9 in order to educate seniors on health care scams.

10 **SEC. 2. DISTRIBUTION OF ADDITIONAL INFORMATION TO**  
11 **SENIORS TO PREVENT HEALTH CARE FRAUD.**

12           Section 1804 of the Social Security Act (42 U.S.C.  
13 1395b–2) is amended by adding at the end the following  
14 new subsection:

15           “(e) DISTRIBUTION OF ADDITIONAL INFORMATION  
16 ON HEALTH CARE FRAUD.—

17           “(1) ANNUAL REPORTS ON HEALTH CARE  
18 FRAUD SCHEMES.—

19           “(A) IN GENERAL.—In connection with the  
20 Health Care Fraud and Abuse Control Program  
21 established under section 1128C, the Secretary,  
22 acting through the Office of the Inspector Gen-  
23 eral of the Department of Health and Human  
24 Services, and the Attorney General, shall trans-  
25 mit to Congress, and make available to the pub-

1           lic, an annual report on health care fraud  
2           schemes that are targeted to seniors and steps  
3           that are being taken to combat such schemes  
4           and to educate seniors concerning such  
5           schemes. The first such report shall be trans-  
6           mitted and made available not later than 2  
7           years after the date of the enactment of this  
8           subsection.

9           “(B) CONTENTS OF REPORTS.—

10           “(i) IN GENERAL.—Subject to clause  
11           (ii), each annual report under subpara-  
12           graph (A) shall include the following infor-  
13           mation:

14           “(I) IDENTIFICATION OF MOST  
15           PREVALENT FRAUD SCHEMES.—The  
16           identification of the 10 most prevalent  
17           health care fraud schemes that are  
18           targeted to seniors and the prevalence  
19           and trends in such schemes.

20           “(II) PROTECTION OF SEN-  
21           IORS.—Actions that seniors and law  
22           enforcement and government agencies  
23           are taking and can take to combat  
24           such schemes and to protect seniors  
25           against health care fraud schemes.

1                   “(III)    ADDITIONAL    SUGGES-  
2                   TIONS.—Policy suggestions to improve  
3                   protections for seniors, including  
4                   whether the additional information  
5                   provided under this subsection is help-  
6                   ing seniors in protecting them against  
7                   fraud.

8                   “(ii)   LIMITATIONS.—The Secretary  
9                   may—

10                   “(I) omit information from an  
11                   annual report on fraud schemes tar-  
12                   geting seniors if public disclosure of  
13                   the information would compromise an  
14                   ongoing investigation; and

15                   “(II) report information on fraud  
16                   schemes by categories in an annual  
17                   report if a more detailed disclosure of  
18                   such a scheme would educate crimi-  
19                   nals rather than seniors.

20                   “(iii)   PRIVATE-PUBLIC    PARTNER-  
21                   SHIP.—The Secretary, acting through the  
22                   Office of the Inspector General of the De-  
23                   partment of Health and Human Services  
24                   and the Attorney General, may enter into  
25                   an arrangement between public and private

1 partners to develop the report that identi-  
2 fies the top 10 most prevalent health care  
3 fraud schemes and the associated report  
4 information.

5 “(C) QUARTERLY UPDATING.—The infor-  
6 mation described in clauses (i) and (ii) of sub-  
7 paragraph (B) shall be updated quarterly to re-  
8 flect changes in fraud schemes and methods to  
9 combat and educate seniors concerning such  
10 schemes.

11 “(D) LANGUAGES.—Such reports, as up-  
12 dated, shall be available in English and Span-  
13 ish.

14 “(2) DISSEMINATION OF REPORTS AND TOP 10  
15 LIST.—

16 “(A) IN GENERAL.—The Secretary shall—

17 “(i) disseminate the reports under  
18 paragraph (1) to Medicare beneficiaries  
19 through mechanisms that reach the most  
20 Medicare beneficiaries; and

21 “(ii) provide for the mailing to each  
22 Medicare beneficiary of a list of the top 10  
23 most prevalent health care fraud schemes.

24 “(B) QUARTERLY UPDATES OF TOP 10  
25 LIST INCLUDED WITH MEDICARE SUMMARY NO-

1 TICES.—The Secretary shall include an updated  
2 list of the top 10 most prevalent health care  
3 fraud schemes under paragraph (1)(C) with the  
4 quarterly Medicare summary notices mailed to  
5 Medicare beneficiaries.

6 “(C) POSTING OF REPORTS AND QUAR-  
7 TERLY UPDATES ON WEBSITES.—The annual  
8 reports, and quarterly updates, under this sub-  
9 section shall be posted on the website of the  
10 Health Care Fraud and Abuse Control Program  
11 and on other websites maintained or supported  
12 by the Secretary relating to the Medicare pro-  
13 gram, the State Health Insurance Assistance  
14 Program, and Senior Medicare Patrol of the  
15 Administration on Aging.

16 “(3) SOURCES OF INFORMATION FOR RE-  
17 PORTS.—Information for the reports and updates  
18 under paragraph (1) shall be gathered from at least  
19 the following sources:

20 “(A) DEPARTMENT OF HEALTH AND  
21 HUMAN SERVICES.—The following sources with-  
22 in the Department of Health and Human Serv-  
23 ices:

24 “(i) Medicare hotlines, including 1-  
25 800-MEDICARE, 1-800-HHSTIPS, and

1 Medicare fraud toll-free hotlines and  
2 websites (such as  
3 [www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov)) established by  
4 the Office of the Inspector General of the  
5 Department of Health and Human Serv-  
6 ices and the Centers for Medicare & Med-  
7 icaid Services.

8 “(ii) State Health Insurance Assist-  
9 ance Programs (SHIPs).

10 “(iii) The Administration on Commu-  
11 nity Living, including—

12 “(I) the Senior Medicare Patrol  
13 (SMP) of the Administration on  
14 Aging; and

15 “(II) Aging and Disability Re-  
16 source Centers.

17 “(iv) Medicare administrative contrac-  
18 tors, fiscal intermediaries, and other con-  
19 tractors with the Centers for Medicare &  
20 Medicaid Services performing functions  
21 which may relate to fraud and abuse under  
22 the Medicare program.

23 “(v) The Indian Health Service.

1           “(B) DEPARTMENT OF JUSTICE.—The De-  
2           partment of Justice, including the Federal Bu-  
3           reau of Investigation.

4           “(C) SSA.—The Social Security Adminis-  
5           tration.

6           “(D) FTC.—The Federal Trade Commis-  
7           sion.

8           “(E) OPTIONAL ADDITIONAL SOURCES.—  
9           At the option of the Secretary—

10           “(i) State agencies that deal with  
11           elder abuse; and

12           “(ii) other governmental and non-  
13           governmental entities with expertise in the  
14           protection of seniors from health care  
15           fraud as deemed appropriate.”.

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