

118TH CONGRESS
2D SESSION

H. R. 9645

To require the Inspector General of the Department of Health and Human Services to submit a report on Medicare and Medicaid fraud.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 18, 2024

Mr. BEAN of Florida (for himself, Mr. ALLEN, and Mr. GROTHMAN) 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

A BILL

To require the Inspector General of the Department of Health and Human Services to submit a report on Medicare and Medicaid fraud.

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.**

4 This Act may be cited as the “We Want Our
5 Healthcare Money Back Act of 2024”.

6 **SEC. 2. REPORT ON MEDICARE AND MEDICAID FRAUD.**

7 (a) REPORT.—Not later than 3 months after the date
8 of enactment of this Act, and not less frequently than

1 every 3 months thereafter until the date that is 2 years
2 after the date of the enactment of this Act, the Inspector
3 General of the Department of Health and Human Services
4 (in this section referred to as the “Inspector General”)
5 shall submit a report on Medicare and Medicaid fraud, in-
6 cluding the information described in subsection (b), to the
7 following committees:

8 (1) The Committee on Ways and Means of the
9 House of Representatives.

10 (2) The Committee on Energy and Commerce
11 of the House of Representatives.

12 (3) The Committee on Finance of the Senate.

13 (4) The Committee on Health, Education,
14 Labor, and Pensions of the Senate.

15 (b) INFORMATION DESCRIBED.—For purposes of
16 subsection (a), the information described in this sub-
17 section is, with respect to the 3-month period ending on
18 the date that is 1 month before the date on which the
19 report under such subsection is required to be submitted—

20 (1) the number of investigations of Medicare
21 and Medicaid fraud conducted by the Inspector Gen-
22 eral during such period;

23 (2) the number of criminal prosecutions and
24 civil actions alleging Medicare and Medicaid fraud

1 commenced during such period as a result of an in-
2 vestigation conducted by the Inspector General;

3 (3) the dollar amount of fraud alleged in each
4 such criminal prosecution and civil action;

5 (4) the charges alleged in each such criminal
6 prosecution and civil action; and

7 (5) the number of individuals and entities ex-
8 cluded from participating in any Federal health care
9 program (as such term is defined in section 1128B
10 of the Social Security Act (42 U.S.C. 1320a–7b))
11 during such period due to a criminal conviction or
12 other act related to Medicare and Medicaid fraud.

13 (c) MEDICARE AND MEDICAID FRAUD DEFINED.—
14 In this section, the term “Medicare and Medicaid fraud”
15 means fraud related to the Medicare program under title
16 XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)
17 or the Medicaid program under title XIX of the Social
18 Security Act (42 U.S.C. 1306 et seq.).

19 (d) NO ADDITIONAL FUNDS AUTHORIZED.—No ad-
20 ditional amounts are authorized to be appropriated to
21 carry out this section, and this section shall be carried
22 out using amounts otherwise appropriated to the Sec-
23 retary of Health and Human Services or the Inspector

- 1 General of the Department of Health and Human Serv-
- 2 ices.

